

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

Date: April 7, 1998 Revised: _____

Subject: Health Care/Targeted Outreach for Pregnant Women

| | <u>Analyst</u> | <u>Staff Director</u> | <u>Reference</u> | <u>Action</u> |
|----|-----------------|-----------------------|------------------|---------------------|
| 1. | <u>Williams</u> | <u>Wilson</u> | <u>HC</u> | <u>Favorable/CS</u> |
| 2. | _____ | _____ | <u>WM</u> | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

I. Summary:

Committee Substitute for Senate Bill 1258 establishes a 2-year targeted outreach pilot program for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse, or who are infected with HIV. The pilot counties are Dade, Broward, Palm Beach, Hillsborough, and Orange, and the program is to function through the county health departments in these counties. The bill specifies duties of the Department of Health, and requires the Department of Health to coordinate the outreach programs through contracts with, grants to, or other working relationships with persons or entities where the target population is likely to be found to provide services and information to high-risk pregnant women and their infants. The bill requires the Department of Health to compile reports and recommendations regarding the program, to include specific topics.

A series of “whereas” clauses provide background information as to the need for the pilot program.

The bill appropriates \$500,000 from the General Revenue Fund to establish five targeted outreach programs.

This bill creates section 381.0045, Florida Statutes, and two undesignated sections of law.

II. Present Situation:

Newborn Screening in Florida

Chapter 383, FS, addresses maternity and infancy hygiene. Section 383.14, FS, provides for the screening of infants for metabolic disorders and for other hereditary and congenital disorders

shortly after birth. The infant screening program is designed to provide early testing of newborns, follow up of questionable test results, diagnosis of infants with metabolic, hereditary, and congenital disorders, and initiation of appropriate therapy. The goal of the program is to get affected infants into appropriate treatment as soon as possible to prevent irreversible damage that could lead to mental retardation or other anomalies, or even death. The current metabolic conditions for which screening is done in Florida include: phenylketonuria (PKU), an enzyme defect that can lead to mental retardation; galactosemia, a genetic abnormality of carbohydrate metabolism; congenital hypothyroidism; congenital adrenal hyperplasia; and certain hemoglobinopathies, including sickle cell disease. Parents may opt out of these screening requirements.

As an overlay to these metabolic screenings, Florida's Healthy Start Infant Risk Screening Instrument is completed along with the birth certificate at the time of birth. The person completing the screening instrument is instructed to offer Healthy Start care coordination if there is evidence that the infant or family could benefit from the Healthy Start array of services.

Perinatal Transmission of HIV

Florida is second in the nation in the number of pediatric AIDS cases. Over 90 percent of Florida pediatric AIDS cases are the result of perinatal transmission from the HIV infected mother to her unborn child. The decision of a woman infected with HIV to become pregnant or to continue with a pregnancy, however, will not necessarily result in an HIV infected child. Approximately one-third of children born to mothers who are HIV positive become infected with HIV. With proper intervention and treatment, the odds that an infected mother will give birth to an infected child can be significantly reduced. A federally funded study completed in 1994 found that the administration of AZT to the mother during the 14-34th week of gestation reduces the number of infected babies by two-thirds. Data from the statewide Survey among Childbearing Women show that approximately 700 HIV-infected women give birth each year in Florida. Without AZT therapy, approximately 210 of the 700 babies would be HIV infected. With AZT therapy, less than 50 will be born HIV-infected.

Because AZT therapy is only effective at reducing the risk of HIV infected infants if the mother receives treatment while pregnant, identifying HIV infected women early in their pregnancy is extremely important. According to the Department of Health (DOH), the lifetime cost of treating an HIV-infected baby in Florida can be as high as \$200,000.

In 1996, Florida began mandatory offering of HIV testing to pregnant women with mandatory counseling. Data from DOH show that 95 percent of pregnant females accept HIV testing. The department believes that a number of the 5 percent that refuse the offer of HIV testing may do so because they fear being identified as HIV positive.

According to the department, early detection of infants born with HIV is important because early and comprehensive treatment can significantly delay the progression of HIV infection to AIDS, minimize complications of HIV/AIDS, and increase the quality of life of infected children.

At-risk Behavior and Need for Education

Poverty and drug use place women and children at greater risk for HIV infections. The vast majority of American women who are infected with AIDS contracted the infection as a result of intravenous drug use or sex with intravenous drug users. While heterosexual sex accounts for an increasing percentage of HIV infection in women, a significant proportion of heterosexually transmitted HIV is associated with the non-intravenous use of crack cocaine and the prostitution and higher incidence of sexually transmitted disease (STD) that accompanies crack addiction.

Many women are unaware of their risk and often remain undiagnosed until the onset of AIDS or until a perinatally infected child becomes ill. The risk of having an infected infant increases as the woman's disease progresses, and women who have had one HIV infected child are more likely to have a second infected child. A study of a group of pregnant women from a high AIDS-risk area of Brooklyn found that knowledge of positive HIV status did not correlate with subsequent reduction in fertility: of 87 women who knew they were infected, 20 became pregnant again within 18 months, comparable to the 19 pregnancies in 101 uninfected women.

Currently in Florida, it is mandatory to offer pregnant women HIV counseling and testing on a voluntary basis (s. 384.31(2), FS). Department of Health data show that 95 percent of pregnant females accept HIV testing that is offered as voluntary and confidential. It is not clear what proportion of those who refuse testing already know they are HIV infected.

Studies show that women who are most likely to be at risk, such as drug users, are also some of the least likely to obtain proper prenatal care. According to DOH, the reasons pregnant women do not seek prenatal care are similar to the reasons pregnant women do not seek substance abuse treatment or HIV testing. These reasons include: poverty, lack of transportation, lack of education, lack of health insurance, fear of prosecution, fear of domestic violence, and fear of losing their child. The Department of Health believes that there is a strong need for an outreach program to provide education and services to these high-risk pregnant women.

Drugs and Pregnancy

Drug abuse among pregnant women is a growing problem nationwide. Almost all drugs pass from the mother to the growing fetus. When an expectant mother uses a potentially damaging drug, the drug also enters the bloodstream of her developing child. If the drug prevents an adequate flow of nutrients to the child, the under-nourished fetus sometimes fails to develop normally. The effect on a fetus from drugs such as alcohol, heroin, crack, cocaine, inhalants, marijuana, and tobacco can result in a lifetime of physical and mental problems for the child.

Hundreds of thousands of drug-addicted babies are born each year in the U.S. Some are deformed, retarded, or physically underdeveloped. Others suffer from heart defects, joint problems, or impaired learning abilities. Still others suffer from a combination of these problems. Studies show that:

- The more alcohol a woman drinks, the greater her chances of delivering a child with heart defects, physical abnormalities, or mental problems;
- An expectant mother who uses cocaine, heroin, barbiturates, or amphetamines is up to six times more likely to deliver a retarded baby than is a pregnant woman who does not use drugs; and
- Women who smoke a pack or more of cigarettes a day often deliver a smaller-than-normal baby who is highly susceptible to illness.

In 1996, DOH identified approximately 2,300 infants born in Florida as prenatally substance exposed. Because almost one-fifth of the 2,300 mothers received no prenatal care, the department obtained its information from several different sources including questionnaires and surveys of pregnant women done by Healthy Start Coalitions and programs of the Department of Children and Family Services. The Department of Health believes that the true prevalence of substance-exposed newborns is actually much higher.

According to DOH, the cost of caring for drug-exposed infants can be as high as \$65,000, and specialty education classes for substance-exposed children cost approximately \$17,000 per year per child.

III. Effect of Proposed Changes:

Section 1. Creates s. 381.0045, F.S., establishing a 2-year targeted outreach pilot program for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse problems, or who are infected with HIV. The programs are to be coordinated by the Department of Health and based in the county health departments of the five counties with the highest prevalence rates of HIV and the largest proportion of substance-exposed newborns: Dade, Broward, Palm Beach, Hillsborough and Orange. Duties of the department are specified. The department is required to conduct the outreach programs through contracts with, grants to, or other working relationships with persons or entities where the target population is likely to be found. Such entities may include, but are not limited to: faith-based organizations, academic institutions, religious organizations, non-profit community centers, and other social services-related entities.

Section 2. Requires the department to compile and analyze the risk information collected by the targeted outreach programs and other related services of the department, and submit to the Governor and Legislative leadership an interim report by December 31, 1999, and a final report by December 1, 2000. Report topics to be addressed are specified, including recommendations for continuing or expanding the program, resource needs, and efforts to maximize the program.

Section 3. Appropriates \$500,000 of General Revenue to the Department of Health to be used in the delivery of services as described in section 1.

Section 4. Provides an October 1, 1998, effective date.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Those women and their infants who might be identified through the outreach provisions of this bill could avail themselves of available services.

C. Government Sector Impact:

The bill appropriates \$500,000 of General Revenue for targeted outreach programs, to be used for service delivery in the five counties specified.

VI. Technical Deficiencies:

In providing funding for the program, section 3 of the committee substitute specifies that two existing staff of each of the participating county health departments are to be dedicated to the outreach program activities, and further stipulates that program funds are to be used solely for service delivery. This may place a staffing burden on the five health departments. The intent of this provision needs clarification.

VII. Related Issues:

None.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
