
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 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 fetal alcohol spectrum disorder. Fetal
7 alcohol spectrum disorders are more prevalent than autism
8 disorders, spina bifida, cerebral palsy, and Down syndrome
9 combined.

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



1 affection with strangers, dishonesty, learning difficulties, and
2 difficulties in understanding the causes and consequences of
3 behaviors. Further, due to diffuse brain damage, children with
4 fetal alcohol spectrum disorders may also exhibit startled
5 responses; suffer from depression, often in teenage years; be
6 unable to take initiative; be unable to manage or comprehend
7 time; lose their temper; be argumentative with those in
8 authority; and appear defiant. Although many of these behaviors
9 may appear to resemble typical teenage behaviors, many
10 individuals with fetal alcohol spectrum disorders retain these
11 behaviors through adulthood.

12 The legislature also finds that fetal alcohol spectrum
13 disorders may impact an estimated seventy thousand eight hundred
14 people living in Hawaii. Of the nearly seventeen thousand
15 babies born annually in the State, as many as eight hundred
16 forty are estimated to have fetal alcohol spectrum disorders.
17 However, few children in Hawaii are diagnosed even by using best
18 practices. Within foster care and adoptive families,
19 eighty-five per cent of children with fetal alcohol spectrum
20 disorders are not diagnosed, or are misdiagnosed. Raising a
21 child with a fetal alcohol spectrum disorder costs thirty times



1 more than the cost of successful prevention efforts, and fetal
2 alcohol spectrum disorders cost the State an estimated
3 \$876,000,000 annually.

4 Of the 174,000 students in Hawaii schools, as many as eight
5 thousand seven hundred may have fetal alcohol spectrum
6 disorders, yet far fewer are diagnosed. Many individuals with
7 fetal alcohol spectrum disorders have normal intelligence
8 quotient scores but function below their chronological age, and
9 many students with fetal alcohol spectrum disorders do not
10 qualify for services dedicated to those with developmental
11 disabilities, even when the students are correctly diagnosed.
12 Fetal alcohol spectrum disorders are not tracked in special
13 education, and most schools lack trained staff and the ability
14 to support students with fetal alcohol spectrum disorders. By
15 age thirteen, more than sixty per cent of students with fetal
16 alcohol spectrum disorders may experience trouble with law
17 enforcement, and individuals with fetal alcohol spectrum
18 disorders face high rates of incarceration and recidivism. A
19 high percentage of older youths and adults with fetal alcohol
20 spectrum disorders struggle with independent living and
21 unemployment. More than ninety per cent of individuals with



1 fetal alcohol spectrum disorders will develop comorbid mental
2 health conditions.

3 The legislature further finds that a multidisciplinary
4 system of care is necessary to improve outcomes for individuals
5 with fetal alcohol spectrum disorders and promote health equity.
6 This system of care must leverage existing resources to make a
7 definitive diagnosis, provide appropriate therapy, and modify a
8 treatment plan in accordance with reassessment results.

9 Accordingly, the purpose of this Act is to:

- 10 (1) Require the department of health to establish and
11 administer a five-year pilot program to implement a
12 co-management system of care for the diagnosis and
13 treatment of individuals with fetal alcohol spectrum
14 disorders; and
- 15 (2) Appropriate funds to the department of health for the
16 establishment and administration of the pilot program.

17 SECTION 2. (a) The department of health shall establish
18 and administer a five-year pilot program to implement a
19 co-management system of care for persons with a fetal alcohol
20 spectrum disorder in which the primary care provider; behavioral
21 health provider; and fetal alcohol spectrum disorders specialist



1 with a specialization in genetics, pediatric neurology,
2 developmental-behavioral, or other applicable field; each plays
3 a role.

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

5 (1) The primary care provider shall refer a patient who
6 screens positive for a fetal alcohol spectrum disorder
7 to a fetal alcohol spectrum disorders specialist;

8 (2) At least one fetal alcohol spectrum disorders
9 specialist shall make a diagnosis, establish a
10 treatment plan, and refer the patient back to the
11 primary care provider. The diagnostic assessment and
12 written treatment plan shall be provided to the
13 primary care provider;

14 (3) The primary care provider shall refer the patient to a
15 behavioral health provider in accordance with the
16 treatment plan and provide appropriate information,
17 including the diagnostic assessment and treatment
18 plan, to the behavioral health provider;

19 (4) The primary care provider, behavioral health provider,
20 or both, shall involve the patient's family and school



- 1 in accordance with the recommendations of the
2 treatment plan;
- 3 (5) The behavioral health provider shall provide the
4 recommended treatment, including medication and other
5 modalities, and shall provide periodic reports to the
6 primary care provider;
- 7 (6) The primary care provider shall monitor the patient's
8 progress via contact with the patient and
9 communication from the family, school, and behavioral
10 health provider, in accordance with the treatment
11 plan;
- 12 (7) If the patient's progress is not satisfactory, the
13 primary care provider shall refer the patient back to
14 the fetal alcohol spectrum disorders specialist; and
- 15 (8) The fetal alcohol spectrum disorders specialist shall
16 reassess the patient, make any necessary modifications
17 to the treatment plan with input from the primary care
18 provider and behavioral health provider, and refer the
19 patient back to the primary care provider.

20 SECTION 3. There is appropriated out of the general
21 revenues of the State of Hawaii the sum of \$ or so



1 much thereof as may be necessary for fiscal year 2023-2024 and
2 the same sum or so much thereof as may be necessary for fiscal
3 year 2024-2025 for the establishment and administration of a
4 five-year pilot program to implement a co-management system of
5 care for the diagnosis and treatment of individuals with fetal
6 alcohol spectrum disorders.

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

9 SECTION 4. This Act shall take effect on July 1, 2050.



Report Title:

DOH; FASD; Pilot Program; Appropriation

Description:

Requires the Department of Health to establish and administer a 5-year pilot program to implement a co-management system of care for the diagnosis and treatment of persons with fetal alcohol spectrum disorders. Appropriates funds. Effective 7/1/2050.
(SD2)

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