
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. In accordance with section 9 of article VII of
2 the Hawaii State Constitution and sections 37 91 and 37 93,
3 Hawaii Revised Statutes, the legislature has determined that the
4 appropriations contained in H.B. No. 300, H.D. 1, S.D. 1, C.D.
5 1, and this Act will cause the state general fund expenditure
6 ceiling for fiscal year 2023 2024 to be exceeded by
7 \$1,064,252,367 or 11.0 per cent. This current declaration takes
8 into account general fund appropriations authorized for fiscal
9 year 2023 2024 in H.B. No. 300, H.D. 1, S.D. 1, C.D. 1, and this
10 Act only. The reasons for exceeding the general fund
11 expenditure ceiling are that:

- 12 (1) The appropriations made in this Act are necessary to
13 serve the public interest; and
14 (2) The appropriations made in this Act meet the needs
15 addressed by this Act.

16 SECTION 2. The legislature finds that fetal alcohol
17 spectrum disorders are lifelong physical, developmental,
18 behavioral, and intellectual conditions caused by prenatal



1 exposure to alcohol. According to the Centers for Disease
2 Control and Prevention, up to one in five school children in the
3 United States may have a fetal alcohol spectrum disorder. Fetal
4 alcohol spectrum disorders are more prevalent than autism
5 disorders, spina bifida, cerebral palsy, and Down syndrome
6 combined.

7 The legislature recognizes that individuals with fetal
8 alcohol spectrum disorders face unique challenges. For example,
9 while children with autism spectrum disorders share many of the
10 same behavioral characteristics and related mental health
11 diagnoses as children with fetal alcohol spectrum disorders, the
12 latter tend to also struggle with feelings of being different
13 from others, difficulties following through with instructions,
14 emotional dysregulation, sleep disturbance, indiscriminate
15 affection with strangers, dishonesty, learning difficulties, and
16 difficulties in understanding the causes and consequences of
17 behaviors. Further, due to diffuse brain damage, children with
18 fetal alcohol spectrum disorders may also exhibit startled
19 responses; suffer from depression, often in teenage years; be
20 unable to take initiative; be unable to manage or comprehend
21 time; lose their temper; be argumentative with those in



1 authority; and appear defiant. Although many of these behaviors
2 may appear to resemble typical teenage behaviors, many
3 individuals with fetal alcohol spectrum disorders retain these
4 behaviors through adulthood.

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

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



1 quotient scores but function below their chronological age, and
2 many students with fetal alcohol spectrum disorders do not
3 qualify for services dedicated to those with developmental
4 disabilities, even when the students are correctly diagnosed.
5 Fetal alcohol spectrum disorders are not tracked in special
6 education, and most schools lack trained staff and the ability
7 to support students with fetal alcohol spectrum disorders. By
8 age thirteen, more than sixty per cent of students with fetal
9 alcohol spectrum disorders may experience trouble with law
10 enforcement, and individuals with fetal alcohol spectrum
11 disorders face high rates of incarceration and recidivism. A
12 high percentage of older youths and adults with fetal alcohol
13 spectrum disorders struggle with independent living and
14 unemployment. More than ninety per cent of individuals with
15 fetal alcohol spectrum disorders will develop comorbid mental
16 health conditions.

17 The legislature further finds that a multidisciplinary
18 system of care is necessary to improve outcomes for individuals
19 with fetal alcohol spectrum disorders and promote health equity.
20 This system of care must leverage existing resources to make a



1 definitive diagnosis, provide appropriate therapy, and modify a
2 treatment plan in accordance with reassessment results.

3 Accordingly, the purpose of this Act is to:

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

9 (2) Appropriate funds for the pilot program and an annual
10 public awareness campaign.

11 SECTION 3. (a) The department of health shall establish
12 and administer a three-year pilot program with a primary and
13 secondary prevention component and tertiary prevention component
14 that implements a co-management system of care for persons with
15 a fetal alcohol spectrum disorder in which the primary care
16 provider; behavioral health provider; and fetal alcohol spectrum
17 disorders specialist with a specialization in genetics,
18 pediatric neurology, developmental-behavioral, or other
19 applicable field; each plays a role.

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



- 1 (1) The primary care provider shall refer a patient who
2 screens positive for a fetal alcohol spectrum disorder
3 to a fetal alcohol spectrum disorders specialist;
- 4 (2) At least one fetal alcohol spectrum disorders
5 specialist shall make a diagnosis, establish a
6 treatment plan, and refer the patient back to the
7 primary care provider. The diagnostic assessment and
8 written treatment plan shall be provided to the
9 primary care provider;
- 10 (3) The primary care provider shall refer the patient to a
11 behavioral health provider in accordance with the
12 treatment plan and provide appropriate information,
13 including the diagnostic assessment and treatment
14 plan, to the behavioral health provider;
- 15 (4) The primary care provider, behavioral health provider,
16 or both, shall involve the patient's family and school
17 in accordance with the recommendations of the
18 treatment plan;
- 19 (5) The behavioral health provider shall provide the
20 recommended treatment, including medication and other



1 modalities, and shall provide periodic reports to the
2 primary care provider;

3 (6) The primary care provider shall monitor the patient's
4 progress via contact with the patient and
5 communication from the family, school, and behavioral
6 health provider, in accordance with the treatment
7 plan;

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

11 (8) The fetal alcohol spectrum disorders specialist shall
12 reassess the patient, make any necessary modifications
13 to the treatment plan with input from the primary care
14 provider and behavioral health provider, and refer the
15 patient back to the primary care provider.

16 SECTION 4. There is appropriated out of the general
17 revenues of the State of Hawaii the sum of \$450,000 or so much
18 thereof as may be necessary for fiscal year 2023-2024 for the
19 establishment and administration of a three-year pilot program
20 to implement a co-management system of care for the diagnosis
21 and treatment of individuals with fetal alcohol spectrum



1 disorders; provided that the appropriation shall not lapse at
2 the end of the fiscal biennium for which the appropriation is
3 made; provided further that all moneys from the appropriation
4 unencumbered as of June 30, 2026, shall lapse as of that date.

5 The sum appropriated shall be expended by the department of
6 health for the purposes of this Act.

7 SECTION 5. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$35,000 or so much
9 thereof as may be necessary for fiscal year 2023-2024 for the
10 establishment of an annual public awareness campaign on
11 preventing fetal alcohol spectrum disorder.

12 The sum appropriated shall be expended by the state council
13 on developmental disabilities for the purposes of this Act.

14 SECTION 6. This Act shall take effect on July 1, 2023.



Report Title:

DOH; Fetal Alcohol Spectrum Disorder; Pilot Program; Public Awareness Campaign; Appropriation; Expenditure Ceiling

Description:

Requires the Department of Health to establish and administer a three-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 for the pilot program and an annual public awareness campaign. (CD1)

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