
A BILL FOR AN ACT

RELATING TO PERINATAL CARE.

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

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

13 While methamphetamine use and abuse receives a great deal
14 of 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 widely
17 used before and during pregnancy. Approximately sixty-five per
18 cent of reproductive-aged women use alcohol and unfortunately,



1 despite strong warnings about harmful effects, many women
2 continue using alcohol during pregnancy. One University of
3 Hawaii study showed that twenty per cent of women used alcohol
4 during their pregnancy. Fetal alcohol syndrome is the number
5 one cause of preventable birth defects. In addition, nineteen
6 per cent of pregnant women in Hawaii smoked while pregnant.
7 Smoking during pregnancy is associated with preterm labor, small
8 size or low weight for gestational age, placental abruption, and
9 other serious pregnancy complications. Studies have shown that
10 treating nicotine addiction during pregnancy provides an
11 effective avenue to facilitate enrolling women who would
12 otherwise be too afraid to seek care in methamphetamine
13 addiction treatment programs.

14 In 2004, the legislature enacted a law requiring health
15 providers involved in the delivery or care of a drug-affected
16 infant to notify child protective services. The law also
17 requires the department of human services to implement and
18 operate a statewide program, including:

- 19 (1) A plan of safe care for the infant; and
20 (2) Triage procedures for appropriate referral to a
21 community organization or voluntary preventative



1 services for a child not-at-risk of imminent harm and
2 for the child's family.

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

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

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

18 Fear of losing custody is the number one reason why women
19 do not seek prenatal care. In addition, rather than being a
20 deterrent to drug use during pregnancy, policies such as
21 criminal prosecution serve as a deterrent to obtaining prenatal
22 care. In South Carolina, Cornelia Whitner was tested without



1 her knowledge or consent for the use of crack cocaine during her
2 pregnancy and was prosecuted. Subsequently, the Supreme Court
3 upheld the ruling that made it mandatory in South Carolina to
4 report pregnant women for even suspected drug abuse. After
5 implementation of the mandatory reporting laws and the
6 prosecution of Cornelia Whitner, there was a precipitous drop in
7 admissions to drug treatment programs for pregnant women and a
8 subsequent increase in infant mortality, as well as a twenty per
9 cent increase in the number of abandoned babies.

10 In addition to the fear of detection and criminal
11 prosecution, pregnant women may not seek treatment services for
12 reasons such as unreadiness or a coexisting mental illness.
13 Other barriers to prenatal care are the stigmatization of
14 substance use and negative attitudes of health care providers.

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

21 Women with high-risk pregnancies, such as drug-exposed
22 pregnancies, have been shown to adapt to pregnancy and



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

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

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



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

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

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



1 abandonment of children, and keep families intact
2 whenever possible, as long as the safety of the
3 children can be assured.

4 To supplement state funding of the pilot perinatal clinic,
5 funding for perinatal and pediatric services of the clinic shall
6 be pursued through health plans, insurers, and the state
7 medicaid program.

8 SECTION 3. For purposes of medicaid reimbursement only,
9 prenatal, delivery, and postpartum care shall be provided by a
10 licensed physician or for delivery, an advanced practice
11 registered nurse. The clinic and staff providing services shall
12 be medicaid participating providers.

13 SECTION 4. There is appropriated out of the general
14 revenues of the State of Hawaii the sum of \$, or so
15 much thereof as may be necessary for fiscal year 2006-2007, to
16 establish a pilot perinatal clinic and provide case management
17 services.

18 The sum appropriated shall be expended by the John A. Burns
19 school of medicine university clinical educational and research
20 associates program at the University of Hawaii
21 department of obstetrics, gynecology, and women's health for the
22 purposes of this Act.



1 SECTION 5. This Act shall take effect on July 1, 2006.



Report Title:

Appropriation, Pilot Perinatal Clinic

Description:

Establishes funding for a pilot clinic at the UH med school 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. Makes an appropriation. (SD2)

