



GOV. MSG. NO. 1295

EXECUTIVE CHAMBERS  
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA

July 3, 2023

The Honorable Ronald D. Kouchi  
President of the Senate,  
and Members of the Senate  
Thirty-Second State Legislature  
State Capitol, Room 409  
Honolulu, Hawai'i 96813

The Honorable Scott K. Saiki  
Speaker, and Members of the  
House of Representatives  
Thirty-Second State Legislature  
State Capitol, Room 431  
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

This is to inform you that on July 3, 2023, the following bill was signed into law:

SB318 SD2 HD1 CD1

RELATING TO FETAL ALCOHOL SPECTRUM  
DISORDERS.  
**ACT 192**

Sincerely,

Josh Green, M.D.  
Governor, State of Hawai'i

on JUL 3 2023

THE SENATE  
THIRTY-SECOND LEGISLATURE, 2023  
STATE OF HAWAII

**ACT 192**  
**S.B. NO.** 318  
S.D. 2  
H.D. 1  
C.D. 1

## A BILL FOR AN ACT

RELATING TO FETAL ALCOHOL SPECTRUM DISORDERS.

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

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

(1) The appropriations made in this Act are necessary to serve the public interest; and

(2) The appropriations made in this Act meet the needs addressed by this Act.

SECTION 2. The legislature finds that fetal alcohol spectrum disorders are lifelong physical, developmental, 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.

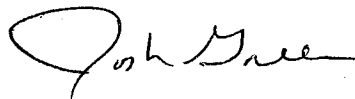
5 The sum appropriated shall be expended by the department of  
6 health for the purposes of this Act.

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.

APPROVED this 3rd day of July, 2023



GOVERNOR OF THE STATE OF HAWAII




**THE SENATE OF THE STATE OF HAWAI‘I**

Date: May 4, 2023  
Honolulu, Hawai‘i 96813

We hereby certify that the foregoing Bill this day passed Final Reading in the Senate  
of the Thirty-Second Legislature of the State of Hawai‘i, Regular Session of 2023.

  
President of the Senate

  
Clerk of the Senate

SB No. 318, SD 2, HD 1, CD 1

THE HOUSE OF REPRESENTATIVES OF THE STATE OF HAWAII

Date: May 4, 2023  
Honolulu, Hawaii

We hereby certify that the above-referenced Bill on this day passed Final Reading in the House of Representatives of the Thirty-Second Legislature of the State of Hawaii, Regular Session of 2023.



Scott K. Saiki  
Speaker  
House of Representatives



Brian L. Takeshita  
Chief Clerk  
House of Representatives