

State of Misconsin 2013 - 2014 LEGISLATURE



## 2013 ASSEMBLY BILL 675

January 27, 2014 – Introduced by Representatives KRUG, SKOWRONSKI, MURPHY, KAHL, BIES, BALLWEG, A. OTT, KESTELL and THIESFELDT, cosponsored by Senators OLSEN, SCHULTZ and LASSA. Referred to Committee on Children and Families.

1 AN ACT to renumber 146.0255 (1) (a); to renumber and amend 146.0255 (2); 2 to amend 46.238, 146.0255 (title), 146.0255 (3) (intro.) and 146.0255 (3) (b); 3 and to create 146.0255 (1) (ag), 146.0255 (1) (c), 146.0255 (2) (a) (title), 4 146.0255 (2) (b) and 146.0257 of the statutes; relating to: evaluation of infants 5 for fetal alcohol spectrum disorder and referral of infants who have that 6 condition for services and treatment.

#### Analysis by the Legislative Reference Bureau

Under current law, if a hospital employee who provides health care, social worker, or intake worker of the court assigned to exercise jurisdiction under the Children's Code (juvenile court intake worker) suspects that an infant has controlled substances in the infant's bodily fluids because of the use of those substances by the infant's mother while she was pregnant with the infant, the hospital employee, social worker, or juvenile court intake worker may refer the infant to a physician for testing of the infant's bodily fluids for those substances. If the physician determines that there is a serious risk that there are controlled substances in the infant's bodily fluids because of the use of those substances by the mother and that the health of the infant may be adversely affected by those substances, the physician may test the infant to ascertain whether the infant does have controlled substances in the infant's bodily fluids. If the test indicates that the infant does have controlled substances in the infant's bodily fluids.

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conducting child abuse and neglect investigations under the Children's Code and that agency must offer services and treatment for the infant and mother.

This bill: 1) requires a hospital employee who provides health care, a social worker, or a juvenile court intake worker who suspects that an infant has fetal alcohol spectrum disorder to refer the infant to a physician for an evaluation to diagnose whether the infant has that disorder; 2) requires a physician who determines that there is a serious risk that an infant has fetal alcohol spectrum disorder to evaluate the infant to diagnose whether the infant has that disorder; 3) requires a physician who diagnoses that an infant has fetal alcohol spectrum disorder to report that diagnosis to the agency responsible for conducting child abuse and neglect investigations; and 4) requires that agency to offer services and treatment for the infant and the infant's mother.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

# The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 46.238 of the statutes is amended to read:

46.238 Infants and unborn children whose mothers abuse controlled  $\mathbf{2}$ 3 substances or, controlled substance analogs, or alcohol. If an agency, as defined in s. 48.981 (1) (ag), receives a report under s. 146.0255 (2) (a) 3. or (b) 3. or 4  $\mathbf{5}$ 146.0257 (2) and that agency is a county department under s. 46.22 or 46.23 or a 6 licensed child welfare agency under contract with that county department, the agency shall offer to provide appropriate services and treatment to the child and the 7 8 child's infant and the infant's mother or to the unborn child, as defined in s. 48.02 9 (19), and the expectant mother of the unborn child or the agency shall make 10 arrangements for the provision of appropriate services and treatment. If an agency receives a report under s. 146.0255 (2) (a) 3. or (b) 3. or 146.0257 (2) and that agency 11 12is the department or a licensed child welfare agency under contract with the 13department, the agency shall refer the report to the county department under s.

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1	51.42 or 51.437 and that county department shall offer to provide, or make
2	arrangements for the provision of, those services and that treatment.
3	<b>SECTION 2.</b> 146.0255 (title) of the statutes is amended to read:
4	146.0255 (title) Testing infants and expectant mothers for controlled
5	substances or controlled substance analogs.
6	<b>SECTION 3.</b> 146.0255 (1) (a) of the statutes is renumbered 146.0255 (1) (ar).
7	<b>SECTION 4.</b> 146.0255 (1) (ag) of the statutes is created to read:
8	146.0255 (1) (ag) "Agency" has the meaning given in s. 48.981 (1) (ag).
9	<b>SECTION 5.</b> 146.0255 (1) (c) of the statutes is created to read:
10	146.0255 (1) (c) "Unborn child" has the meaning given in s. 48.02 (19).
11	<b>SECTION 6.</b> 146.0255 (2) of the statutes is renumbered 146.0255 (2) (a) 1. and
12	amended to read:
13	146.0255 (2) (a) 1. Any If a hospital employee who provides health care, social
14	worker, or intake worker under ch. 48 <del>may refer an infant or an expectant mother</del>
15	of an unborn child, as defined in s. 48.02 (19), to a physician for testing of the bodily
16	fluids of the infant or expectant mother for controlled substances or controlled
17	substance analogs if the hospital employee who provides health care, social worker,
18	or intake worker suspects that the <u>an</u> infant or expectant mother has controlled
19	substances or controlled substance analogs in the <u>infant's</u> bodily fluids <del>of the infant</del>
20	or expectant mother because of the use of controlled substances or controlled
21	substance analogs by the mother while she was pregnant with the infant <del>or by the</del>
22	expectant mother while she is pregnant with the unborn child. The physician may
23	test the infant or expectant mother to ascertain whether or not the infant or
24	expectant mother has controlled substances or controlled substance analogs in the
25	bodily fluids of the infant or expectant mother, if the, the hospital employee, social

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1	worker, or intake worker may refer the infant to a physician for testing of the bodily
2	fluids of the infant for controlled substances or controlled substance analogs.

3 2. If a physician determines that there is a serious risk that there are controlled 4 substances or controlled substance analogs in the bodily fluids of the an infant or 5 expectant mother because of the use of controlled substances or controlled substance 6 analogs by the mother while she was pregnant with the infant or by the expectant 7 mother while she is pregnant with the unborn child and that the health of the infant, the unborn child or the child when born may be adversely affected by the controlled 8 9 substances or controlled substance analogs, the physician may test the infant to 10 ascertain whether or not the infant has controlled substances or controlled substance 11 analogs in the infant's bodily fluids.

<u>3.</u> If the results of the <u>a</u> test <u>under subd. 2.</u> indicate that the infant does have
controlled substances or controlled substance analogs in the infant's bodily fluids,
the physician shall report the occurrence of that condition in the infant to the agency,
as defined in s. 48.981 (1) (ag), that is responsible for conducting child abuse and
neglect investigations under s. 48.981, and that agency shall offer to provide, or
arrange or refer for the provision of, services and treatment for the child and the
child's mother infant and the infant's mother as provided under s. 46.238.

19 (b) 3. If the results of the <u>a</u> test <u>under subd. 2</u>, test indicate that the expectant 20 mother does have controlled substances or controlled substance analogs in the 21 expectant mother's bodily fluids, the physician may report the occurrence of that 22 condition in the expectant mother to the agency, as defined in s. 48.981 (1) (ag), that 23 is responsible for conducting unborn child abuse investigations under s. 48.981, and 24 that agency shall offer to provide, or arrange or refer for the provision of, services and 25 treatment for the unborn child and expectant mother as provided under s. 46.238.

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Under this subsection paragraph, no physician may test an expectant mother
 without first receiving her informed consent to the testing.

**SECTION 7.** 146.0255 (2) (a) (title) of the statutes is created to read:

4 146.0255 (2) (a) (title) *Testing of infants*.

5 SECTION 8. 146.0255 (2) (b) of the statutes is created to read:

6 146.0255 (2) (b) Testing of expectant mothers. 1. If a hospital employee who 7 provides health care, social worker, or intake worker under ch. 48 suspects that an 8 expectant mother has controlled substances or controlled substance analogs in her 9 bodily fluids because of the use of controlled substances or controlled substance 10 analogs, the hospital employee, social worker, or intake worker may refer the 11 expectant mother to a physician for testing of the bodily fluids of the expectant 12 mother for controlled substances or controlled substance analogs.

13 2. If a physician determines that there is a serious risk that there are controlled 14 substances or controlled substance analogs in the bodily fluids of an expectant 15mother because of the use of controlled substances or controlled substance analogs by the expectant mother and that the health of the unborn child or the child when 16 17born may be adversely affected by the controlled substances or controlled substance analogs, the physician may test the expectant mother to ascertain whether or not the 18 19 expectant mother has controlled substances or controlled substance analogs in her bodily fluids. 20

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**SECTION 9.** 146.0255 (3) (intro.) of the statutes is amended to read:

146.0255 (3) TEST RESULTS. (intro.) The <u>A</u> physician who performs a test under
sub. (2) (a) 2. or (b) 2. shall provide the infant's parents or guardian or the expectant
mother with all of the following information:

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**SECTION 10.** 146.0255 (3) (b) of the statutes is amended to read:

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146.0255 (3) (b) A statement of explanation that the test results of an infant 1  $\mathbf{2}$ must, and that the test results of an expectant mother may, be disclosed to an agency 3 under sub. (2) (a) 3. or (b) 3. if the test results are positive. 4 **SECTION 11.** 146.0257 of the statutes is created to read: 5 146.0257 Evaluation of infants for fetal alcohol spectrum disorder. (1) 6 DEFINITION. In this section, "agency" has the meaning given in s. 48.981 (1) (ag). 7 (2) EVALUATION. If a hospital employee who provides health care, social worker, 8 or intake worker under ch. 48 suspects that an infant has fetal alcohol spectrum 9 disorder, the hospital employee, social worker, or intake worker shall refer the infant 10 to a physician for an evaluation to diagnose whether the infant has that disorder. 11 If a physician determines that there is a serious risk that an infant has fetal alcohol 12spectrum disorder, the physician shall evaluate the infant to diagnose whether the 13infant has that disorder. If a physician diagnoses that an infant has fetal alcohol 14spectrum disorder, the physician shall report that diagnosis to the agency that is 15responsible for conducting child abuse and neglect investigations under s. 48.981, and that that agency shall offer to provide, or arrange or refer for the provision of. 16 17services and treatment for the infant and the infant's mother as provided under s. 18 46.238.

(3) DIAGNOSIS. A physician who performs an evaluation under sub. (2) shall
 provide the infant's parents or guardian with all of the following information:

(a) An explanation concerning the evaluation that was performed, the date of
that evaluation, and the diagnosis resulting from that evaluation.

(b) An explanation that the results of the evaluation must be disclosed to an
agency under sub. (2) if the evaluation indicates a diagnosis of fetal alcohol spectrum
disorder.

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(4) CONFIDENTIALITY. The results of an evaluation performed under sub. (2) may
 be disclosed as provided in sub. (3).

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(END)