
SUBSTITUTE HOUSE BILL 1168

State of Washington

68th Legislature

2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Simmons, Ramel, Callan, Wylie, Davis, and Ormsby)

1 AN ACT Relating to providing prevention services, diagnoses,
2 treatment, and support for prenatal substance exposure; amending RCW
3 71.24.610; adding a new section to chapter 43.216 RCW; adding new
4 sections to chapter 71.24 RCW; and creating a new section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature finds that:

7 (1) Fetal alcohol spectrum disorders are lifelong physical,
8 developmental, behavioral, and intellectual disabilities caused by
9 prenatal alcohol exposure;

10 (2) According to the federal centers for disease control and
11 prevention, fetal alcohol spectrum disorders affect as many as one in
12 20 people in the United States;

13 (3) The health care authority estimates that one percent of
14 births, or approximately 870 children each year, are born with fetal
15 alcohol spectrum disorders;

16 (4) In addition to alcohol use, other substances consumed during
17 pregnancy may result in prenatal substance exposure affecting the
18 physical, developmental, behavioral, and intellectual abilities of
19 the exposed child;

1 (5) Washington has limited diagnostic capacity and currently
2 lacks the capacity to diagnose and treat every child who needs
3 support and treatment due to prenatal substance exposure;

4 (6) Without appropriate treatment and supports, children born
5 with fetal alcohol spectrum disorders and other prenatal substance
6 disorders are likely to experience adverse outcomes. According to
7 current statistics, these children face adverse outcomes such as:

8 (a) 61 percent of children with fetal alcohol spectrum disorders
9 are suspended or expelled from school by age 12;

10 (b) 90 percent of persons with fetal alcohol spectrum disorders
11 develop comorbid mental health conditions; and

12 (c) 60 percent of youth with fetal alcohol spectrum disorders are
13 involved in the justice system;

14 (7) Untreated and unsupported prenatal substance exposure results
15 in higher costs for the state and worse outcomes for children and
16 their families;

17 (8) Investing in prevention and earlier intervention, including
18 diagnostic capacity, treatment, and services for children and
19 supports for families and caregivers will improve school outcomes;
20 and

21 (9) Effective prenatal substance exposure response requires
22 effective and ongoing cross-agency strategic planning and
23 coordination.

24 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.216
25 RCW to read as follows:

26 (1) By January 1, 2024, the department shall contract with a
27 provider with expertise in comprehensive prenatal substance exposure
28 treatment and family supports to offer services to children over the
29 age of three and families who are or have been involved in the child
30 welfare system or who are at risk of becoming involved in the child
31 welfare system. This contract shall maximize the number of families
32 that can be served through referrals by department employees and
33 other community partners in order to keep families together, reduce
34 the number of placements, and prevent adverse outcomes for impacted
35 children.

36 (2) By January 1, 2025, the department shall contract with a
37 minimum of three providers across the state, in addition to the
38 contracted provider in subsection (1) of this section, to offer
39 comprehensive treatment services for prenatal substance exposure and

1 family supports for children who were prenatally exposed to
2 substances and who are, or have been, involved in the child welfare
3 system.

4 (3) Comprehensive treatment and family supports must be trauma-
5 informed and may include:

- 6 (a) Occupational, speech, and language therapy;
- 7 (b) Behavioral health counseling and caregiver counseling;
- 8 (c) Sensory processing support;
- 9 (d) Educational advocacy, psychoeducation, social skills support,
10 and groups;
- 11 (e) Linkages to community resources; and
- 12 (f) Family supports and education, including the programs for
13 parents, caregivers, and families recommended by the federal centers
14 for disease control and prevention.

15 (4) The department shall contract with a Washington-based
16 nonprofit entity with expertise in offering trauma-informed,
17 comprehensive prenatal substance exposure treatment and family
18 supports for children, including family and caregiver supports, to
19 support the providers under contract in subsection (2) of this
20 section by:

- 21 (a) Creating education and training programs for providers
22 working with children who had prenatal substance exposure; and
- 23 (b) Offering ongoing coaching and support in creating a safe and
24 healing environment, free from judgment, where families are supported
25 through the challenges of care for children with prenatal substance
26 exposure.

27 (5) The department shall work with the contracted providers and
28 families to collect relevant outcome data and provide a report on the
29 expansion of services under the contracts and the outcomes
30 experienced by persons receiving services under this section. The
31 department shall submit the report to the legislature with any
32 recommendations related to improving availability of and access to
33 services and ways to improve outcomes by June 1, 2028.

34 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
35 RCW to read as follows:

- 36 (1) By June 1, 2024, the authority shall submit to the
37 legislature recommendations on ways to increase access to diagnoses,
38 treatment, services, and supports for children who were exposed to
39 alcohol or other substances during pregnancy and their families and

1 caregivers. In creating the recommendations, the authority shall hold
2 at least six stakeholder meetings and shall collaborate with service
3 providers, medical professionals with expertise in diagnosing and
4 treating prenatal substance exposure, families of children who were
5 exposed to alcohol or other substances during pregnancy, communities
6 affected by prenatal substance exposure, and advocates.

7 (2) The recommendations adopted under subsection (1) of this
8 section shall, at a minimum, address:

9 (a) Increasing the availability of evaluation and diagnosis
10 services for children, youth, and adults for fetal alcohol spectrum
11 disorders and other prenatal substance disorders, including assuring
12 an adequate payment rate for the interdisciplinary team required for
13 diagnosis and developing sufficient capacity in rural and urban areas
14 so that every child is able to access diagnosis services; and

15 (b) Increasing the availability of treatment for fetal alcohol
16 spectrum disorders and other prenatal substance disorders for all
17 children, youth, and adults, including all treatments and services
18 recommended by the federal centers for disease control and
19 prevention. The authority shall review all barriers to accessing
20 treatment and make recommendations on removing those barriers,
21 including recommendations related to the definition of medical
22 necessity, prior authorization requirements for diagnosis and
23 treatment services, and limitations of treatment procedure codes and
24 insurance coverage.

25 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
26 RCW to read as follows:

27 The authority shall contract with a statewide nonprofit entity
28 with expertise in fetal alcohol spectrum disorders and experience in
29 supporting parents and caregivers to offer free support groups for
30 individuals living with fetal alcohol spectrum disorders and their
31 parents and caregivers.

32 **Sec. 5.** RCW 71.24.610 and 2018 c 201 s 4049 are each amended to
33 read as follows:

34 (1) The authority, the department of social and health services,
35 the department (~~(of health)~~), the department of corrections, the
36 department of children, youth, and families, and the office of the
37 superintendent of public instruction shall execute an interagency
38 agreement to ensure the coordination of identification, prevention,

1 and intervention programs for children who have fetal alcohol
2 exposure and other prenatal substance exposures, and for women who
3 are at high risk of having children with fetal alcohol exposure or
4 other prenatal substance exposures.

5 (2) The interagency agreement shall ((provide)):

6 (a) Provide a process for community advocacy groups to
7 participate in the review and development of identification,
8 prevention, and intervention programs administered or contracted for
9 by the agencies executing this agreement; and

10 (b) Require the agencies to collaborate with community advocacy
11 groups, impacted individuals and families, and experts in fetal
12 alcohol exposure or other prenatal substance exposures to adopt a
13 strategic plan to increase prevention efforts related to fetal
14 alcohol exposure and other prenatal substance exposures and expand
15 the availability of treatment, services, and supports for fetal
16 alcohol exposure and other prenatal substance exposures. The
17 strategic plan shall include recommendations to the legislature
18 regarding topics covered by the strategic plan as related to each
19 agency that is a party to the interagency agreement. The authority
20 shall submit a preliminary plan to the relevant committees of the
21 legislature by July 1, 2024, and the final strategic plan by July 1,
22 2025.

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