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Children, Families, Health, and Human Services Interim Committee
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FINAL REPORT TO THE 67TH MONTANA LEGISLATURE

HJR 32 FINAL REPORT: PRENATAL DRUG USE

2019-2020 Children, Families, Health, and Human Services Interim Committee Members

Before the close of each legislative session, the House and Senate leadership appoint lawmakers to interim committees. The members of the Children, Families, Health, and Human Services Interim Committee, like most other interim committees, serve one 20-month term. Members who are reelected to the Legislature, subject to overall term limits and if appointed, may serve again on an interim committee. This information is included in order to comply with 2-15-155, MCA.

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This report is a summary of the work of the Children, Families, Health, and Human Services Interim Committee, specific to the Committee's 2019-2020 House Joint Resolution 32 study of prenatal drug use. The study was carried out as outlined in the Committee's work plan and in HJR 32 (2019). This report highlights key information presented to the Committee. To review additional study-related information, including audio minutes and exhibits, visit the study page on the Committee's website: www.leg.mt.gov/committees/interim/2020cfhhs/hjr-32-prenatal-drug-use.

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OVERVIEW

With an increase in the use of opioids and methamphetamine in the last decade, health care providers and others have noticed an increase in the number of infants who are exposed to the drugs before birth. The exposure can lead not only to health problems for the babies, but also to social services involvement. Health care providers who suspect drug exposure in newborns must report the case to child protective services officials. Mothers may seek treatment before or after a baby's birth or need other resources during and after the pregnancy to ensure a healthy delivery and home environment.

Concerned by the variety of problems that can occur because of prenatal drug use, the 2019 Legislature passed House Joint Resolution 32. The resolution asked for a study of best practices for reducing opioid and other drug use by pregnant women and for reducing the occurrence of neonatal abstinence syndrome, which occurs in newborns who are experiencing withdrawal symptoms after absorbing opioids during the pregnancy.

The resolution suggested that the study look at:

- the prevalence of neonatal abstinence syndrome in Montana;
- whether certain areas of the state or certain populations experience a greater-than-average prevalence of neonatal abstinence syndrome;
- the short-term and long-term effects of prenatal exposure to opioids and other drugs on children and on a family's need for both health care and social services;
- efforts being undertaken in Montana and other states to decrease opioid use by pregnant women and to mitigate the effects of opioid withdrawal in infants; and
- best practices for approaching the health problems caused by neonatal abstinence syndrome and by the use of opioids or illicit drugs during pregnancy.

HJR 32 sought a review of best practices for preventing prenatal drug use.

The resolution also suggested that the study determine whether practices being used in Montana communities or other states could be effectively duplicated to reduce the amount and effects of prenatal drug use.

The study ranked 22nd out of 27 study resolutions in the post-session poll of legislators. The Legislative Council assigned the study to the Children, Families, Health, and Human Services Interim Committee, which decided to limit its study activities to receiving information about the prevalence of the problem and hearing a panel presentation on efforts being undertaken in Montana and elsewhere.

The Committee learned early in the interim that the Department of Public Health and Human Services (DPHHS) and the Montana Healthcare Foundation, a private nonprofit organization that focuses on health care topics, had teamed up to carry out a multiyear project addressing the subject of alcohol and drug use by pregnant women. The Committee devoted time at one of its meetings to a panel presentation on that partnership and also visited a Billings hospital to talk with health care providers who are participating in the project.

Based on the information presented, the Committee determined that the public, private, and tribal partnership was essentially carrying out the tasks envisioned in HR 32 and that further Committee action was not needed at this time.

However, the Committee recommended that the 2021-2022 Children, Families, Health, and Human Services Interim Committee review the efforts and results of the DPHHS and the Montana Healthcare Foundation to reduce prenatal drug use.

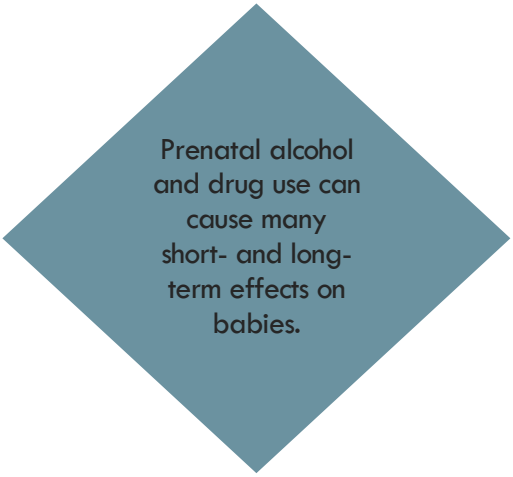
PRENATAL DRUG USE: EFFECTS AND PREVALENCE

Alcohol and drug use during pregnancy have long been known to affect birth outcomes. With the increased use of prescription opioids in the last few decades, concern has also grown over the effects those drugs are having on babies.

Some substance use can affect a baby for the rest of his or her life. Other drug use may result in significant and immediate effects that must be treated intensively upon the baby's birth.

Effects of Substance Use During Pregnancy

Newborns suffering withdrawal from opioids exhibit clear symptoms and require much longer, more costly treatment at birth and in the early months of their lives. These babies have a condition known as neonatal abstinence syndrome. Signs of the syndrome include:



- neurological symptoms, such as increased excitability, excessive crying, and seizures;
- gastrointestinal problems, such as vomiting, diarrhea, and problems with sucking or swallowing; and
- involuntary nervous system symptoms, such as fever, sweating, and rapid breathing.

The effects of using other drugs or alcohol during pregnancy also are well documented. They often include premature birth or low birth weight — conditions that can require not only intensive treatment at the time of birth but also may have lifelong effects.

Neonatal Abstinence Syndrome Nationally

Pinning down the extent and degree to which opioids or other substances are used during pregnancy can be difficult. Some women who use alcohol or drugs during pregnancy may not seek prenatal care. Some pregnant women may not be screened for drug use, depending on where and how they are accessing prenatal care. Some may not disclose their substance use and may not be tested for it while pregnant.

Highlights of some national studies looking at prevalence include:

- the number of opioid prescriptions written to pregnant women for pain management doubled from 1995 to 2009;[i]
- the occurrence of neonatal abstinence syndrome increased fivefold between 2000 and 2012;[ii]

- signs of the syndrome appear in 60% to 80% of infants exposed to opioids in utero;[iii]

- the median number of neonatal abstinence syndrome cases increased from 3.2 per 1,000 hospital births in 2009 to 14.5 per 1,000 hospital births in 2015;[iv] and

- a baby suffering from opioid withdrawal was born every 15 minutes in the United States in 2014.[v]

What's the Picture Look Like in Montana?

The same factors that make determining the prevalence of prenatal substance use difficult nationally are present in in Montana as well. However, some recent state studies and reports have used Medicaid payment information and hospital discharge data to try to determine the extent of neonatal abstinence syndrome in Montana infants. The syndrome has its own diagnostic code, which is used for hospital billing purposes.

Information compiled by the DPHHS Office of Epidemiology and Scientific Support[vi] from Medicaid claims data and the Montana Hospital Discharge Data System showed that:

- for Medicaid-covered births from 2010 to 2016:
    - the percentage of births involving an infant exposed to drugs before birth increased from 3.7% to 12.3%;
    - the number of infants with an opioid diagnosis increased from 67 to 322; and
    - the number of children with any substance use diagnosis increased from 164 to 465;

- hospitalizations for neonatal abstinence syndrome made up slightly less than 1% of all neonate hospitalizations from 2016 to 2018, with the Flathead health region accounting for the highest number of those hospitalizations, at 94; and

- from October 2018 to September 2019, marijuana, tobacco, and alcohol were the drugs most commonly used by mothers of Medicaid-covered newborns who were affected by maternal substance use. Opioids ranked fourth in usage.

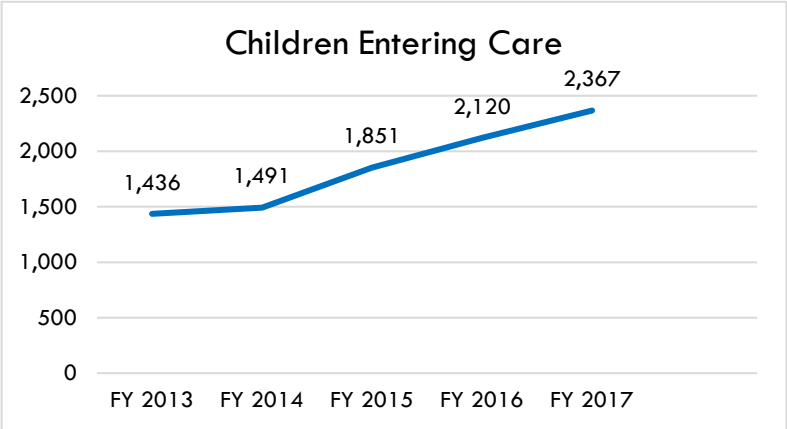
DPHHS has also analyzed hospitalization charges for infants with neonatal abstinence syndrome. From 2009 to 2013, an infant with the syndrome was in the hospital for an average of 12 days, at an average cost of $34,000. That compares to the typical hospital stay of about 3 days at an average cost of $6,800 for a newborn without the syndrome.[vii]

The report found that while only 299 live births from 2009 to 2013 involved neonatal abstinence syndrome, the costs just to the Medicaid program for care of the Medicaid-covered infants totaled $6.3 million — about $5 million higher than they would have been if the charges had been equal to the costs for an average newborn.

THE MEADOWLARK INITIATIVE

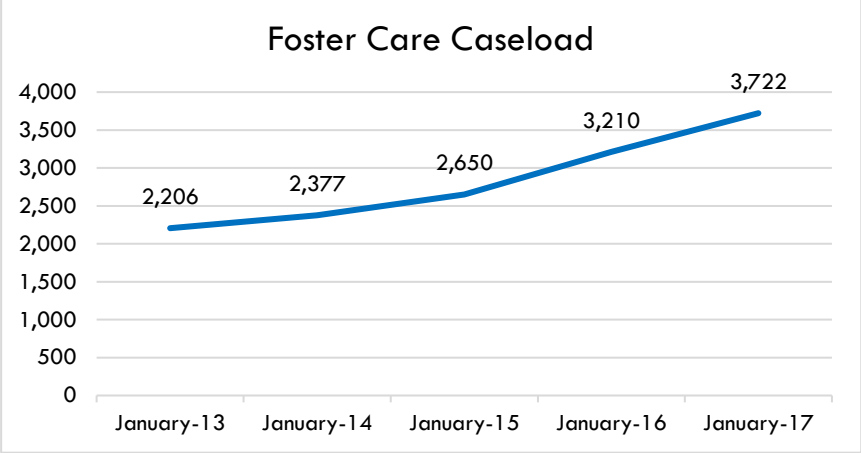
In recent years, two trends caught the attention of the Montana Healthcare Foundation — a significant growth in the number of children in foster care and anecdotal reports by hospitals of an increase in the number of births involving drug-exposed infants.

The number of children removed from their homes and entering kinship or foster care increased every year from Fiscal Year 2103 through Fiscal Year 2017. Nearly 1,000 more children were entering care each year by the end of that five-year time period, as shown in the graph below.



Source: Child and Family Services Division Presentation to the 2019 Health and Human Services Joint Appropriation Subcommittee

Fewer children were exiting care than entering care during that time period, resulting in a significant increase in the number of children in foster care.



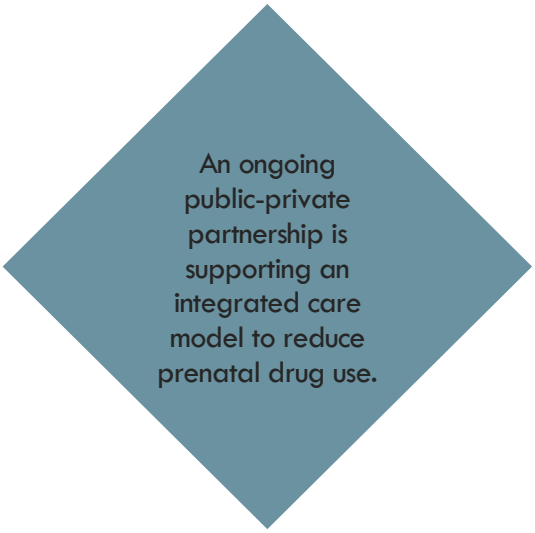
Source: Child and Family Services Division Presentation to the 2019 Health and Human Services Joint Appropriation Subcommittee

The foundation is a nonprofit organization that supports efforts to improve the health and well-being of Montanans. It was created in 2013 with money from the sale of the nonprofit Blue Cross Blue Shield of Montana to the for-profit Health Care Service Corp. Under state law, a portion of the

profits from the sale had to be distributed to a nonprofit organization with a mission that was as close as possible to the mission of Blue Cross.[viii]

The foundation began funding projects aimed at decreasing prenatal drug use and improving outcomes for opioid-affected babies in 2015 at hospitals in Kalispell, Missoula, and Billings. In 2018, the foundation took a more in-depth look at the issue of prenatal drug use and drug-exposed infants, including reviewing and evaluating the types of efforts undertaken in other states.

The foundation concluded that a team-based, integrated approach to prenatal care and behavioral health treatment appeared to provide the best results in other states, and it began funding similar approaches in Montana.



In early 2018, it awarded grants to 12 health care providers that agreed to use similar approaches in treating pregnant women. Later that year, the foundation teamed up with DPHHS to expand the scope of the initiative.

Together, the two entities are putting more than $5 million into the effort, with $3.2 million in federal funds coming through DPHHS and the foundation adding $1.8 million to the project. Now called the Meadowlark Initiative, the program plans to provide grant funding to at least one practice in each Montana community that has a hospital that delivers babies. It also will support telehealth efforts.

Grantees must create a model of care that involves both a clinical team — made up of prenatal care providers, behavioral health providers, and a care coordinator — and a community team that provides support to affected families. The community team includes social services providers, public health departments, housing entities, and criminal justice agencies as necessary to meet the needs of the family.

The model also creates a partnership with the DPHHS Child and Family Services Division, which handles child abuse and neglect cases.

Putting the Model into Practice

At the Committee's November 2019 meeting, members:

- heard from one provider about how the model was implemented in a tribal community; and
- watched a simulation of the way in which a Billings hospital is using a screening tool to identify substance use by pregnant women and connect women to community resources.

Blessing New Spirits

The Northern Cheyenne tribe developed the Blessing New Spirits program to wrap necessary services around pregnant women who are using drugs or alcohol. The services could range from substance use treatment to transportation to prenatal appointments.

The tribe hired a maternal outreach coordinator who serves as a touchpoint for providers and pregnant women. The coordinator is available to talk to a woman as soon as her substance use or mental health issues are identified and put her in touch with any treatment or other resources she might need for a successful pregnancy resulting in a healthy baby.

Maria Russell, who worked with the program, told the Committee that the integrated approach to prenatal and behavioral health care changed the whole approach that providers and the tribe took toward substance use on the reservation. They began looking at the issue from a lens of understanding and support, rather than judgment and punishment. The change has helped improve outcomes, she said.

"Even though the need is still here and still great, we have hope. I think that's been the biggest change," she told the Committee. "There's hope. We're not talking so hopelessly about substance use and we're not so critical and judgmental about mothers and families."

SBIRT: Evidence-Based Screening

At St. Vincent Healthcare, Committee members observed midwives simulating the evidence-based practice of Screening, Brief Intervention, and Referral to Treatment (SBIRT). The hospital's midwives use SBIRT with every pregnant woman who seeks care from them.

Through a standard series of questions, the midwives identify whether a woman has a substance use or mental health issue. They then discuss the potential effects on the baby and offer a range of options to determine the degree to which the woman is willing to address a behavioral health problem at that time. Finally, they connect the woman with the resources that meet her current needs and willingness to engage in treatment.

The goal of using SBIRT is to help the woman alleviate or eliminate the behavioral health risk and improve outcomes for her baby. St. Vincent representatives told the Committee that pregnancy gives health care providers a narrow window of opportunity for intervening in a woman's substance use, because pregnant women are more motivated to obtain treatment. In addition, child protective services officials are less likely to intervene in a case involving a drug-exposed infant if the mom has been in treatment before birth.

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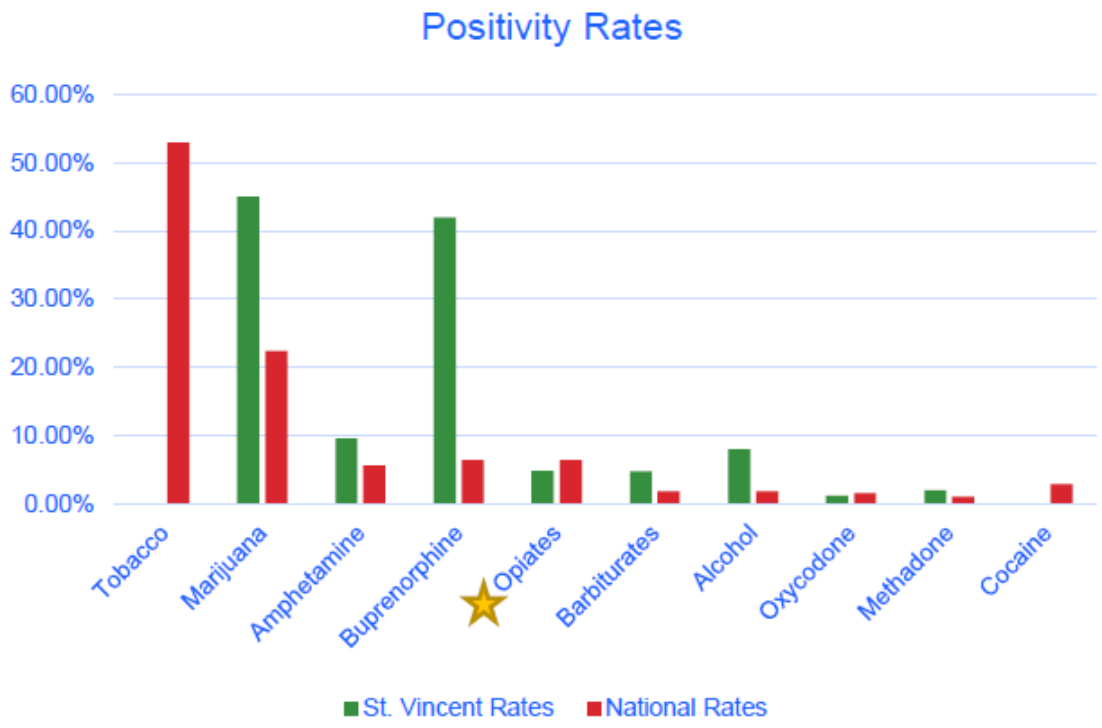
St. Vincent tests for drugs in about 25% of the hospital's births and has found that several drugs are more commonly used than opioids, as shown in the graphic below. The graphic shows the frequency in drugs found at birth nationally (in red) and at St. Vincent's (in green).



Source: PowerPoint Presentation by Vicki Birkeland, Nursing Director for Women's Services, St. Vincent Healthcare, Children, Families, Health, and Human Services Interim Committee, Nov. 14, 2019.

The hospital doesn't test for tobacco use as is done nationally, largely because pregnant women are likely to report tobacco use during their prenatal visits.

CONCLUSION AND RECOMMENDATIONS

After learning of the work being done by DPHHS and the Montana Healthcare Foundation through the Meadowlark Initiative, the committee determined:

- the foundation has researched efforts being undertaken in other states to reduce the use of opioids and other substances during pregnancy;
- the foundation has determined that the most promising approach involves a team-based, integrated model that uses a care coordinator to help connect pregnant women with the treatment and other resources they need to reduce their substance use and deliver healthy babies;
- the Meadowlark Initiative supported by DPHHS and the foundation will support the use of that approach in every Montana community that has a hospital that delivers babies;
- the data collected by the Meadowlark Initiative will yield valuable information on the results of the integrated care model; and
- policymakers will be better able after collection of that data to determine whether the model should be sustained and expanded in the future.

The committee recommended that DPHHS and the Montana Healthcare Foundation bring the results of the initiative to the 2021-2022 Children, Families, Health, and Human Services Interim Committee so that the committee can review the work that has been done and determine whether legislative action could be taken to further reduce prenatal drug use and improve birth outcomes.

Endnotes

[i] "Medications to Treat Opioid Use Disorder." *National Institute on Drug Abuse*. June 2018. Available at: https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview [drugabuse.gov].
[ii] Ibid.
[iii] Enrique Gomez-Pomar and Loretta P. Finnegan. "The Epidemic of Neonatal Abstinence Syndrome, Historical References of Its' Origins, Assessment, and Management." *Frontiers in Pediatrics*. Feb. 22, 2018.
[iv] "Higher rates of NAS linked with economic conditions." *National Institute on Drug Abuse*. Jan. 29, 2019.
[v] "Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. *National Institute on Drug Abuse.* Accessed March 8, 2019. Available at https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome.
[vi] Sara Boutilier. "Impact of Substance Use: Mothers, Infants, & Families." *Department of Public Health and Human Services*. October 2019.
[vii] Cody L. Custis. "Neonatal Abstinence Syndrome in Montana Newborns, 2000-2013." *Office of Epidemiology and Scientific Support, Department of Public Health and Human Services.* Undated.
[viii] Title 50, chapter 4, part 7, Montana Code Annotated.

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