FISCAL IMPACT REPORT

SPONSOR Lord/Jones **LAST UPDATED** 2/24/23 **ORIGINAL DATE** 2/21/23

SHORT TITLE Prenatal Substance Exposure Screening Tool **BILL NUMBER** House Bill 477

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*
(dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
		$150.8	$150.8	**$301.6**	**Recurring**	**General Fund**

Parentheses ( ) indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Responses Received From
Early Childhood Education and Care Department (ECECD)
Human Services Department (HSD)
Department of Health (DOH)
Children, Youth and Families Department (CYFD)

SUMMARY

Synopsis of House Bill 477

HB 477 enacts the requirement that prenatal care providers must screen each prenatal patient at each visit for use of drugs or alcohol. Results of the screening are confidential and will not result in referral to state agencies or actions but do mandate the health care provider's referring the patient to prenatal substance abuse treatment.

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

FISCAL IMPLICATIONS

There is no appropriation in House Bill 477. DOH comments, "One FTE may be needed to support the implementation of screening tools to be utilized, follow up with providers, and promulgating of rules. Also, training and support may be needed to connect people to treatment and services, which is outside the purview of this bill." DOH's cost estimates form the basis of the figures in the table above.

SIGNIFICANT ISSUES

House Bill 230 (2019, passed and chaptered) decoupled detection of substance abuse by a pregnant woman from referral to the state's child protection service, noting that mandatory referral would have a chilling effect on a patient using substances availing herself of prenatal care. As with the current bill, 2019 HB230 stated that substance use by itself was not a criterion for referral, but if accompanied by signs that a parent might abuse or neglect an infant, referral would enable the parent to get help.

Several agencies commented on national bodies (for example, the American College of Obstetricians and Gynecologists) recommend screening for substance use disorder on a single occasion during pregnancy, but none recommend screening at each prenatal visit.

ECECD states the following:

> Early universal screening, brief intervention (such as engaging the patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder has been shown to improve maternal and infant outcomes. Screening and referral in the first trimester are recommended by many experts; however, screening at **every** prenatal checkup is not recommended...
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> Universal screening of prenatal patients for substance use with a validated tool is considered best practice and is recommended by the American College of Obstetrics and Gynecology (ACOG). In a 2017 Joint Opinion, ACOG and the American Society of Addiction Medicine (ASAM) endorsed universal screening for substance use as "a part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman." (Opioid Use and Opioid Use Disorder in Pregnancy | ACOG).
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> Universal screening, rather than selective screening based on risk factors, is recommended to avoid bias and stigma. When universal screening is not required, prenatal care providers may choose to screen only select patients, which can lead to missed cases and may adversely impact people of color due to stereotyping, stigma and bias.
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> Several validated tools for prenatal substance use screening already exist, including the 5Ps [parents, peers, partner, pregnancy, past], the NIDA [National Institute on Drug Abuse Quick Screen], [the SURP-P: Substance Use Risk Profile – Pregnancy], and the CRAFFT [Car, Relax, Alone, Forget, Friends, Trouble] screening tools. As such, additional tools do not need to be developed by DOH.

HSD concurs that substance use screening is "encouraged." HSD continues, "NM Medicaid currently covers Screening, Brief Intervention & Referral to Treatment (SBIRT). SBIRT is a community-based practice designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention. Through early identification in a medical setting, SBIRT services expand and enhance the continuum of care and reduce costly health care utilization. SBIRT is delivered through a process consisting of universal screening, scoring the screening tool and a warm hand-off to a SBIRT trained professional who conducts a face-to-face brief intervention for positive screening results. If the need is identified for additional treatment, the staff member will refer to behavioral health services."

PERFORMANCE IMPLICATIONS

CYFD points out, "With the use of a universal screening tool there will be an increase of CARA safe plans of care. In order to ensure that these plans of care are effective, more substance use disorder treatment and mental health treatment options need to be accessible and attainable across the state, especially in rural areas of the state." CARA, or the Comprehensive Addiction and Recovery Act, is federal legislation; a CARA plan "focuses on supportive care for pregnant people affected by substance use and on the coordination of services for parents, caregivers and family members of newborns affected by substance exposure before birth." (sharenm.org)

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