ACT 248 H.B. NO. 2045

A Bill for an Act Relating to Perinatal Care.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. Since mid-1980, Hawaii has been gripped by an epidemic of methamphetamine use. Females in Hawaii, in particular, have been adversely affected. In the year 2000, child welfare services (CWS) received reports of two hundred eight drug-exposed infants on the island of Oahu, seventy-nine per cent of whom (one hundred sixty-four infants) were reportedly exposed to methamphetamine. In 2002, the criminal justice system reported that one-half of adult female arrestees in Honolulu tested positive for methamphetamine. In 2004, CWS reported that methamphetamine use was involved in over eighty per cent of its active cases.

While methamphetamine use receives a great deal of attention, little is known about its adverse effects during pregnancy. More is known about the harmful nature of legal drugs such as tobacco and alcohol, which are much more widely used before and during pregnancy. Approximately sixty-five per cent of reproductive-aged women use alcohol and unfortunately, despite strong warnings about harmful effects, many women do not stop using alcohol during pregnancy. One University of Hawaii study showed that twenty per cent of women used alcohol during pregnancy. Fetal alcohol syndrome is the number one cause of preventable birth defects. In addition, nineteen per cent of pregnant women in Hawaii smoke. Smoking during pregnancy is associated with pre-term labor, low birth weight, abruption, and other serious pregnancy complications. Studies have shown that treating smoking addiction during pregnancy works, and offering treatment for nicotine addiction provides an excellent opportunity to enroll women who would otherwise be too afraid to seek care in methamphetamine addiction treatment programs.

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

(1) A plan of safe care for drug-addicted infants; and
(2) Triage procedures for appropriate referral to a community organization or voluntary preventive services for a child not at risk of imminent harm as well as for the child's family.

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

However, women who suffer from substance abuse have difficulty using traditional systems of care. Services are not accessed for a number of reasons, such as:

(1) Fear of losing custody of children;
(2) Fear of forced treatment;
(3) Lack of transportation to treatment sites;
(4) Stigmatization due to substance abuse; and
(5) Fear of criminal prosecution.

Fear of losing custody is the primary reason why women do not seek prenatal care. In addition, rather than serving as a deterrent to drug use during pregnancy, policies such as criminal prosecution serve as a hindrance to obtaining prenatal care. In South Carolina, Cornelia Whitner was tested without her knowledge or consent for the use of crack cocaine during her pregnancy and was prosecuted. Subsequently, the Supreme Court upheld the ruling that made it mandatory in South Carolina to report suspected drug abuse in pregnant women. After implementation of the mandatory reporting laws and the prosecution of Cornelia Whitner, there was a precipitous drop in admissions to drug treatment programs for pregnant women and a subsequent increase in infant mortality as well as a twenty per cent increase in the number of abandoned babies.

In addition to women's fear of detection and criminal prosecution, treatment services may not be accessed for reasons such as unreadiness for treatment or a coexisting mental illness. Other system-related barriers to prenatal care are the stigmatization due to substance abuse and negative attitudes of health care providers.

Further, the importance of comprehensive, coordinated, and individualized service provided by an interdisciplinary team of professionals who are supportive, nonjudgmental, and nurturing has been widely acknowledged. However, separate

service delivery systems have traditionally been provided for prenatal care and substance abuse treatment.

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

The purpose of this Act is to establish a pilot clinic to address Hawaii's current lack of facilities equipped to provide comprehensive prenatal, delivery, and postpartum care to women who have a history of methamphetamine and other substance abuse, including alcohol and tobacco. The pilot clinic will provide care at one location, and the care will include nonjudgmental substance abuse counseling, parenting classes, social service resources, and legal services. The goals of the comprehensive care and services provided by the clinic will be to:

(1) Facilitate the patient's transition from a troubled, pregnant woman to a coping, capable parent;
(2) Assess the safety of the home environment for the child; and
(3) Prevent outplacement and keep families together whenever possible.

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

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

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

(b) The pilot perinatal clinic shall cease operations on June 30, 2009.

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

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

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

(Approved June 29, 2006.)