

COUNCIL ON CHEMICALLY EXPOSED INFANTS AND CHILDREN

235C.1 Council created purpose.

A council on chemically exposed infants and children is established as a subcommittee of the committee on maternal and child health of the community health division of the Iowa department of public health. The purpose of the council is to help the state develop and implement policies to reduce the likelihood that infants will be born chemically exposed, and to assist those who are born chemically exposed to grow and develop in a safe environment.

As used in this chapter, a "*chemically exposed infant or child*" is an infant or child who shows evidence of exposure to or the presence of alcohol, cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs or combinations or derivatives thereof which were not prescribed by a health practitioner.

90 Acts, ch 1264, §30; 93 Acts, ch 93, §4

235C.2 Membership.

The council on chemically exposed infants and children shall be composed of the following members:

1. Two members of the Iowa department of public health selected by the director of the Iowa department of public health, one from the staff who administer the comprehensive substance abuse program under chapter 125, and one from the division of family and community health.
2. The director of human services or the director's designee.
3. The director of the department of human rights or the director's designee.
4. The director of the department of education or the director's designee.
5. The director of the department of corrections or the director's designee.
6. The chairperson of the state maternal and child health advisory council or the chairperson's designee.
7. A physician selected by the board of the Iowa medical society with expertise in the care of the mother and a physician selected by the board of the Iowa medical society with expertise in the care of the infant.
8. A hospital administrator or the administrator's designee selected by the board of the Iowa hospital association.
9. A representative from a community health center located in Iowa selected by the Iowa/Nebraska primary care association.
10. A representative from a maternal and child health center selected by the governor.
11. A representative from a substance abuse treatment program, selected by the governor.
12. Two citizen members, selected by the governor.
13. A representative from the governor's office of drug control policy selected by the office.
14. A representative from the university of Iowa medical school selected by the director of the medical school.

15. A representative from a community-based substance abuse prevention program, selected by the governor.
16. A representative from the juvenile court, selected by the chief justice of the Iowa supreme court.
17. An attorney who practices in the area of juvenile law, selected by the Iowa state bar association.
18. Two consumer representatives selected by the governor, one of whom shall be a parent and one of whom shall be a nonparent family member.

The council shall be staffed by the Iowa department of public health. The council shall elect its own chairperson.

90 Acts, ch 1264, §31; 93 Acts, ch 93, §5; 93 Acts, ch 139, §6; 98 Acts, ch 1100, §30; 99 Acts, ch 141, §33, 34; 2000 Acts, ch 1126, §6; 2001 Acts, ch 74, §15; 2006 Acts, ch 1010, §75

235C.3 Council duties.

The council shall be responsible for the following activities:

1. *Data collection.* The council shall assemble relevant materials regarding the extent to which infants born in Iowa are chemically exposed, the services currently available to meet the needs of chemically exposed infants and children, and the costs incurred in caring for chemically exposed infants and children, including both costs borne directly by the state and costs borne by society.

2. *Prevention and education.* The council, after reviewing the data collected pursuant to subsection 1, and after reviewing education and prevention programs employed in Iowa and in other states, shall make recommendations to the appropriate division to develop a state prevention and education campaign, including the following components:

a. A broad-based public education campaign outlining the dangers inherent in substance use during pregnancy.

b. A health professional training campaign, including recommendations concerning the curriculum offered at the university of Iowa college of medicine and Des Moines university osteopathic medical center, providing assistance in the identification of women at risk of substance abuse during pregnancy and strategies to be employed in assisting those women to maintain healthy lifestyles during pregnancy. This education campaign shall offer information to health professionals on assessment, laboratory testing, and referrals.

c. A targeted public education campaign directed toward high-risk populations.

d. A technical assistance program for developing support programs to identified high-risk populations, including pregnant women who previously have given birth to chemically exposed infants or currently are using substances dangerous to the health of the fetus.

e. An education program for use within the school system, including training materials for school personnel to assist those personnel in identification, care, and referral.

3. *Identification.* The council shall develop recommendations regarding state programs or policies to increase the accuracy of the identification of chemically exposed infants and children.

4. *Treatment services.* The council shall seek to improve effective treatment services within the state for chemically exposed infants and children. As part of this responsibility, the council shall make

recommendations which shall include, but are not limited to, the following:

- a. Identification of programs available within the state for serving chemically exposed infants, children, and their families.
- b. Recommended ways to enhance funding for effective treatment programs, including the use of state health care programs and services under the medical assistance program and the maternal and child health programs.
- c. Identification of means to serve children who were chemically exposed infants when the children enter the school system.

As an additional part of this responsibility, the council shall determine whether a problem exists with respect to substance abuse treatment providers and physicians discriminating against pregnant women in providing treatment or prenatal care.

5. *Care and placement.* The council shall work with the department of human services to expand appropriate placement options for chemically exposed infants and children who have been abandoned by their parents or cannot safely be returned home. As part of this responsibility, the council shall do all of the following:

- a. Assist the department of human services in developing rules to establish specialized foster care services that can attract foster parents to care for chemically exposed infants and children.
- b. Identify additional services, such as therapeutic child care services, that may be needed to effectively care for chemically exposed infants and children.
- c. Review the need for residential programs designed to meet the needs of chemically exposed infants and children.

6. *Awards of grants and development of pilot programs.* From funds appropriated for this purpose, the council shall award grants or develop pilot programs to achieve the purposes of the council.

7. *Meetings.* The council shall meet at least twice annually, and may establish such subcommittees and task forces as are necessary to achieve its purpose.

8. *Confidentiality of information.* Data collected pursuant to this chapter shall be confidential to the extent necessary to protect the identity of persons who are the subjects of the data collection.

90 Acts, ch 1264, §32; 91 Acts, ch 97, §31; 93 Acts, ch 93, §69; 95 Acts, ch 182, § 17; 97 Acts, ch 203, § 15; 99 Acts, ch 141, §35, 36; 99 Acts, ch 192, §33; 2000 Acts, ch 1058, §25; 2000 Acts, ch 1223, §22; 2001 Acts, ch 74, §16