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NEONATAL ADDICTION AND FETAL ALCOHOL SYNDROME

House Bill 4193 as introduced First Analysis (5-27-98)

Sponsor: Rep. Martha Scott
Committee: Health Policy

THE APPARENT PROBLEM:

The past few years have seen many educational campaigns to alert pregnant women of the dangers of using controlled substances and alcohol while pregnant, but such efforts have not always been successful. The result is that many children are born with drug dependencies and others are exposed to the ravaging effects of alcohol while still in the womb. "Crack babies" and babies with fetal alcohol syndrome face many obstacles such as birth defects, developmental disabilities, and behavioral disorders. However, intervention programs for such high-risk children have been shown to be successful. A recent Rand Corporation report that studied intervention programs for a 15-year period found that health service programs for high risk families returned a \$4 savings in future costs for each \$1 spent on intervention.

The Maternal Support Services and Infant Support Services (MSS/ISS) are two state programs funded by Medicaid dollars that target high-risk pregnant women and their infants. The programs are administrated by the Department of Community Health and offered through local health departments and the Faculty Practice division of the College of Nursing at Michigan State University, and are available to Medicaid and MichCare clients. Participants in the program receive home or office services from a nurse, social worker, and nutritionist. Entry into the programs is by physician referral, but since many of the women who need these services the most tend not to go to doctors, many women and children who could benefit from such early intervention are missed. In addition, the health care providers need to spend more time on occasion on a woman's case than what the program can reimburse.

Some people believe that a program should be developed that could "capture", so to speak, women and infants who could benefit by early intervention programs but who are not served by the current

MSS/ISS programs due to Medicaid ineligibility or because they lack physician referral to the programs because they do not seek medical care for themselves or for their infants. Legislation has been offered that would create such a program.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to require the Department of Community Health to create and maintain the Sentinel Network System -- a program of infant support services for neonatal addiction and fetal alcohol syndrome. A health care provider who was employed by or under contract to the department would have to make a home visit and attempt to provide support services within 14 days of being notified by the Family Independence Agency (FIA), a physician, or other person that an infant was suspected of having fetal alcohol syndrome or of being drug dependent. If the health care provider was unable to make personal contact or determined that there was reasonable cause to suspect child abuse or neglect, the department would have to immediately make a report to the FIA under the Child Protection Act (MCL 722.623).

In addition, a licensed or registered health care professional would have to make a report to the department if he or she knew or suspected that an infant under his or her care was drug dependent. The report would have to include the name and address of the infant and the infant's parent, guardian, or person in loco parentis. The department would then have to conduct a home visit as described above.

MCL 333.9162

FISCAL IMPLICATIONS:

Fiscal information is not available.

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ARGUMENTS:**For:**

Though the Maternal Support Services and Infant Support Services programs target high-risk mothers and infants, not all women and infants who could benefit from the program are eligible for participation or identified by physicians and so referred to the programs. Many women who are addicted to drugs or alcohol avoid doctor visits for fear they will be reported to Child Protective Services and their children removed from their homes. As a result, many pregnant women are not getting the type of prenatal care that could prevent their unborn babies from being born with the physical and emotional disabilities common to drug-addicted babies and babies with fetal alcohol syndrome. For babies who are born with addictions or fetal alcohol syndrome, early intervention can greatly increase the prognosis for their future development. Since the bill would allow individuals, in addition to health care physicians, to initiate an investigation by the Family Independence Agency (FIA) into whether a pregnant woman or an infant fit the criteria for services, more women and children needing the support services could be reached.

Against:

The bill is not needed, as the existing MSS/ISS programs are adequately meeting the need for support services for high-risk mothers and infants. Last year, approximately 13,000 families were served. Plus, there already is an FIA review in place under current laws. In addition, the bill would result in increased costs to taxpayers, as the program would most likely be funded by either Medicaid dollars or other general fund dollars, both of which are taxpayer supported. Further, since it is not known what types of services would be provided under the bill's requirement for "counseling and other support services", the bill could inadvertently decrease the amount of direct home care provided by the current programs.

Response:

This is a situation where the adage "pay now, or pay more later" is particularly fitting. As mentioned previously, a 15-year study on early intervention programs by the Rand Corporation concluded that such programs save about \$4 for every \$1 spent. With regard to the types of physical and emotional disabilities suffered by drug-addicted babies and babies with fetal alcohol syndrome, it is quite likely that the savings from interventions for this population could be significantly higher. Savings could come in the form

of reduced mental health services or corrections costs later in life, as well as in reduced health care costs. It may be more true that taxpayers can't afford not to support early intervention programs for high-risk mothers and their babies.

POSITIONS:

The Director of Faculty Practice at the College of Nursing at Michigan State University testified in support of the bill. (5-26-98)

The Department of Community Health opposes the bill. (5-26-98)

Analyst: S. Stutzky

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.