

JAN 23 2006

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

12 While methamphetamine receives a great deal of attention,
13 little is known about its adverse effects during pregnancy.
14 More is known about the harmful nature of legal drugs such as
15 tobacco and alcohol, which are much more widely used before and
16 during pregnancy. Approximately sixty-five per cent of
17 reproductive-aged women use alcohol and unfortunately, despite
18 strong warnings about harmful effects, not enough women stop



1 using alcohol during pregnancy. One University of Hawaii study
2 showed that twenty per cent of women used alcohol during
3 pregnancy. Fetal alcohol syndrome is the number one cause of
4 preventable birth defects. In addition, nineteen per cent of
5 pregnant women in Hawaii smoke. Smoking during pregnancy is
6 associated with preterm labor, small for gestational age,
7 abruption and other serious pregnancy complications. Studies
8 have shown that treating smoking addiction during pregnancy
9 works, and offering treatment for nicotine addiction provides a
10 great avenue through which women who would otherwise be too
11 afraid to seek care can be enrolled into methamphetamine
12 addiction treatment programs.

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

- 17 (1) A plan of safe care for the infant; and
- 18 (2) Triage procedures for appropriate referral to a
19 community organization or voluntary preventative
20 services for a child not-at-risk of imminent harm and
21 for the child's family.



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

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

- 11 (1) Fear of losing custody of children;
- 12 (2) Fear of forced treatment;
- 13 (3) Lack of transportation to treatment sites;
- 14 (4) Stigmatization of substance use; and
- 15 (5) Fear of criminal prosecution.

16 Fear of losing custody is the number one reason why women
17 don't seek prenatal care. In addition, rather than being a
18 deterrent to drug use during pregnancy, policies such as
19 criminal prosecution serve as a deterrent to obtaining prenatal
20 care. In South Carolina, Cornelia Whitner was tested without
21 her knowledge or consent for the use of crack cocaine during her
22 pregnancy and was prosecuted. Subsequently, the Supreme Court



1 upheld the ruling that made it mandatory in South Carolina to
2 report pregnant women for even suspected drug abuse. After
3 implementation of the mandatory reporting laws and the
4 prosecution of Cornelia Whitner, there was a precipitous drop in
5 admissions to drug treatment programs for pregnant women and a
6 subsequent increase in infant mortality as well as a twenty per
7 cent increase in the number of abandoned babies.

8 In addition to the fear of detection and criminal
9 prosecution, treatment services may not be accessed for reasons
10 such as unreadiness for treatment or a coexisting mental
11 illness. Other system-related barriers to prenatal care are the
12 stigmatization of substance use and negative attitudes of health
13 care providers.

14 Further, the importance of comprehensive, coordinated, and
15 individualized service provided by an interdisciplinary team of
16 professionals who are supportive, nonjudgmental, and nurturing
17 has been widely acknowledged. However, separate service
18 delivery systems have traditionally been provided for prenatal
19 care and substance abuse treatment.

20 Women with high-risk pregnancies, such as drug-exposed
21 pregnancies, have been shown to adapt to pregnancy and
22 motherhood differently and less easily than women with low-risk



1 pregnancies, and require specialized services to create a
2 nurturing and caring environment. Health care workers in a
3 traditional, separate service delivery system might lack not
4 only the knowledge and skill to identify substance abuse, but
5 also familiarity with available resources and therapeutic
6 management. Workers in a separate substance use treatment
7 delivery system are unlikely to have the capacity to adequately
8 address needs specific to pregnant women.

9 However, Hawaii lacks facilities equipped to provide
10 specialized, coordinated care for high-risk pregnancies. Oahu
11 has the only residential drug-treatment facility designed to
12 treat pregnant and parenting women, but due to funding cutbacks,
13 the program does not offer a high level of outpatient care. It
14 has no internal capacity to provide medical care, and pregnant
15 women are referred out to medical providers, many of whom lack
16 training in the care of women with substance use issues.

17 The purpose of this Act is to establish a pilot clinic to
18 provide comprehensive prenatal, delivery, and postpartum care to
19 women who have a history of methamphetamine and other substance
20 use, including alcohol and tobacco. The pilot clinic will
21 provide this care at one location, and the care will include
22 non-judgmental substance use counseling, parenting classes,



1 social service resources, and legal services. The goal of the
2 comprehensive care and services provided by the clinic will be
3 to facilitate the patient's transition from a troubled, pregnant
4 woman to a coping, capable parent, assess the safety of the home
5 environment for the child, and prevent outplacement and keep
6 families together whenever possible.

7 SECTION 2. There is established within the John A. Burns
8 school of medicine university clinical educational and research
9 associates program at the university of Hawaii department of
10 obstetrics, gynecology, and women's health, a pilot perinatal
11 clinic, which in collaboration with the departments of
12 pediatrics and psychiatry will provide:

- 13 (1) Prenatal, delivery, and postpartum care for women with
14 a history of substance use on the island of Oahu;
- 15 (2) Substance use counseling;
- 16 (3) Pediatric care with appropriate developmental
17 interventions;
- 18 (4) Psychiatric care for patients with dual diagnoses; and
- 19 (5) Case management, including social services and
20 coordination with child welfare services to ensure
21 that the home environment is safe and to prevent the
22 abandonment of children, and keep families intact



1 whenever possible, as long as the safety of the
2 children can be assured.

3 In addition to state funding of the pilot perinatal clinic,
4 funding for perinatal and pediatric services of the clinic shall
5 be pursued through the state medicaid program.

6 SECTION 3. There is appropriated out of the general
7 revenues of the State of Hawaii the sum of \$400,000 or so much
8 thereof as may be necessary for fiscal year 2006-2007 and
9 \$200,000 or so much thereof as may be necessary for fiscal year
10 2007-2008 to establish a pilot perinatal clinic and provide case
11 management services.

12 The sums appropriated shall be expended by the John A.
13 Burns school of medicine university clinical educational and
14 research associates program at the University of Hawaii
15 department of obstetrics, gynecology, and women's health for the
16 purposes of this Act.

17 SECTION 4. This Act shall take effect on July 1, 2006.
18

INTRODUCED BY: Therese Chun Adland

[Signature]

Rosely de Baker

Maie R. Young

Carol Fukumaga



SB 2132

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.

