

**STORAGE NAME:** h3145s1.hcs

**DATE:** February 27, 1998

**HOUSE OF REPRESENTATIVES  
COMMITTEE ON  
HEALTH CARE SERVICES  
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

**BILL #:** CS/HB 3145

**RELATING TO:** Infant Health Care

**SPONSOR(S):** Committee on Health Care, Rep. Heyman and others

**COMPANION BILL(S):**

**ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:**

- (1) HEALTH CARE SERVICES YEAS 10 NAYS 0
  - (2) HEALTH AND HUMAN SERVICES APPROPRIATIONS
  - (3)
  - (4)
  - (5)
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**I. SUMMARY:**

Over 90% of Florida pediatric acquired immune deficiency syndrome (AIDS) cases are the result of perinatal transmission from the human immunodeficiency virus (HIV) infected mother to her unborn child. Treating women infected with HIV with Zidovudine (AZT) therapy while they are pregnant reduces the number of infants born infected with HIV by two-thirds.

CS/HB 3145 is designed to reach high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse problems, or who are infected with HIV and to provide these women with links to much needed services and information in order to provide early intervention and treatment to benefit the health of both the child and mother. Specifically, this bill:

- Establishes a two year pilot outreach program in Dade, Broward, Palm Beach, Hillsborough and Orange counties for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse, or who are infected with HIV;
- 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 populations is likely to be found to provide services and information to high-risk pregnant women and their infants;
- Requires that the two employees to be based in each county's health departments be existing employees and that all the funds appropriated to the department be used in the delivery of services as described in section 1 of this act;
- Requires the Department of Health to compile reports and recommendations for the program.

This bill appropriates \$500,000 from the General Revenue Fund for each year of the two year pilot program.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

PERINATAL TRANSMISSION OF HIV

Florida is second in the nation in the number of pediatric AIDS cases. Over 90% of Florida pediatric AIDS cases are the result of perinatal transmission from the HIV infected mother to her unborn child. The decision of a women 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 from 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 done in 1994 found that the administration of AZT to the mother during the 14-34th week of gestation significantly 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% of pregnant females accept HIV testing. The department believes that a number of the 5% that refuses 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, the prostitution and the higher incidence of sexually transmitted disease (STD) that accompany 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), F.S.). DOH data show that 95% 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 most 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. DOH 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. 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.

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 undernourished fetus sometimes fails to develop normally.

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 chance 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;
- 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 taken by Healthy Start coalitions and programs of the Department of Children and Families Services. DOH 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 speciality classes for substance-exposed children cost approximately \$17,000 per year per child.

**B. EFFECT OF PROPOSED CHANGES:**

A two year pilot outreach program for pregnant women will be created in Dade, Broward, Palm Beach, Hillsborough and Orange counties for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse, or who are infected with HIV. The program is designed to provide services and information to high-risk pregnant women and their infants. The Department of Health will be required 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. The department is encouraged to enter into these working relationships with faith-based organizations, academic institutions, religious organizations, non-profit community centers, and other social services-related entities. The department will also be required to compile reports and recommendations for the program.

**C. APPLICATION OF PRINCIPLES:**

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes, the bill requires DOH to coordinate outreach programs for high-risk pregnant women and provide education and information about the prevention and management of HIV infection and the dangers of substance abuse.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

- (1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

- (2) what is the cost of such responsibility at the new level/agency?

N/A

- (3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

- a. Does the bill increase anyone's taxes?

No.

- b. Does the bill require or authorize an increase in any fees?

No.

- c. Does the bill reduce total taxes, both rates and revenues?

No.

- d. Does the bill reduce total fees, both rates and revenues?

No.

- e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

Yes, the bill creates an outreach program that provides high-risk pregnant women with information and services if they choose to take advantage of the programs benefits .

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

- (1) Who evaluates the family's needs?

Outreach program employees and volunteers.

- (2) Who makes the decisions?

The pregnant women involved in the outreach program.

- (3) Are private alternatives permitted?

Yes.

- (4) Are families required to participate in a program?

No.

- (5) Are families penalized for not participating in a program?

No.

- b. Does the bill directly affect the legal rights and obligations between family members?

No.

- c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

- (1) parents and guardians?

High-risk expectant mothers choose for themselves whether to participate in the outreach program.

- (2) service providers?

No.

- (3) government employees/agencies?

Department of Health employees and persons or entities in working relationships with the department provide information and services to expectant mothers who voluntarily participate in the program.

**D. STATUTE(S) AFFECTED:**

Section 381.0043, F.S.

**E. SECTION-BY-SECTION RESEARCH:**

**Section 1.** Creates s. 381.0043, F.S., establishing a two 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 will be coordinated by the Department of Health and based in the 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. The department shall 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 not be limited to, faith-based organizations, academic institutions, religious organizations, non-profit community centers, and other social services-related entities.

**Section 2.** Creates s. 381.004, F.S., requiring the Department to compile reports and recommendations for the program.

**Section 3.** Creates s.381.004, F.S., appropriating \$500,000 from General Revenue Fund to the Department of Health to be used in the delivery of services as described in section.

**Section 4.** Provides an effective date of October 1 of the year in which enacted.

III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

	<u>Year 1</u>	<u>Year 2</u>
<b>General Revenue Fund</b>	<b>\$500,000</b>	<b>\$500,000</b>

2. Recurring Effects:

See Fiscal Comments.

3. Long Run Effects Other Than Normal Growth:

See Fiscal Comments.

4. Total Revenues and Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

N/A

3. Long Run Effects Other Than Normal Growth:

N/A



C. **DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

Providing high-risk pregnant women with information and services to decrease risk of perinatal transmission of HIV and drug exposure to their infants may help prevent both the mother and child from being faced with a lifetime of physical and mental problems and exorbitant medical expenses.

3. Effects on Competition, Private Enterprise and Employment Markets:

By providing services to prevent infants from being born with HIV and medical problems caused by substance exposure, this program may help individuals, who might otherwise have continued to suffer from physical and mental problems and addictions, become healthy and responsible citizens who make positive contributions to the economy and society.

D. **FISCAL COMMENTS:**

Department of Health studies show that the lifetime cost of treating an HIV-infected baby can be as high as \$200,000 and the state's cost of caring for drug-exposed infants can be as high as \$65,000. Caring for HIV-infected and substance-exposed newborns can cost several times the \$500,000 amount of total annual expenses for the outreach program.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. **APPLICABILITY OF THE MANDATES PROVISION:**

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure funds.

B. **REDUCTION OF REVENUE RAISING AUTHORITY:**

This bill does not reduce the authority that municipalities or counties have to raise revenues.

C. **REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:**

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

HB 3145, as filed, did the following:

- Required all infants born in Florida to be screened for HIV infections and controlled substances;
- Repealed the right of a parent or guardian to refuse to have her infant screened;
- Provided that the Department of Health promote screening and education of HIV and substance abuse and adopt and enforce rules regarding testing;
- Changed the name of testing from metabolic screening tests to infant screening tests;
- Required midwives to instruct parents regarding the requirement for infant screening tests.

The sponsor introduced changes to the bill in PCS/HB 3145 to more effectively address the problems dealing with HIV positive and drug exposed newborns. A committee substitute, including the sponsor's changes and three amendments, was adopted by the Health Care Services Committee on February 2, 1998.

CS/HB 3145 does the following:

- Establishes a two year pilot outreach program in Dade, Broward, Palm Beach, Hillsborough and Orange counties for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse, or who are infected with HIV;
- 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 populations is likely to be found to provide services and information to high-risk pregnant women and their infants;
- Requires that the two employees to be based in each county's health departments be existing employees and that all the funds appropriated to the department be used in the delivery of services as described in section 1 of this act;
- Requires the Department of Health to compile reports and recommendations for the program.
- Appropriates \$500,000 from the General Revenue Fund for each year of the two year pilot program.

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VII. SIGNATURES:

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