
A BILL FOR AN ACT

RELATING TO FETAL ALCOHOL SPECTRUM DISORDERS.

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

1 SECTION 1. The legislature finds that fetal alcohol
2 spectrum disorders (FASDs) are lifelong physical, developmental,
3 behavioral, and intellectual conditions caused by prenatal
4 exposure to alcohol. According to the Centers for Disease
5 Control and Prevention, up to one in five school children in the
6 United States may have a FASD. FASDs are more prevalent than
7 autism disorders, spina bifida, cerebral palsy, and Down
8 syndrome combined.

9 The legislature recognizes that individuals with FASDs face
10 unique challenges. For example, while children with autism
11 spectrum disorders share many of the same behavioral
12 characteristics and related mental health diagnoses of children
13 with FASDs, the latter tend to also struggle with feelings of
14 being different from others, difficulties following through with
15 instructions, emotional dysregulation, sleep disturbance,
16 indiscriminate affection with strangers, dishonesty, learning
17 difficulties, and difficulties in understanding the causes and



1 consequences of behaviors. Further, due to diffuse brain
2 damage, children with FASDs may also exhibit startled responses;
3 suffer from depression, often in teenage years; be unable to
4 take initiative; be unable to manage or comprehend time; lose
5 their temper; be argumentative with those in authority; and
6 appear defiant. Although many of these behaviors may appear to
7 resemble typical teenage behaviors, many individuals with FASDs
8 retain these behaviors through adulthood.

9 The legislature also finds that FASDs may impact an
10 estimated seventy thousand eight hundred people living in
11 Hawaii. Of the nearly seventeen thousand babies born annually
12 in the State, as many as eight hundred forty are estimated to
13 have FASDs. However, few children in Hawaii are diagnosed even
14 by using best practices. Within foster care and adoptive
15 families, eighty-five per cent of children are not diagnosed, or
16 are misdiagnosed. Raising a child with a FASD costs thirty
17 times more than the cost of successful prevention efforts, and
18 FASDs cost the State an estimated \$876,000,000 annually.

19 Of the 174,000 students in Hawaii schools, as many as eight
20 thousand seven hundred may have FASDs, yet far fewer are
21 diagnosed. Many individuals with FASDs have normal intelligence



1 quotient scores but function below their chronological age, and
2 many students with FASDs do not qualify for services dedicated
3 to those with developmental disabilities, even when the students
4 are correctly diagnosed. FASDs are not tracked in special
5 education, and most schools lack trained staff and the ability
6 to support students with FASDs. By age thirteen, more than
7 sixty per cent of students with FASDs may experience trouble
8 with law enforcement, and individuals with FASDs, with or
9 without a diagnosis, face high rates of incarceration and
10 recidivism. A high proportion of older youths and adults with
11 FASDs struggle with independent living and unemployment. More
12 than ninety per cent of individuals with FASDs will develop
13 comorbid mental health conditions.

14 The legislature further finds that a multidisciplinary
15 system of care is necessary to improve outcomes for individuals
16 with FASDs and promote health equity. This system of care must
17 leverage existing resources to make a definitive diagnosis,
18 provide appropriate therapy, and modify a treatment plan in
19 accordance with reassessment results.

20 Accordingly, the purpose of this Act is to:



1 (1) Require the department of health to establish and
2 administer a five-year pilot program to implement a
3 co-management system of care for the diagnosis and
4 treatment of individuals with fetal alcohol spectrum
5 disorders; and

6 (2) Appropriate funds to the department of health for the
7 establishment and administration of the pilot program.

8 SECTION 2. (a) The department of health shall establish
9 and administer a five-year pilot program to implement a co-
10 management system of care in which the primary care provider;
11 behavioral health provider; and fetal alcohol spectrum disorders
12 specialist with a specialization in genetics, pediatric
13 neurology, developmental-behavioral, or other applicable field;
14 each plays a role.

15 (b) The co-management system shall operate as follows:

16 (1) The primary care provider shall refer a patient who
17 screens positive for a fetal alcohol spectrum disorder
18 to a fetal alcohol spectrum disorders specialist;

19 (2) At least one fetal alcohol spectrum disorders
20 specialist shall make a diagnosis, establish a
21 treatment plan, and refer the patient back to the



1 primary care provider. The diagnostic assessment and
2 written treatment plan shall be provided to the
3 primary care provider;

4 (3) The primary care provider shall refer the patient to a
5 behavioral health provider in accordance with the
6 treatment plan and provide appropriate information,
7 including the diagnostic assessment and treatment
8 plan, to the behavioral health provider;

9 (4) The primary care provider or behavioral health
10 provider servicing the patient, or both, shall involve
11 the patient's family and school in accordance with the
12 recommendations of the treatment plan;

13 (5) The behavioral health provider shall provide the
14 recommended treatment, including medication and other
15 modalities, and shall provide periodic reports to the
16 primary care provider;

17 (6) The primary care provider shall monitor the patient's
18 progress via contact with the patient and
19 communication from the family, school, and behavioral
20 health provider, in accordance with the treatment
21 plan;



1 (7) If the patient's progress is not satisfactory, the
2 primary care provider shall refer the patient back to
3 the fetal alcohol spectrum disorders specialist; and

4 (8) The fetal alcohol spectrum disorders specialist shall
5 reassess the patient, make any necessary modifications
6 to the treatment plan with input from the primary care
7 provider and behavioral health provider, and refer the
8 patient back to the primary care provider.

9 SECTION 3. There is appropriated out of the general
10 revenues of the State of Hawaii the sum of \$ or so
11 much thereof as may be necessary for fiscal year 2023-2024 and
12 the same sum or so much thereof as may be necessary for fiscal
13 year 2024-2025 for the establishment and administration of a
14 five-year pilot program to implement a co-management system of
15 care for the diagnosis and treatment of individuals with fetal
16 alcohol spectrum disorders.

17 The sums appropriated shall be expended by the department
18 of health for the purposes of this Act.

19 SECTION 4. This Act shall take effect on July 1, 2023.



Report Title:

Fetal Alcohol Spectrum Disorders; Pilot Program; Department of Health; Appropriation

Description:

Requires the Department of Health to establish and administer a five-year pilot program to implement a co-management system of care for the diagnosis and treatment of individuals with fetal alcohol spectrum disorders. Appropriates funds. (SD1)

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