
A BILL FOR AN ACT

RELATING TO PERINATAL CARE.

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

1 SECTION 1. Since mid-1980, Hawaii has been gripped by
2 an epidemic of methamphetamine use. Females in Hawaii, in
3 particular, have been adversely impacted. In the year
4 2000, Child Welfare Services (CWS) received reports of two
5 hundred eight drug-exposed infants on the island of Oahu,
6 78.8 per cent of which (one hundred sixty-four infants)
7 were reportedly exposed to methamphetamine. In 2002, the
8 criminal justice system reported that one-half of adult
9 female arrestees in Honolulu tested positive for
10 methamphetamine. In 2004, CWS reported that
11 methamphetamine use was involved in over eighty per cent of
12 its active cases.

13 While methamphetamine receives a great deal of
14 attention, little is known about its adverse effects during
15 pregnancy. More is known about the harmful nature of legal
16 drugs such as tobacco and alcohol, which are much more
17 widely used before and during pregnancy. Approximately
18 sixty-five per cent of reproductive-aged women use alcohol



1 and unfortunately, despite strong warnings about harmful
2 effects, not enough women stop using alcohol during
3 pregnancy. One University of Hawaii study showed that
4 twenty per cent of women used alcohol during pregnancy.
5 Fetal alcohol syndrome is the number one cause of
6 preventable birth defects. In addition, nineteen per cent
7 of pregnant women in Hawaii smoke. Smoking during
8 pregnancy is associated with preterm labor, small for
9 gestational age, abruption and other serious pregnancy
10 complications. Studies have shown that treating smoking
11 addiction during pregnancy works, and offering treatment
12 for nicotine addiction provides a great avenue through
13 which women who would otherwise be too afraid to seek care
14 can be enrolled into methamphetamine addiction treatment
15 programs.

16 In 2004, the state legislature enacted a law requiring
17 health providers involved in the delivery or care of a
18 drug-affected infant to notify CWS. The law also requires
19 CWS to implement and operate a statewide program,
20 including:

21 (1) A plan of safe care for the infant; and



1 (2) Triage procedures for appropriate referral to a
2 community organization or voluntary preventative
3 services for a child not-at-risk of imminent harm
4 and for the child's family.

5 A cornerstone of programs that address perinatal drug
6 use has been the prevention of infant abandonment or
7 placement into out-of-home care. Many studies have shown
8 better outcomes when children are raised by their
9 biological parents. This has led to interventions designed
10 to maintain the family structure while preventing or
11 treating substance use during pregnancy and providing
12 prenatal care.

13 However, women who suffer from substance use have
14 difficulty using traditional systems of care. Services are
15 not accessed for a number of reasons:

- 16 (1) Fear of losing custody of children;
17 (2) Fear of forced treatment;
18 (3) Lack of transportation to treatment sites;
19 (4) Stigmatization of substance use; and
20 (5) Fear of criminal prosecution.

21 Fear of losing custody is the number one reason why
22 women don't seek prenatal care. In addition, rather than



1 being a deterrent to drug use during pregnancy, policies
2 such as criminal prosecution serve as a deterrent to
3 obtaining prenatal care. In South Carolina, Cornelia
4 Whitner was tested without her knowledge or consent for the
5 use of crack cocaine during her pregnancy and was
6 prosecuted. Subsequently, the Supreme Court upheld the
7 ruling that made it mandatory in South Carolina to report
8 pregnant women for even suspected drug abuse. After
9 implementation of the mandatory reporting laws and the
10 prosecution of Cornelia Whitner, there was a precipitous
11 drop in admissions to drug treatment programs for pregnant
12 women and a subsequent increase in infant mortality as well
13 as a twenty per cent increase in the number of abandoned
14 babies.

15 In addition to the fear of detection and criminal
16 prosecution, treatment services may not be accessed for
17 reasons such as unreadiness for treatment or a coexisting
18 mental illness. Other system-related barriers to prenatal
19 care are the stigmatization of substance use and negative
20 attitudes of health care providers.

21 Further, the importance of comprehensive, coordinated,
22 and individualized service provided by an interdisciplinary



1 team of professionals who are supportive, nonjudgmental,
2 and nurturing has been widely acknowledged. However,
3 separate service delivery systems have traditionally been
4 provided for prenatal care and substance abuse treatment.

5 Women with high-risk pregnancies, such as drug-exposed
6 pregnancies, have been shown to adapt to pregnancy and
7 motherhood differently and less easily than women with low-
8 risk pregnancies, and require specialized services to
9 create a nurturing and caring environment. Health care
10 workers in a traditional, separate service delivery system
11 might lack not only the knowledge and skill to identify
12 substance abuse, but also familiarity with available
13 resources and therapeutic management. Workers in a
14 separate substance use treatment delivery system are
15 unlikely to have the capacity to adequately address needs
16 specific to pregnant women.

17 However, Hawaii lacks facilities equipped to provide
18 specialized, coordinated care for high-risk pregnancies.
19 Oahu has the only residential drug-treatment facility
20 designed to treat pregnant and parenting women, but due to
21 funding cutbacks, the program does not offer a high level
22 of outpatient care. It has no internal capacity to provide



1 medical care, and pregnant women are referred out to
2 medical providers, many of whom lack training in the care
3 of women with substance use issues.

4 The purpose of this Act is to establish a pilot clinic
5 to provide comprehensive prenatal, delivery, and postpartum
6 care to women who have a history of methamphetamine and
7 other substance use, including alcohol and tobacco. The
8 pilot clinic will provide this care at one location, and
9 the care will include non-judgmental substance use
10 counseling, parenting classes, social service resources,
11 and legal services. The goal of the comprehensive care and
12 services provided by the clinic will be to facilitate the
13 patient's transition from a troubled, pregnant woman to a
14 coping, capable parent, assess the safety of the home
15 environment for the child, and prevent outplacement and
16 keep families together whenever possible.

17 SECTION 2. There is established within the John A.
18 Burns school of medicine university clinical educational
19 and research associates program at the university of Hawaii
20 department of obstetrics, gynecology, and women's health, a
21 pilot perinatal clinic, which in collaboration with the
22 departments of pediatrics and psychiatry will provide:



- 1 (1) Prenatal, delivery, and postpartum care for women
- 2 with a history of substance use on the island of
- 3 Oahu;
- 4 (2) Substance use counseling;
- 5 (3) Pediatric care with appropriate developmental
- 6 interventions;
- 7 (4) Psychiatric care for patients with dual
- 8 diagnoses; and
- 9 (5) Case management, including social services and
- 10 coordination with child welfare services to
- 11 ensure that the home environment is safe and to
- 12 prevent the abandonment of children, and keep
- 13 families intact whenever possible, as long as the
- 14 safety of the children can be assured.

15 In addition to state funding of the pilot perinatal
16 clinic, funding for perinatal and pediatric services of the
17 clinic shall be pursued through the state medicaid program.

18 SECTION 3. There is appropriated out of the general
19 revenues of the State of Hawaii the sum of \$400,000 or so
20 much thereof as may be necessary for fiscal year 2006-2007
21 and \$200,000 or so much thereof as may be necessary for



1 fiscal year 2007-2008 to establish a pilot perinatal clinic
2 and provide case management services.

3 The sums appropriated shall be expended by the John A.
4 Burns school of medicine university clinical educational
5 and research associates program at the University of Hawaii
6 department of obstetrics, gynecology, and women's health
7 for the purposes of this Act.

8 SECTION 4. This Act shall take effect on July 1,
9 2006.

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INTRODUCED BY:

Amunjan	<u>Marilyn B. Lee</u>
Amunjan	<u>Ami A. Auekiki</u>
Amunjan	<u>Ken Ojima</u>
<u>Mel Carroll</u>	<u>Cynthia Thelen</u>
<u>Callie Mays</u>	<u>Jyla B. Berg</u>
<u>Barbra Kawakami</u>	<u>Cecilia W. L. Ching</u>
<u>Ann V. St.</u>	Amunjan
<u>Josh Meehan</u>	<u>Hideki P. Otsuka</u>
<u>Kirk Caldwell</u>	<u>Annunzio</u>
<u>Keene Hobbs</u>	
<u>Amunjan</u>	
	<u>Barbra Mammula</u>



HB 2045

Report Title:

Appropriation, Pilot Perinatal Clinic

Description:

Establishes funding for a pilot clinic to provide comprehensive prenatal, delivery, and postpartum care and social services on the island of Oahu to women who have a history of methamphetamine and other substance use.

