
A BILL FOR AN ACT

RELATING TO PERINATAL CARE.

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

1 SECTION 1. Act 248, Session Laws of Hawaii 2006, is
2 amended by amending sections 1 and 2 to read as follows:

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

14 While methamphetamine use receives a great deal of
15 attention, little is known about its adverse effects during
16 pregnancy. More is known about the harmful nature of legal
17 drugs such as tobacco and alcohol, which are much more widely
18 used before and during pregnancy. Approximately sixty-five per



1 cent of reproductive-aged women use alcohol and unfortunately,
2 despite strong warnings about harmful effects, many women do not
3 stop using alcohol during pregnancy. One University of Hawaii
4 study showed that twenty per cent of women used alcohol during
5 pregnancy. Fetal alcohol syndrome is the number one cause of
6 preventable birth defects. In addition, nineteen per cent of
7 pregnant women in Hawaii smoke. Smoking during pregnancy is
8 associated with pre-term labor, low birth weight, abruption, and
9 other serious pregnancy complications. Studies have shown that
10 treating smoking addiction during pregnancy works, and offering
11 treatment for nicotine addiction provides an excellent
12 opportunity to enroll women who would otherwise be too afraid to
13 seek care in methamphetamine 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 CWS. The law also requires CWS to implement
17 and operate a statewide program, including:

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



1 A cornerstone of programs that address perinatal drug abuse
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 knowledge
5 has led to interventions designed to maintain the family
6 structure while preventing or treating substance abuse during
7 pregnancy and providing prenatal care.

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

- 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 due to substance abuse; and
- 15 (5) Fear of criminal prosecution.

16 Fear of losing custody is the primary reason why women do
17 not seek prenatal care. In addition, rather than serving as a
18 deterrent to drug use during pregnancy, policies such as
19 criminal prosecution serve as a hindrance 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 suspected drug abuse in pregnant women. 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 women's 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 due to substance abuse and negative attitudes of
13 health 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. In contrast, workers in a separate substance abuse
7 treatment delivery system are unlikely to have the capacity to
8 adequately address needs specific to pregnant women.

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

- 18 (1) Facilitate the patient's transition from a troubled,
19 pregnant woman to a coping, capable parent;
20 (2) Assess the safety of the home environment for the
21 child; and



1 (3) Prevent outplacement and keep families together
2 whenever possible.

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

- 9 (1) Prenatal [~~, delivery,~~] and postpartum care for women
10 with a history of substance abuse on the island of
11 Oahu;
- 12 (2) Substance abuse counseling;
- 13 (3) Pediatric care with appropriate developmental
14 interventions;
- 15 (4) Psychiatric care for patients with dual diagnoses; and
- 16 (5) Case management, including social services and
17 coordination with child welfare services to ensure
18 that the home environment is safe and to prevent the
19 abandonment of children, and keep families intact
20 whenever possible, as long as the safety of the
21 children can be assured.



1 In addition to state funding of the [~~pilot~~] perinatal
2 clinic, funding for perinatal and pediatric services of the
3 clinic shall be pursued through the state medicaid program.

4 (b) The [~~pilot~~] perinatal clinic shall [~~cease operations~~
5 ~~on June 30, 2009.~~] submit annual reports identifying the
6 services that are being provided, the number of individuals that
7 the services are being provided to, and the effectiveness of
8 those services to the legislature no later than twenty days
9 prior to the convening of each regular session."

10 SECTION 2. There is appropriated out of the general
11 revenues of the State of Hawaii the sum of \$ or so
12 much thereof as may be necessary for fiscal year 2008-2009 to
13 continue operations and services as needed, including case
14 management services, for the perinatal clinic within the John A.
15 Burns Schools of Medicine university clinical educational and
16 research associates program at the University of Hawaii
17 department of obstetrics, gynecology, and women's health.

18 The sum appropriated shall be expended by the department of
19 human services for the purposes of this Act.

20 SECTION 3. Statutory material to be repealed is bracketed
21 and stricken. New statutory material is underscored.

22 SECTION 4. This Act shall take effect on July 1, 2020.



Report Title:

Health; Women; Perinatal Care

Description:

Makes the perinatal clinic first established by Act 248, Session Laws of Hawaii 2006, permanent. Appropriates funds. (SD1)

