

Second Regular Session
Seventieth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 16-0761.02 Jane Ritter x4342

SENATE BILL 16-118

SENATE SPONSORSHIP

Newell, Todd, Aguilar, Garcia, Hodge

HOUSE SPONSORSHIP

Singer, Ginal, Melton

Senate Committees

State, Veterans, & Military Affairs

House Committees

A BILL FOR AN ACT

101 CONCERNING A SCREENING QUESTIONNAIRE TO IDENTIFY CHILDREN
102 IMPACTED BY PRENATAL SUBSTANCE EXPOSURE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill directs the department of public health and environment (department) to identify a screening questionnaire related to prenatal substance exposure. Information gathered from a screening questionnaire may not be used for either criminal purposes or to justify contact with county departments of human or social services, unless a program's or entity's mandatory reporter of abuse and neglect status is triggered. Home

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

visitation programs, the juvenile justice system, the child welfare system, early childhood providers, schools, and school districts developing a individualized family service plan or a child's initial individualized education program are required to use a screening questionnaire. Birthing facilities and health care providers are strongly encouraged to adopt a consistent practice of screening and documentation for prenatal substance exposure. "Prenatal substance exposure" is defined in the bill as prenatal exposure to regular or binge use of alcohol, over-the-counter and prescription medications, or controlled substances.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) (a) The general
3 assembly finds and declares that children who were prenatally exposed to
4 substances often have no visible signs at birth of damage to their health
5 and well being;

6 (b) Behaviors that appear as the child ages are often blamed on
7 poor parenting, other medical disorders, or other factors when, in fact, the
8 behaviors may be a direct result of prenatal substance exposure;

9 (c) Early and accurate diagnosis of prenatal substance exposure
10 can contribute to positive long-term outcomes for these children through
11 proper intervention, as well as the provision of appropriate services,
12 resources, and supports;

13 (d) Understanding a child's diagnosis of prenatal substance
14 exposure will enhance communication and responses among clinicians,
15 caregivers, educators, and families, thus ultimately benefitting the child;

16 (e) Continued use of traditional behavior management with a
17 prenatally exposed child often leads to greater dysfunction and increased
18 likelihood of involvement in the juvenile justice system; and

19 (f) Prenatal substance exposure is 100% preventable by
20 eliminating substance exposure during pregnancy through education,

1 screening, services, support, and treatment.

2 (2) Therefore, it is the intent of the general assembly to implement
3 specific tools and time frames to identify, as early as possible, children
4 who were prenatally exposed to substances so that these children receive
5 the services, resources, and supports that will be in their best interest. It
6 is not the intention of the general assembly to use any information
7 gathered through a screening questionnaire for prenatal substance
8 exposure for criminal or immediate child welfare purposes.

9 **SECTION 2.** In Colorado Revised Statutes, **add 25-1.5-112** as
10 follows:

11 **25-1.5-112. Prenatal substance use exposure - screening**
12 **questionnaire - duties - definitions.** (1) THE DEPARTMENT HAS, IN
13 ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW,
14 THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

15 (a) TO IDENTIFY, BASED ON BEST PRACTICE, A BRIEF SCREENING
16 QUESTIONNAIRE CONCERNING PRENATAL SUBSTANCE EXPOSURE. THE SOLE
17 PURPOSE OF A SCREENING QUESTIONNAIRE IS TO HELP DETERMINE IF A
18 CHILD IS IN NEED OF RELEVANT SERVICES AND SUPPORTS, EITHER
19 IMMEDIATELY OR IN FUTURE YEARS. INFORMATION DISCOVERED THROUGH
20 A SCREENING QUESTIONNAIRE MAY NOT BE USED AGAINST THE MOTHER
21 FOR CRIMINAL PURPOSES. EXCEPT AS PROVIDED FOR IN SUBSECTION (4) OF
22 THIS SECTION, INFORMATION DISCOVERED THROUGH A SCREENING
23 QUESTIONNAIRE MAY NOT BE USED TO TRIGGER A CALL TO A COUNTY
24 DEPARTMENT OF HUMAN OR SOCIAL SERVICES RELATED TO A CHILD'S
25 WELFARE.

26 (b) TO POST A SCREENING QUESTIONNAIRE ON ITS WEBSITE.

27 (2) THE FOLLOWING PROGRAMS AND ENTITIES SHALL UTILIZE A

1 SCREENING QUESTIONNAIRE AS A TOOL TO IDENTIFY CHILDREN AND YOUTH
2 WHO ARE IN POTENTIAL NEED OF SERVICES AS FOLLOWS:

3 (a) A HOME VISITATION PROGRAM DURING THE FIRST VISIT TO A
4 FAMILY;

5 (b) THE JUVENILE JUSTICE SYSTEM DURING THE FIRST INSTANCE OF
6 AN INTAKE FOR AN INDIVIDUAL YOUTH WHEN A PARENT OR GUARDIAN IS
7 AVAILABLE;

8 (c) COUNTY DEPARTMENTS OF HUMAN AND SOCIAL SERVICES
9 WHEN A CHILD ENTERS THE CHILD WELFARE SYSTEM; AND

10 (d) EARLY CHILDHOOD PROVIDERS, SCHOOLS, AND SCHOOL
11 DISTRICTS IN THE EVALUATION PROCESS AND THE DEVELOPMENT OF AN
12 INDIVIDUALIZED FAMILY SERVICE PLAN AND THE INITIAL DEVELOPMENT OF
13 A STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM.

14 (3) BIRTHING FACILITIES AND HEALTH CARE PROVIDERS ARE
15 STRONGLY ENCOURAGED TO ADOPT A CONSISTENT PRACTICE OF
16 SCREENING AND DOCUMENTATION OF SCREENING FOR EXPOSURE TO
17 ALCOHOL OR OTHER SUBSTANCES, INCLUDING OVER-THE-COUNTER AND
18 PRESCRIPTION MEDICATIONS AND CONTROLLED SUBSTANCES, FOR ALL
19 WOMEN OF CHILDBEARING AGE EITHER PRIOR TO PREGNANCY, DURING THE
20 PRENATAL PERIOD, OR AT THE TIME OF BIRTH BEFORE THE WOMAN IS
21 DISCHARGED FROM THE BIRTHING FACILITY, IN ACCORDANCE WITH THE
22 AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY GUIDELINES FOR
23 PERINATAL CARE.

24 (4) CLINICIANS AND CAREGIVERS MUST HAVE POLICIES AND
25 PROCEDURES TO DETERMINE AT WHAT POINT INFORMATION FROM THE
26 SCREENING QUESTIONNAIRE TRIGGERS AN INDIVIDUAL'S OR ENTITY'S
27 STATUS AS A MANDATORY REPORTER OF CHILD ABUSE OR NEGLECT

1 PURSUANT TO SECTION 19-3-304, C.R.S.

2 (5) A PROGRAM OR ENTITY THAT IDENTIFIES A CHILD WHO WAS
3 IMPACTED BY PRENATAL SUBSTANCE EXPOSURE AND WOULD BENEFIT
4 FROM SERVICES OR SUPPORTS IS RESPONSIBLE FOR CONNECTING THE
5 PARENTS OR GUARDIANS TO THOSE SERVICES OR SUPPORTS AND
6 DOCUMENTING THE POSITIVE SCREEN AND ASSOCIATED REFERRALS IN THE
7 CHILD'S RECORD.

8 (6) FOR PURPOSES OF THIS SECTION, "PRENATAL SUBSTANCE
9 EXPOSURE" INCLUDES PRENATAL EXPOSURE TO REGULAR OR BINGE USE OF
10 ALCOHOL, OVER-THE-COUNTER OR PRESCRIPTION MEDICATIONS, OR
11 CONTROLLED SUBSTANCES AS DEFINED IN PART 1 OF ARTICLE 18 OF TITLE
12 18, C.R.S.

13 **SECTION 3. Safety clause.** The general assembly hereby finds,
14 determines, and declares that this act is necessary for the immediate
15 preservation of the public peace, health, and safety.