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## FISCAL IMPACT REPORT

ORIGINAL DATE 3/10/09

SPONSOR Lopez, L LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE Substance Abuse Treatment Task Force SJM 28

ANALYST Hanika Ortiz

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
<b>Total</b>		\$0.1			Recurring	Various

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

New Mexico Corrections Department (NMCD)

### SUMMARY

#### Synopsis of Bill

Senate Joint Memorial 28 requests that the Governor's Women's Health Council create a task force comprised of experts to assess and improve access to substance abuse treatment and prenatal care for pregnant and postpartum women with substance abuse problems.

The tasks identified in SJM 28 include:

- development of a comprehensive state plan to address the needs of pregnant and postpartum women with substance abuse problems;
- include guidelines for a continuum of care;
- assess current needs and gaps in services;
- identify and prioritize short and long-term goals and an implementation time line, identify responsible agencies for each goal; and
- propose action steps and performance measurements to evaluate progress for each goal.

The task force would present recommendations to the interim health committee by November 1, 2009 and present a comprehensive plan for improving access to treatment and services by November 1, 2010.

## **FISCAL IMPLICATIONS**

State agencies will be asked to devote staff time and re-direct resources to support the task force.

Members of the task force may be eligible for per diem and mileage pursuant to the Per Diem and Mileage Act.

Costs will also be determined by how often the task force meets, whether experts are invited from within the state or beyond, and any recommendations made by the task force that are ultimately implemented.

Substance abuse treatment for pregnant females and other individuals has the potential to reduce the number of new criminal convictions and probation/parole violations, and thus reduce prison population and probation/parole caseloads.

After delivery, the mother and infant may suffer from withdrawal symptoms and other health-related problems that could extend their hospital stay.

## **SIGNIFICANT ISSUES**

DOH reports that nearly 4 percent of pregnant women use illicit drugs. Pregnant women who use illicit drugs may also suffer from poor nutrition. In a recent DOH assessment of prenatal care in New Mexico, many of the County Health Council Coordinators and other health professionals expressed concern about pregnant teenagers failing to initiate prenatal care early, resulting in preventable birth defects. The fear of testing positive for drug use is noted as a factor for teens failing to receive timely prenatal care.

The threat of prosecution also deters adult women from seeking substance-abuse treatment and prenatal care. Fear of losing custody of their children, criminal prosecution and negative attitudes by treatment providers drive drug-using mothers away from the health care system, and contribute to the low number of pregnant substance using women receiving prenatal care.

## **PERFORMANCE IMPLICATIONS**

The task force will be composed of experts in the fields of ethics, law, perinatal medicine, behavioral health treatment and social services, DOH, the Behavioral Health Purchasing Collaborative, the Drug Policy Alliance, the Women's Justice Project and at least one woman who has recovered from perinatal substance abuse.

## **ADMINISTRATIVE IMPLICATIONS**

The Behavioral Health Services Division of HSD is New Mexico's designated State Substance Abuse Authority.

## **TECHNICAL ISSUES**

SJM 28 cites assigning the joint memorial to the "Governor's Women's Health Council"; the current name of the Council is the "Governor's Women's Health Advisory Council."

**OTHER SUBSTANTIVE ISSUES**

DOH further reports that research has shown that women and men differ in substance abuse etiology, disease progression, and access to treatment for substance abuse. In a review of 38 studies on the effect of treatment outcomes, six components of substance abuse treatment programming for women were examined: child care, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, and comprehensive programming. The studies found positive correlations between the six components and treatment completion, length of stay, decreased use of substances, reduced mental health symptoms, improved birth outcomes, employment, self-reported health status, and HIV risk reduction.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

The Governor's Women's Health Advisory Council would not create a task force to develop a comprehensive plan to address the needs of pregnant and postpartum women with substance abuse problems and those of their children and families.

AHO/mt

