

LFC Requester:	PRE-FILE
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**AGENCY BILL ANALYSIS
2024 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:

LFC@NMLEGIS.GOV

and

DFA@STATE.NM.US

{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:
Original **Amendment**
Correction **Substitute**

Date 1/10/24
Bill No: HB97

Sponsor: Rep. Stefani Lord
Short Title: PRENATAL SUBSTANCE EXPOSURE TASK FORCE

Agency Name and Code HCA - 630
Number: _____
Person Writing Alicia Salazar
Phone: 505-795-3920 **Email** Alicia.salazar2@hds.nm.gov

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
\$0	\$75.0(for use in FYs 2025-2027 to DOH)	\$75.0(for use in FYs 2025-2027 to DOH)	SGF

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY24	FY25	FY26		
\$0	\$229.0(\$75.0 to DOH)	\$229.0 (\$75.0 to DOH)	Reoccurring	SGF

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0	\$154.0	\$154.0	\$308.0	Recurring	SGF

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

HB 97 is an act that creates a prenatal substance exposure task force to study the efficiency of the state's implementation of Laws 2019, Chapter 190 (2019 HB230, Child Abuse Reporting and Safe Care Plans) and to report findings by August 1, 2026. Appropriates \$75,000 (GF) to the Department of Health (DOH) for use in FYs 2025 through 2027 to carry out the work of the task force.

FISCAL IMPLICATIONS

HCA/BHSD would need to hire 1 FTE at a payband 70 to represent HCA/BHSD on the task force pertaining to the delivery of behavioral health care services. This person would help identify the rates of use of prenatal services and support by people who use substances during pregnancy before and after implementation as well as the provision of prevention services. HCA would also need .5 of an FTE at a payband 65 to identify any data that needs to be collected by HCA and reported in the final report. The total cost of staff time for this would be \$154,000 including salary, fringe benefits and operating costs.

SIGNIFICANT ISSUES

Neonatal Abstinence Syndrome (NAS) has been defined as a group of symptoms that occur in newborns exposed to addictive substances while in utero. In New Mexico (NM), substance use disorder (SUD) has been a major public health problem for decades. Between 2016-2019, there were 87,109 infants born in NM to 85,822 NM resident mothers. Some of these deliveries were for two or more infants. For these, the mother was counted once, which gave us a total of 86,974 mothers per birth event. Of the infants, 34.9% were found to have been exposed to a psychoactive substance in utero. Of the infants exposed in utero, 57.1% were found to have been exposed to drugs, 38.8% to alcohol, and 31.1% to tobacco. For less than 1% of all exposed cases, the substance could not be specified. Drug exposure does not typically result in fetal malformations, but "functional abnormalities" that are observed later in childhood and into adulthood, such as effects on IQ, speech, and behavior. <https://www.nmhealth.org/data/view/report/2194/>.

This report recommends offering comprehensive services to mothers with substance use disorder as part of their pre-natal care (i.e., buprenorphine treatment) may improve outcomes for both the mothers and their infants. HCA can work with the current providers they are contracted with to ensure that mothers with substance use disorder and able to access treatment services and supports through Medication Assisted Treatment, peer support, community health workers, and any other behavioral health services and supports the pregnant person may need.

Routine screening for SUD during pregnancy is not a recommendation of American College of Obstetrics and Gynecology. Their focus is on expanding Medicaid coverage from 60 days to one year (already in practice by NM Medicaid), easy access to medical assisted treatment for pregnant people, and access to behavioral health services for pregnant people. There is not an agreed upon screening tool for substance use disorder in pregnancy. Many have been tested but they lack sensitivity or specificity and are not generalizable within different cultural or language groups.

https://www-uptodate-com.libproxy.unm.edu/contents/substance-use-during-pregnancy-screening-and-prenatal-care?search=Substance%20use%20during%20pregnancy:%20Screening%20and%20prenatal%20care&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

HCA/BHSD utilizes Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach in maternity care. SBIRT has been defined by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) as a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders. In 2023, Quarter 1 (January- March), SBIRT utilization increased 6.3% to 1,596 persons served during the quarter compared to 1,501 in October-December 2022 (Quarter 4). The increased utilization of SBIRT is also noted in 2023 when compared to the same quarter of the prior year, where 1,493 persons were served, when compared to the current results, there was a 6.9% increase from that period.

On a monthly average, 586 persons received SBIRT in 2023, Quarter 1 (January – March 2023) with the greatest utilization occurring in March 2023 with 659 persons screened. The current utilization trend in SBIRT for 2023 is greater than any of the 2022 quarterly results thus far; however, the trend may change as seen over prior years reporting.

It should be noted that if prenatal people are fearful of negative consequences, they may defer participation or treatment which can result in negative health outcomes. HCA/BHSD and the task force would need to continue outreach and education to assure the stigma and fear of negative consequences of pregnant individuals seeking substance use services and supports is addressed to ensure that is not a barrier to accessing services.

<https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy>

PERFORMANCE IMPLICATIONS

None

ADMINISTRATIVE IMPLICATIONS

HCA/BHSD would need to hire 1 FTE to represent HCA/BHSD on the task force pertaining to the delivery of behavioral health services.

HCA/BHSD may also need to identify current data to assist the task force identify the rates of use of prenatal services and support by people who use substances during pregnancy before and after implementation as well as the provision of prevention services through community health workers and or develop data collection tools to be able to report this data.

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Companion to HM3.

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

None

ALTERNATIVES

Status Quo

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None

AMENDMENTS

None