AN ACT Relating to providing prevention services, diagnoses, treatment, and support for prenatal substance exposure; amending RCW 271.24.610; adding a new section to chapter 43.216 RCW; adding new sections to chapter 71.24 RCW; and creating a new section.

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

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

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

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

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

(4) In addition to alcohol use, other substances consumed during pregnancy may result in prenatal substance exposure affecting the physical, developmental, behavioral, and intellectual abilities of the exposed child;
(5) Washington has limited diagnostic capacity and currently lacks the capacity to diagnose and treat every child who needs support and treatment due to prenatal substance exposure;

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

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

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

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

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

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

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

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

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

(2) By January 1, 2025, the department shall contract with a minimum of three providers across the state, in addition to the contracted provider in subsection (1) of this section, to offer comprehensive treatment services for prenatal substance exposure and family supports for children who were prenatally exposed to

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substances and who are, or have been, involved in the child welfare system.

(3) Comprehensive treatment and family supports must be trauma-informed and include:
(a) Occupational, speech, and language therapy;
(b) Behavioral health counseling and caregiver counseling;
(c) Sensory processing support;
(d) Educational advocacy, psychoeducation, social skills support, and groups;
(e) Linkages to community resources; and
(f) Family supports and education, including the programs for parents, caregivers, and families recommended by the federal centers for disease control and prevention.

(4) The department shall contract with a Washington-based nonprofit entity with expertise in offering trauma-informed, comprehensive prenatal substance exposure treatment and family supports for children, including family and caregiver supports, to support the providers under contract in subsection (2) of this section by:
(a) Creating education and training programs for providers working with children who had prenatal substance exposure; and
(b) Offering ongoing coaching and support in creating a safe and healing environment, free from judgment, where families are supported through the challenges of care for children with prenatal substance exposure.

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

NEW SECTION. Sec. 3. A new section is added to chapter 71.24 RCW to read as follows:
(1) By June 1, 2024, the authority shall submit to the legislature recommendations on ways to increase access to diagnoses, treatment, services, and supports for children who were exposed to alcohol or other substances during pregnancy and their families and caregivers. In creating the recommendations, the authority shall hold
at least six stakeholder meetings and shall collaborate with service
providers, medical professionals with expertise in diagnosing and
treating prenatal substance exposure, families of children who were
exposed to alcohol or other substances during pregnancy, communities
affected by prenatal substance exposure, and advocates.

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

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

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

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

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

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

(1) The authority, the department of social and health services,
the department ((of health)), the department of corrections, the
department of children, youth, and families, and the office of the
superintendent of public instruction shall execute an interagency
agreement to ensure the coordination of identification, prevention,
and intervention programs for children who have fetal alcohol
exposure and other prenatal substance exposures, and for women who are at high risk of having children with fetal alcohol exposure or other prenatal substance exposures.

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

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

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