Response to Senate Resolution 131 of the 2022 Regular Session of the Louisiana Legislature

Findings from the Study Commission on Maternal Health and Wellbeing

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Contents

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Names and Affiliation of Members of the Study Commission on Maternal Health and Wellbeing
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Executive Summary

The Charge

Senate Resolution 131 of the 2022 Regular Session of the Louisiana Legislature (SR 131) established the Study Commission on Maternal Health and Wellbeing "to research and make recommendations on connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and wellbeing of mother and child." The Louisiana Department of Health (LDH) convened the Commission, which consisted of 12 members representing legislative, healthcare, health policy, and health services organizations. SR 131 charged this Commission with identifying and assessing the functions and activities of existing state efforts and service systems focused on the health and wellbeing of women before, during, and after childbirth, as well as seeking ways to address a reduction of adverse maternal-health behaviors during pregnancy, dysfunctional infant caregiving, and stressful environmental conditions that interfere with parental and family functioning with a focus on maternal substance use. Furthermore, the Commission was charged with submitting the findings, recommendations, and specific proposals for legislation to the Senate Health and Welfare Committee.

Findings

The Commission convened three times over the course of five months. At the meetings, commission members identified existing policies and programs as well as policies and/or resources that could be developed to ensure that pregnant and postpartum individuals who have Substance Use Disorder (SUD) would have greater access to quality resources and services. The Commission completed an assessment of existing resources and gaps in resources as well as the current policy-level and systems-level barriers to address those resource gaps. These programs and resources that could improve outcomes for women and infants affected by SUD fell into the following categories:

- ***Public Health and Healthcare System Adequacy***
    - *Existing resources included:* grants to expand broadband internet access in underserved areas of Louisiana; comprehensive review of maternal deaths and child deaths to identify prevention options; the Prescription Monitoring Program (PMP); SUD treatment facilities that accept and accommodate pregnant and postpartum individuals and their infant; a statewide opioid treatment program providing Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) throughout the state; and online tools to help individuals find these resources.
    - *Areas for growth included:* improving and expanding transportation assistance resources, especially in rural areas; expanding telemedicine and telehealth access for prenatal and behavioral health visits; increasing access to MAT/MOUD; and ensuring access to inpatient treatment facilities that support the mother-baby dyad.
- ***Healthcare and Social Service Provider Training***
    - *Existing resources included:* a mental health consultation system to support primary care providers in identifying SUD and making referrals to community resources and treatment; and hospital-based training of care teams to improve care for substance-exposed mothers and infants; training for providers on screening, brief intervention and referral to treatment for SUD during pregnancy and postpartum.
    - *Areas for growth included*: providing training to providers to help reduce stigma and bias related to SUD and pregnancy; expansion of training on SUD screening, intervention, and

referral to treatment; providing training on recognizing the signs of SUD and overdose; and providing training on treatment, mitigation measures, and state requirements related to pain management and prescribing opioids.

- ***Community Resources and Social Supports***
    - *Existing resources included*: statewide availability of evidence-based maternal, infant, and early childhood home visiting programming for qualifying individuals with trained home visitors providing family coaching and support who are trained in screening for SUD and referring to appropriate resources; and development of a statewide doula registry to facilitate identification of registered doulas to provide pregnancy support.
    - *Areas for growth included:* policies to incentivize businesses to provide paid leave to allow individuals to attend medical and behavioral health appointments; increasing access to and referral to community-based and home-based pregnancy and family coaching and support providers such as doulas and nurse home visitors or parent educators; developing evidence-based peer support options for pregnant and postpartum women undergoing SUD treatment; and social marketing campaigns to reduce the stigma and bias for pregnant and postpartum individuals with SUD, recognizing it as a chronic condition.

The recommendations include strategies to increase awareness of the issue of SUD, prevent SUD, strategies screen for and identify SUD, improve access to SUD treatment, and expand community supports and eliminate barriers to seeking care and treatment. The Commission identified these areas of opportunity with the goal of developing a roadmap to create a future where mothers and infants affected by SUD are quickly identified and connected to the quality, compassionate services needed to overcome SUD and live healthy and fulfilling lives.

Introduction

Senate Resolution 131 of the 2022 Regular Legislative Session established the Study Commission on Maternal Health and Wellbeing and directed this Commission to "research and make recommendations on connecting pregnant individuals and new mothers, particularly in rural and underserved areas, with resources that improve the health and wellbeing of parent and child" (Appendix A). LDH convened the Commission, which consisted of12 members representing legislative, healthcare, health policy, and health services organizations (see "Acknowledgements" for the list of members). Senator Stewart Cathey was selected as Chair of the Commission. The group convened three times between August and December 2022 to assess the problem, review existing programs and resources, discuss barriers to care and treatment, and identify policy options to address those barriers.

The following report outlines the findings and includes: the Commission's scope and vision; an overview of the problem; current policies, actions, and resources in place to support pregnant and postpartum individuals with SUD; and specific policy proposals and recommendations from the Commission to expand services and resources to support the families impacted by SUD in Louisiana.

The Commission's Scope and Vision

Members of the Commission recognized that policy-makers in Louisiana have the opportunity to address prevention and treatment of SUD on a system-wide level to improve health outcomes for Louisiana's mothers and infants affected by SUD. During the Commission meetings, members envisioned what prevention, identification, and treatment of SUD during pregnancy and the postpartum period would look like if there were supportive policies, systems, and resources in place, particularly in rural areas where access to prenatal and behavioral health providers and broadband internet is limited, impacting access to telemedicine and telehealth options. Members also discussed what those policies, systems, and resources could include.

The Commission reflected on the question, ***"What does 'right' look like? If you had to make a movie of the perfect world where mothers and infants received assistance for SUD, what would that look like?"***

From this exercise, the Commission then identified potential new or expanded resources and policy proposals that would aid in achieving a future where pregnant and postpartum individuals who experience SUD can be easily identified, quickly linked to compassionate care, and supported throughout recovery, ensuring a positive outcome for both parent and child. The Commission researched and reviewed existing programs and services and then discussed and categorized possible areas for system-level improvement and associated activities or policy options. The following categories emerged as areas of focus:

- ***Public health and healthcare system adequacy,*** which encompasses data, surveillance, and monitoring systems; infrastructure to support healthcare access; location and capacity of SUD treatment providers and facilities; and systems to connect people to care.
- ***Healthcare and social service provider training,*** which encompasses training on SUD primary prevention, identification, linkage to treatment, and prevention of adverse outcomes for those affected by SUD; training on reducing stigma and bias related to SUD; and outreach and training on using the existing systems such as the PMP and MAT waivers.

- ***Community resources and social supports,*** which encompasses resources and policies to address barriers to receiving prenatal and postpartum care and SUD treatment such as incentivizing employers to provide paid leave from the workplace for appointments, access to childcare, housing, and transportation; access to community-based providers such as doulas and family coaching and support home visitors; and educating the public about SUD as a chronic condition to minimize stigma and bias.

An Overview of the Problem and Possible Solutions

Louisiana ranks fifth highest in the nation for maternal deaths according to the Kaiser Family Foundation (2018-2020)[1]. According to the 2017-2019 Louisiana Pregnancy-Associated Mortality Review (PAMR) report, there were 182 pregnancy-associated deaths (defined as the death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause) in Louisiana between 2017-2019, with accidental overdose being the leading cause of death[2]. Accidental overdose accounted for 17% of the deaths. Additionally, about ***one in four pregnancy-associated deaths had SUD listed as a contributing factor*** even if it did not cause the death. Thirty-three percent of pregnancy-associated deaths attributable to SUD also had mental health conditions as a contributing factor.

SUD in pregnant and postpartum individuals is an important public health issue and is difficult to address for a multitude of reasons including the nature of SUD as a chronic disease, historical bias related to this disease, historical policies related to SUD, and care systems that generally separate physical and behavioral health. This is a complex policy topic, as it requires focusing on matters such as healthcare system adequacy to improve access to care and assure quality, provider training across several domains, and community supports and resources related to social support systems and economic policies. In addition, effective policy to address maternal SUD requires grounding in an understanding of SUD as a disease rather than a moral failing. The disorder influences the brain, leaving the affected individual unable to control their need to use the substance. Although SUD can affect anyone; trauma, other mental health conditions, and a family history of SUD can increase an individual's risk of developing the disorder[2].

SUD negatively impacts the state in areas including reduced productivity in the workforce, higher health care costs, increased interpersonal violence, and stress within families[3]. Policy responses at the national and state levels have varied, with some states implementing policies to engage the criminal justice system and considering substance use during pregnancy to be child abuse, while others are working to expand their drug treatment programs and improve linkages to care. Research regarding the effect of punitive policies on the reduction of cases of Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid

[1] Kaiser Family Foundation. (2020). Maternal deaths and mortality rates per 100,000 live births Maternal deaths. https://www.kff.org/state-category/health-status/maternal-deaths/

[2] Evans, I., Hyde, R., Gillispie-Bell, V., (2022). Louisiana pregnancy-associated-mortality review, 2017-2019 report. Louisiana Department of Health. https://www.partnersforfamilyhealth.org/wp-content/uploads/2022/09/2017-2019_PAMR_Report_08.17.2022_FINAL.pdf

[3] Office of the Surgeon General. *Surgeon General's report on alcohol, drugs, and health*. (2016). https://addiction.surgeongeneral.gov/sidebar-many-consequences-alcohol-and-drug-misuse

Withdrawal Syndrome (NOWS) has shown that such policies, rather than reducing NAS/NOWS, were actually associated with greater odds of infants developing these conditions[4].

In 2015-2016, the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission) conducted a study on the "Prevention, Screening & Treatment of Neonatal Abstinence Syndrome" as a response to Act No. 162 of the 2015 Regular Session of the Louisiana Legislature. This report outlined strategies related to prevention of SUD and NAS, screening for NAS risk factors in primary care and obstetric settings and improving clinical care and care coordination for families affected by NAS[5]. In that report, the Perinatal Commission urged the legislature to focus efforts on policies that support early intervention and treatment as opposed to criminalization or other punitive policies as the evidence they reviewed[6] supported this strategy. The Study Commission on Maternal Health and Wellbeing reviewed the Perinatal Commission report as a foundational resource from which to build recommendations for further action.

As SUD is being increasingly recognized as a chronic disease, state and federal entities have begun to implement policies and programs that focus on treating SUD in pregnant individuals and providing them with support services. Data have also shown that integrating SUD treatment with prenatal visits leads to improved outcomes for both mother and infant[7]. The Center for Medicare and Medicaid Innovations developed the Maternal Opioid Misuse (MOM) model, which addresses the fragmentation of care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD).

In addition to the MOM model, the Commission on Maternal Health and Wellbeing researched other national standards around integrating SUD treatment as part of prenatal and postpartum care in order to align their recommendations with those standards. The American College of Obstetricians and Gynecologists (ACOG) recognized the increasing number of mother-infant dyads exposed to illicit substances and published recommended policies regarding the prevention, identification, and treatment of SUD in pregnant individuals[8]. For more details on the rationale of each recommendation, see Appendix B. ACOG Recommendations are as follows:

[4] Faherty, L. J., Kranz, A. M., Russell-Fritch, J., Patrick, S. W., Cantor J, Stein, B. D. (2019). Association of punitive and reporting state policies related to substance use in pregnancy with rates of Neonatal Abstinence Syndrome. JAMA Netw Open. 2(11):e1914078. doi:10.1001/jamanetworkopen.2019.14078

[5] Louisiana Department of Health. (2016). Prevention, screening, and treatment of neonatal abstinence syndrome. https://www.partnersforfamilyhealth.org/wp-content/uploads/2021/05/HCR162_Response_NAS_NOWS_2016.pdf

[6] Association of State and Territorial Health Officials (2021). Evidence-informed substance use disorder policies for maternal and child populations. https://www.astho.org/globalassets/brief/evidence-informed-substance-use-disorder-policies-for-maternal-and-child-populations.pdf

[7] Goler, N. C., Armstrong, M. A., Taillac, C. J., & Osejo, V. M. (2008). Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a new standard. Journal of perinatology: official journal of the California Perinatal Association, 28(9), 597–603. https://doi.org/10.1038/jp.2008.70

[8] American College of Obstetrics and Gynecology. (2017). Opioid use and opioid use disorder in pregnancy. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy

- ***Avoid or minimize the use of opioids for pain management*** and highlight alternative methods of pain relief.
- ***Implement early universal screening*** using a validated verbal screening tool as a part of comprehensive obstetric care.
- ***Utilize MAT/MOUD*** for treatment for pregnant individuals with SUD.
- ***Monitor infants born to individuals who used opioids during pregnancy for NAS/NOWS***.
- ***Encourage breastfeeding*** in women who are stable on opioid agonists, not using illicit drugs, and have no other contraindications.
- ***Provide adequate postpartum psychosocial support services***.

The Commission was also charged with addressing barriers for individuals in rural areas of the state as there are additional challenges for pregnant and postpartum individuals that reside in rural areas. Researchers in rural health have noted that pregnant individuals and individuals who deliver their babies in rural areas experience poorer outcomes and limited access to care when compared to their urban counterparts[9]. The 2022 March of Dimes Maternity Care Deserts Report states that two in three counties (parishes) in the United States that are considered "maternity care deserts" (defined as being without a hospital or birth center offering obstetric care and without obstetric providers) are rural counties (parishes)[10]. Transportation is a notable challenge for people living in rural areas where travel to even a routine prenatal care visit may take 30 to 90 minutes of travel to the clinic. For people who rely on public transportation, this becomes even more challenging since there is not a rail or bus system connecting rural areas to nearby cities in Louisiana.

Medicaid does provide transportation options for beneficiaries in the form of appointments from a transportation service provider or mileage reimbursement for friends or family members providing transportation. However, these services have limitations due to the need for advanced scheduling with transportation providers and the number and frequency of appointments required during pregnancy. When a pregnant patient needs to be seen in-person for a concern or an unplanned visit, they often rely on ambulance service and are transported to the nearest hospital which may or may not be licensed to provide the appropriate level of maternity care for the patient's needs.

Telemedicine has made remote patient monitoring and routine prenatal visits more accessible to people living more than 30 minutes from their healthcare provider or those with high-risk conditions, but there is an additional challenge for those living in areas with limited access to broadband internet service to access telemedicine appointments.

[9] Kozhimannil, K.B., Henning-Smith, C., Hung, P., Casey, M. M., and Prasad S. (2016). *Ensuring access to high-quality maternity care in rural America*. Women's health Issues: official publication of the Jacobs Institute of Women's Health, 26(3), 247–250. https://doi.org/10.1016/j.whi.2016.02.001

[10] Brigance, C., Lucas R., Jones, E., Davis, A., Oinuma, M., Mishkin, K. and Henderson, Z. (2022). Nowhere to Go: Maternity Care Deserts Across the U.S. (Report No. 3). March of Dimes. https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx

Regardless of the size of their community, pregnant and postpartum individuals with SUD experience barriers in accessing behavioral health services and SUD treatment. One barrier is stigma surrounding SUD, in particular SUD during pregnancy and postpartum. Stigma and bias about SUD may influence the care provided by the healthcare providers[11]. In addition, a 2020 study of Louisiana birthing facilities conducted by the Louisiana Perinatal Quality Collaborative (LaPQC)[12] indicated significant opportunities to improve the utilization of evidence-based protocols and practices related to the identification, care, and treatment of pregnant and postpartum individuals with substance use and their newborns.

> *"It is very difficult to come into an environment where you know you are going to be judged and ask for help… What we're doing is bringing down those walls, bringing down those barriers, and offering care to those mothers."*
>
> *-Study Commission on Maternal Health and Wellbeing member*

For those individuals actively seeking SUD treatment, there is limited availability of SUD treatment providers and facilities that accept pregnant individuals as patients. There are also few inpatient treatment facilities throughout the state that are able to accommodate pregnant or postpartum individuals and their infants for several reasons, including low reimbursement rates by insurance providers. Lastly, there are still misconceptions about the safety of MAT during pregnancy among both individuals and healthcare providers, which prevents some from seeking the treatment or receiving an appropriate referral. Practical barriers for those needing treatment include social factors such as housing, childcare, transportation, and lack of paid time off work to attend medical and behavioral health appointments.

A Review of Current Louisiana Activities

Like other states, the opioid crisis has had devastating impacts on the families of Louisiana. Expansion of access to healthcare, as well as expansion of prenatal care and SUD treatment, are crucial to addressing the opioid epidemic. The following section outlines programs and resources in Louisiana that 1) move data to action to address issues impacting ***public health and healthcare system adequacy*** 2) improve quality care for pregnant and postpartum individuals through ***healthcare and social service provider training***, and 3) expand and improve ***community resources and social supports***.

Public Health and Healthcare System Adequacy

The following is a list of ongoing efforts in Louisiana to improve the systems that support access to healthcare and behavioral health services in the state. These efforts include public health data, surveillance, and monitoring systems that help identify opportunities for prevention of adverse events; infrastructure projects that support healthcare access both in-person and virtually; and systems that improve access to and linkage to SUD treatment providers and facilities.

[11] March of Dimes: Stories of SUD and Stigma. Beyond Labels - Do your part to reduce stigma around substance use disorder and pregnancy. https://beyondlabels.marchofdimes.org/substance-use/

[12] *Note: The Louisiana Perinatal Quality Collaborative is an authorized agent of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality*

Public Health Data, Surveillance, and Monitoring Systems

- **Louisiana Pregnancy-Associated Mortality Review (PAMR):** PAMR is the systematic review of all deaths among individuals who are pregnant or who deliver in the state, within one year of the end of pregnancy. PAMR is an authorized activity of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality and is a public health epidemiologic surveillance activity carried out by the Office of Public Health's (OPH) Bureau of Family Health. Through its multidisciplinary review, the PAMR committee works to quantify and understand pregnancy-associated deaths in order to create actionable, comprehensive recommendations that prevent future deaths.
- **Louisiana Prescription Monitoring Program:** The Louisiana Prescription Monitoring Program (PMP) was implemented in August 2008 in response to Act No. 676 of the 2006 Regular Session of the Louisiana Legislature and it is administered by the Louisiana Board of Pharmacy. The goal of the program in to collect and monitor prescription data on certain controlled substances that are dispensed within the state and dispensed to Louisiana residents by pharmacies in other states to reduce and inhibit the diversion of controlled substances. In order to prescribe these medications, physicians must be a part of the PMP system.

Infrastructure to Support Healthcare Access

- **Granting Underserved Municipalities Broadband Opportunities (GUMBO) grant awards:** Broadband expansion is needed to improve access to telehealth services where appropriate, which can provide pregnant and postpartum individuals and those with behavioral health needs with increased access to their healthcare team and can alleviate transportation barriers. The purpose of this grant program is to help facilitate the expansion of broadband service to underserved areas of the state. The Louisiana Office of Broadband and Connectivity, established in 2021, administers the grants. In 2022, the grant awards were announced. Funding is available through $130 million from the American Rescue Plan Act. For more information about broadband efforts in Louisiana and GUMBO, visit https://connect.la.gov/.
- **LDH Efforts through Medicaid Managed Care Organizations (MCOs) and the Office of Behavioral Health (OBH):** In response to Act No. 188 of the 2022 Regular Session of the Louisiana Legislature, OBH developed access standards and amended the contracts for MCOs to ensure the state has enough providers who specialize in pregnancy-related and postpartum depression or related mental health disorders and pregnancy-related and postpartum SUD. The MCO Systems Companion Guide was updated to include the new provider subspecialties for pregnancy and postpartum mental health, SUD, and mental health/SUD. Reporting templates that the MCOs submit to Medicaid will allow the MCOs to report on implementation and allow OBH to monitor network adequacy of providers that specialize in this area. This went into effect on January 1, 2023.
- **Louisiana State Opioid Response (LaSOR):** Through LaSOR, OBH addresses the opioid overdose crisis by increasing access to FDA-approved medications MAT/MOUD and supporting the continuum of prevention, intervention (harm reduction), treatment, and recovery support services for individuals with or at risk for OUD and other concurrent substance use disorders. LaSOR is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

SUD Treatment Facilities and Linkages

- **Neonatal Opioid Withdrawal Syndrome (NOWS) Restoration Program:** The Neonatal Opioid Withdrawal Syndrome (NOWS) Program is an initiative of OBH that created specialty beds within an

existing Temporary Assistance for Needy Families (TANF) Residential Program in Baton Rouge. This program provides residential treatment and MAT to pregnant and postpartum women, and women who have dependent children and are diagnosed with OUD. The NOWS program provides specialized intensive residential treatment for pregnant and postpartum women, including but not limited to: screening, comprehensive assessment, medication assisted treatment, group counseling, individual, family, care coordination, parenting skills, trauma informed care, and prenatal and postpartum interventions. The program also provides specialized care and treatment to babies born to the women in the program who have been substance exposed.

- **Woman's Hospital Guiding Recovery and Creating Empowerment (GRACE) Program:** This program at Woman's Hospital in Baton Rouge provides pregnant and postpartum women (up to six weeks) affected by SUD with support and resources. Services include support from a nurse and social worker through pregnancy and up to six months postpartum, education on SUD and treatment options, and linkage to community resources to aid in treatment and recovery. This is a free program available to any pregnant woman in the Baton Rouge area[13].
- **Addiction Treatment Locator, Assessment, and Standards Platform (ATLAS):** ATLAS is a web-based platform that individuals can use to search for and compare treatment centers that meet their required geography, insurance, and specific health needs. The site currently has information from ten states, including Louisiana. ShatterProof, a nonprofit organization working to address addiction in the United States, created ATLAS.
- **Temporary Assistance for Needy Families (TANF) Residential Treatment Programs for Women and Pregnant Women with Children:** The TANF Residential Treatment Programs for Women and Pregnant Women with Children are in-patient, residential facilities. Pregnant women are prioritized to receive treatment in these facilities, which offer addiction treatment for the mother and other supportive services for the family. The programs provide addiction services to women 18 years of age and older. Minor children up to age 12 are allowed to accompany their mother/guardian to treatment, thus preserving family unity. There are currently three residential programs statewide, one of which offers services for women with MOUD and their infants with (NOWS). This facility is Reality House of Baton Rouge. The other traditional TANF Programs are Claire House Program in Bayou Vista, and Meredith's Place in Scott. There are plans to expand the number of TANF facilities in the state by Fiscal Year 2023-2024 to Bogalusa, Monroe, and Pineville. OBH is also attempting to support and partner with a provider in the New Orleans catchment area to develop a TANF program that is anticipated to open in 2024. This expansion initiative is funded by the Louisiana Regional Partnership Grant. In addition, DCFS facilitated an increase in the TANF per diem rates for these programs in an attempt to help support inflated associated cost incurred for daily operation. LDH is currently developing plans and negotiating to solicit new providers in vacant local government entity catchment areas to support start-up costs associated with creating an additional specialty program.
- **Hospital-Based Care Coordination for Pregnant and Postpartum Individuals with SUD:** Louisiana Medicaid introduced an optional "in lieu of" benefit on January 1, 2022 to provide coverage of a comprehensive pregnancy medical home model of care to individuals with SUD who are 18 years of age and older and pregnant or up to 12 months postpartum. The model includes care coordination, health promotion, individual and family support, and linkages to community/ support services, and

[13] Woman's Hospital – GRACE Program. https://www.womans.org/our-services/mother-and-baby/pregnancy-and-childbirth/opioid-addiction-program

behavioral and physical health services. The model does not include coverage of physical and behavioral health services otherwise covered under the Louisiana Medicaid State Plan (e.g., outpatient OB care, SUD treatment services).

Healthcare and Social Service Provider Training

The following is a list of ongoing efforts in Louisiana to train health and/or social service providers to identify behavioral health needs for their patients, provide first-line intervention, and link them to care, treatment, and other resources and training to provide appropriate care and treatment for pregnant and postpartum individuals diagnosed with SUD.

Screening and Referrals

- **The Louisiana Mental Health Perinatal Partnership (LAMHPP):** This is a statewide provider-to-provider consultation and training system to support providers' first-line management of mental health and SUD and to support effective referrals to additional community resources. LAMHPP is a pilot of OPH's Bureau of Family Health and is available to all medical, mental health, and other professional clinicians in the state who work with pregnant and parenting families. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) supports LAMHPP through a grant that is concluding in September 2023. In state fiscal year 24, LAMHPP is expected to become part of the Provider to Provider Consultation (PPCL) system which is currently focusing on consultation and training to pediatric providers but will be expanded to include the same services for perinatal providers.
- **The Louisiana Perinatal Quality Collaborative (LaPQC) Caregiver Perinatal Depression Screening Pediatrics Clinic Pilot** (CPDS)**:** The LaPQC is a network of perinatal care providers, public health professionals, and advocates who work to improve outcomes for birthing persons, families, and newborns in Louisiana. It is an authorized activity of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality. The CPDS pilot is an 18-month learning collaborative working to develop quality improvement strategies that support the implementation of perinatal depression screening in pediatric settings at 1, 2, 4, and 6months. The focus of this initiative is not specific to SUD, but is a relevant initiative in that it reflects state efforts in various clinical settings to address maternal mental health concerns that may be related to SUD.

Care and Treatment

- **Louisiana State Opioid Response (LaSOR):** LaSOR, as explained above, includes virtual and in-person trainings for healthcare professionals on opioid use, stimulant use, and non-drug alternatives to pain management hosted by OBH and The Woman's Foundation in collaboration with the Acadiana Human Services District. Additionally, OBH partners with the Department of Psychiatry and Behavioral Sciences in the Tulane University School of Medicine to implement Project Extension for Community Healthcare Outcomes (Project ECHO), which is a collaborative model of virtual medical education that links primary care providers (Spokes) with specialists (Hubs) to provide an expert level of care to patients. Tulane University implements the Project ECHO model focusing on Office-Based Opioid Treatment (OBOTs) and community pharmacy providers for which continuing education credits are issued to participants. There are also efforts in progress to expand the availability of OBOTs. Initiative 17, Goal 1 of the LDH Business Plan FY 2023: Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana is to "increase availability of OBOT programs within physician or prescriber offices throughout the state" by recruiting 10 new LaSOR-supported OBOT

providers. OBOTs gain access to peer support and consultation to guide them through treatment of vulnerable, high-need patients. As part of this effort, OBOT recruitment will target all areas of the state, including targeted outreach to the following high-need areas: Jefferson, Plaquemines, St. Bernard, St. Tammany, and Washington parishes[14].

- **The Louisiana Perinatal Quality Collaborative (LaPQC) Improving Care for the Substance-Exposed Dyad Initiative (ICSED)** launched in 2021. ICSED is a limited-reach statewide initiative focused on improving care for birthing mothers, parents, and neonates affected by substance use. Eleven of the state's 48 birthing hospitals are participating in ICSED, covering five of Louisiana's nine public health regions and about 20% of births in the state. ICSED emerged from key learnings from the "LaPQC NOWS Pilot" and findings from the Louisiana PAMR Report identifying substance use as one of the leading causes of pregnancy-associated deaths among birthing persons in Louisiana (note: the LaPQC NOWS Pilot is a different activity than the LDH-OBH NOWS Program). This LaPQC initiative was implemented in partnership with the LDH-OBH with support from the State Opioid Response Grant (LaSOR). As with other LaPQC initiatives, ICSED uses quality improvement methods to advance the implementation of clinical best practices, respectful patient partnership, and effective peer teamwork.

Community Resources and Social Supports

The following is a list of existing community resources and social support services in Louisiana that are available for pregnant and postpartum individuals and can help work directly with families to overcome barriers to accessing care and treatment. Supports are also provided to families referred to state agencies due to a suspected or confirmed SUD.

- **Home Visiting Programs:** "Home visiting programs" generally refer to no-cost, voluntary, evidence-based supportive services for pregnant individuals and families with young children provided in the family's home or other chosen location. These family support and coaching services, provided by nurses, parent educators, or other trained coaches, aim to support the health and development of mothers, young children, and families. LDH and the Louisiana Department of Children and Family Services (DCFS) are the primary agencies administering these services in the state:
    - **The Maternal, Infant, Early Childhood Home Visiting (MIECHV) program** is administered by OPH's Bureau of Family Health and includes the Nurse-Family Partnership (NFP) and Parents as Teachers (PAT) models. Home visitors provide personalized education, support and coaching, and referrals to services to empower families to reach their goals. NFP serves first-time mothers from pregnancy through the child's second birthday and PAT serves families from pregnancy through the youngest child's entry into kindergarten. NFP is available in almost all areas of the state and PAT is available primarily in New Orleans, Shreveport, and Monroe.
    - **Child First** is a new home visiting program through DCFS that will begin to provide services in SFY 23, in particular for families that have experienced trauma and adversity. Community organizations will implement services in the following parish areas: East Baton Rouge, Livingston, and surrounding areas; Jefferson, Orleans, Plaquemines, St. Bernard, St. Helena,

[14] LDH Business Plan FY 2023 – INVEST: Teaming up for a stronger LDH and Healthier Louisiana. (2023). https://ldh.la.gov/assets/bp/2023/LDH-BP-FY23.pdf

St. Tammany, Tangipahoa, Washington, and surrounding areas; Caddo and surrounding areas; and Rapides, Ouachita, and surrounding areas.

- **Louisiana Doula Registry** (in development)**:** Act No. 182 of the 2021 Regular Session of the Louisiana Legislature established the Louisiana Doula Registry Board which will create a registry for doulas seeking health insurance reimbursement to promote safe and equitable care for every mother and every birth in this state. The establishment of this voluntary registry is expected to strengthen support for the state's doula workforce and hopefully expand the availability of services. When doulas are involved in the birth experience, mothers and infants have better outcomes[15]. Specifically, in a study looking at birth outcomes in socioeconomically disadvantaged populations, those birth parents with access to doulas experienced a decrease in low birth weight, less birth complications, and a higher rate of breastfeeding initiation[16].
- **DCFS Family Services:** Newborns with medical documentation of maternal use of alcohol, illegal substances, or substances used in an unlawful manner as seen in a positive toxicology report or other medical documentation are referred to DCFS for assessment, investigation, and referral to services.

Policy Recommendations from the Commission

After reviewing available and existing resources across the three focus areas of ***public health and healthcare system adequacy, healthcare and social service provider training, and community resources and social supports***, the Commission identified the following recommendations to address the identified gaps in policies, programs, and resources. SR 131 requested that the Commission submit findings, recommendations, and specific proposals for legislation. Members of the Commission generated the recommendations, which are organized by the type of policy: strategies to increase awareness of the issue of SUD, strategies to prevent SUD, strategies for screening and identification of SUD, strategies to improve access to SUD treatment, and strategies to expand community supports and eliminate barriers to seeking care and treatment. Please note that the following recommendations do not necessarily reflect the positions of all of the individuals who participated on the Commission or of LDH.

Strategies to Increase Awareness

According to the 2017-2019 PAMR report, as the rate of substance use in the United States has steadily increased, the study group found that it is imperative that the public understands the prevalence of SUD in Louisiana. The following recommendations will help improve awareness of the issue and reduce the stigma associated with seeking treatment.

Recommendations:

- **Educate the public about SUD as a chronic disease rather than a moral failing**. Addressing SUD means not only addressing visible barriers to care but also the less visible barriers, namely stigma. Stigma is detrimental because it leads to avoidance of treatment. Stigma can come from many

[15] Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2012). Continuous support for women during childbirth. The Cochrane database of systematic reviews, 10, CD003766. https://doi.org/10.1002/14651858.CD003766.pub4
[16] Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. The Journal of perinatal education, 22(1), 49–58. https://doi.org/10.1891/1058-1243.22.1.49

different sources, including family, community, providers, and self (sometimes referred to as internalized stigma). Stigma creates a barrier to recovery by increasing social isolation and adversely affecting housing and employment. It can also contribute to decreased chances for recovery and increased prevalence of risky behaviors (i.e. needle sharing)[17].
    - Public messaging is needed to address stigma in the community.
- **Expand training on stigma and bias for healthcare providers.** Addressing stigma with providers is particularly important, as it causes a significant barrier within patient-provider interactions. Patients may be hesitant to disclose concerns about mental health and disordered substance use due to stigmatization of SUD, particularly during pregnancy. For patients from minority communities, longstanding distrust of health systems and pervasive stigmas around mental health in poor and/or minority communities also serves as a barrier to patients receiving the care they need. Initiatives such as ICSED currently train providers in participating facilities about stigma and bias as part of improving care and treatment for pregnant and postpartum individuals with SUD, but the reach is limited to care teams from participating facilities.
    - Training could be offered as part of medical school training and related residency programs, in addition to continuing medical education offerings required to maintain licensure.
    - Training could also be offered to facilities that provide pregnancy testing and referral to services.
- **Educate the public on the availability of naloxone.** Administration of naloxone during an overdose can be lifesaving. The public should be aware of the availability of naloxone including access through Louisiana's "standing order" that allows participating pharmacists to dispense naloxone to laypeople including caregivers, family, and friends of an opioid user[18].
    - The Louisiana Board of Pharmacy should increase education for providers and pharmacists of Louisiana's "standing order" for naloxone.
    - Public health agencies should improve public messaging on the availability and indication for use of naloxone.

Strategies to Prevent SUD

There is an increased risk of developing SUD in the pregnancy and postpartum because pain management is a component of care. Opioids are often prescribed after childbirth, particularly after cesarean sections[19] (C-sections). Overprescribing opioids increases the risk of developing SUD. The following recommendations can mitigate this risk.

Recommendations:

- **Educate providers on the risk of developing SUD in the perinatal and postpartum period and strategies for mitigation of risk.** This education should include an understanding of the risk of developing SUD due to overprescribing opioids in the postpartum period, as well as best practices

[17] Livingston J. D., Milne, T., Fang, M. L., & Amari, E. (2012). *The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review.* Addiction (Abingdon, England), 107(1), 39–50. https://doi.org/10.1111/j.1360-0443.2011.03601.x

[18] Standing Order for Naloxone Renewed by Louisiana Department of Health. (2023). https://ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf

[19] Peahl, A. F., Dalton, V. K., Montgomery, J. R., Lai, Y. L., Hu, H. M., & Waljee, J. F. (2019). *Rates of new persistent opioid use after vaginal or cesarean birth among US women*. JAMA network open, 2(7), e197863. https://doi.org/10.1001/jamanetworkopen.2019.7863

for patient-centered prescribing. This training should span all potential points of contact for pregnant and postpartum individuals in the healthcare system.
    - Providers working in primary points of contact throughout the health care system, such as emergency departments, Federally-Qualified Health Centers (FQHCs), family practitioners, obstetricians, and pediatricians, should be educated about the risk of SUD in the perinatal and postpartum population.
    - The 2017 -2019 PAMR Report[2] recommends prescribing strategies such as limiting prescriptions of controlled substances to seven days and prescribing medications in blister packs.
- **Train providers to use patient-centered prescribing for postpartum pain management**. Patient-centered care is tailored towards the specific health needs and preferences of the patient. In pain management, alternative treatments to promote include physical therapy, non-opioid medications, nerve blocks, minimally invasive procedures and behavioral interventions. A report released by the Pain Management Best Practices Inter-Agency Task Force – U.S. Department of Health and Human Services emphasized the importance of patient-centered care in the diagnosis and treatment of acute and chronic pain[20].
    - Training for providers should include the following components on how to: 1) identify patient risk factors 2) educate patients, providers, and the public about SUD and addiction 3) address stigma, and 4) ensure adequate access to care.
- **Prescribe or supply Narcan (Naloxone) in conjunction with opioids.** The availability of Narcan is a proven harm-reduction strategy in preventing deaths related to SUD[21]. As part of Colorado Naloxone Project, Colorado labor and delivery units are supplied with Narcan[22]. While prescribing Narcan along with an opioid is a harm-reducing strategy, research indicates that not enough at-risk individuals are getting prescriptions filled[21].
    - Currently, the LaPQC's ISCED initiative is identifying and working with birthing facilities in Louisiana to provide patients with naloxone when they are prescribed an opioid. This training could be expanded to all Louisiana birthing facilities.
    - Additional strategies would include patient education from the pharmacy on the importance of filling the naloxone prescription when filling the opioid prescription.

Strategies to Identify Individuals with SUD

Pregnancy serves as an opportunity to screen and identify women living with SUD. Women may be more motivated to seek treatment during pregnancy, but current systems are failing women and families[23]. Barriers created by these systems make both treatment and information about treatment difficult to

[20] U.S. Department of Health and Human Services (2019). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html

[21] National Institute on Drug Abuse. (2017). Naloxone for opioid overdose: Life-saving science. https://nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science

[22] Brown, J. (2022). *Colorado maternity wards are giving out take-home doses of the opioid overdose antidote in hopes of saving moms.* The Colorado Sun. https://coloradosun.com/2022/12/08/naloxone-maternity-hospitals/

[23] Frazer, Z., McConnell, K., & Jansson, L. M. (2019). Treatment for substance use disorders in pregnant women: Motivators and barriers. Drug and alcohol dependence, 205, 107652. https://doi.org/10.1016/j.drugalcdep.2019.107652

access. The first step in connecting individuals with SUD with treatment is identification, and the following recommendations aim to increase the effectiveness of SUD screening.

Recommendations:

- **Increase the rates of universal screening for SUD during the first prenatal visit**. ACOG recommends universal screening for SUD with a standardized, evidence-based verbal screening tool at the first prenatal visit[9]. This screening should occur for all birthing persons, regardless of risk factors, to minimize stigma and provider bias. The usage of a verbal, validated screening tool allows for the identification of substance use and, if done early in the pregnancy, allows practitioners to connect the pregnant person to services that promote positive outcomes for both parent and child. In addition to providing screening services, it is also essential that providers have the information they need to appropriately refer patients with positive screens.
    - There are different policy methods that can be used to increase rates of screening and the Commission members did not reach a consensus of which strategy to endorse. The options include:
        - Payers and insurance carriers may choose to incentivize screening as a quality measure or they may select to implement a mandate and tie reimbursement to that mandate. Each method has its own advantages and drawbacks. In either instance, the cost and reimbursement of screening should be addressed[24].
- **Educate emergency room providers and providers at Federally Qualified Health Centers (FQHCs) and other community-based health centers on the risk of SUD in the perinatal and postpartum population.** The emergency room may be the first encounter with the healthcare system for pregnant women. Additionally, individuals with signs of overdose are often brought to the emergency room. FQHCs and community-based health centers are considered a more appropriate option for primary care rather than an emergency room.
    - Emergency room and FQHC and community-based health center providers should be trained to conduct universal screenings for substance use and to assist in arranging appropriate referrals to treatment.
    - All providers should educate patients about the risks associated with children who have been exposed to prescription drugs and illicit substances, such as fentanyl, and counsel them on safe storage to prevent accidental poisoning.
- **Enforce the requirement that providers review the Prescription Monitoring Program database prior to prescribing controlled substances.** The Prescription Monitoring Program (PMP) is a statewide, electronic database that includes information on controlled substances prescribed for individual patients. Prescribers and pharmacists can use the data from this system to monitor prescribing practices, individual use of a drug, and population-level use of a drug.
    - Providers should access this system prior to prescribing controlled substances to ensure individuals are not receiving multiple prescriptions for narcotics. Provider usage of this data

[24] Louisiana Medicaid Managed Care Organizations currently have to cover screening services for SUD, and current Medicaid reimbursement rates for alcohol and/or drug screening are $14.78 (CPT code H0049). Screening with brief intervention (which focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change) per 15 minutes is $34.50 (CPT code H0050).

can allow them to detect substance use in their patients and refer them to treatment services. Review of the PMP is already required prior to prescribing certain substances[25].

Strategies to Improve Access to SUD Treatment

While MAT is the recommended treatment during pregnancy, it is under prescribed and underutilized. The following are recommendations are to improve access to and utilization of MAT for pregnant and postpartum individuals in Louisiana.

"My child was born addicted to methadone ... He was released 5.5 weeks after birth. He is a strong and intelligent 3-month-old and I'm very happy to have him home now. If I had continued heroin during my pregnancy, he may not be here. Starting the methadone clinic at 2 weeks pregnant helped."

- Mother interviewed for the Louisiana Pregnancy Risk Assessment Monitoring System, 2017

Recommendations:

- **Increase the number of providers with MAT waivers by requiring providers who prescribe narcotics to also become waivered.** Although programs such as LaSOR are working to establish more options for SUD treatment in the state by recruiting providers who can prescribe MAT, access in rural areas remains challenging.
    - One solution is to require providers who prescribe narcotics to become MAT waivered (thereby being allowed to treat up to 100 patients the first year of receiving a waiver and up to 275 thereafter). Partnering with the Louisiana State Board of Medical Examiners is one option to achieve this goal.
    - Healthcare providers that can prescribe buprenorphine may need more additional training to increase their comfort with prescribing. Support and training should be through the Louisiana State Board of Medical Examiners and Louisiana Board of Pharmacy. It should be noted that any provider with a Drug Enforcement Agency license can treat up to 30 patients with buprenorphine so long as a Notice of Intent is submitted.
- **Create an accurate resource map of inpatient SUD treatment facilities that accept pregnant individuals.** State officials have recognized the need to increase access to treatment for inpatient and outpatient SUD and have implemented several programs, including hub-and-spoke models implemented through the LaSOR project, to increase the number of clinics particularly in underserved rural areas. Despite this expansion, not all treatment facilities accept pregnant patients, and providers must often call several facilities to find one that will accept an individual if they are pregnant. Pregnant patients and providers can utilize the ATLAS website to identify facilities that will accept pregnant individuals. However, the system is not always accurate, and the site is not intended to be the only or primary means of evaluating treatment facilities.
    - Payers and insurance carriers could be required to maintain accurate lists of MAT providers that serve pregnant and postpartum individuals, including information about whether they are currently accepting these patients. Act 188 of the 2022 Regular Session of the Louisiana Legislature requires LDH, in collaboration with Medicaid managed care organizations, to

[25] Louisiana State Legislature. RS: 40:978. https://legis.la.gov/Legis/Law.aspx?d=98895

identify providers who specialize in pregnancy-related and postpartum depression or related mental health disorders and substance use disorders. However, Act 188 does not mention MAT providers.

- **Address the requirement for in-person visits to obtain MAT and increase access to telemedicine or telehealth options.** The requirement of an in-person visit to access MAT is a barrier to care. Accessing MAT through virtual visits, also known as telemedicine or telehealth, has been proposed as a solution to increase the accessibility of healthcare. Although some degree of in-person interaction may be required, more convenient visits could be achieved through telemedicine. Accessing MAT through virtual visits, or telemedicine, has been proposed as a solution to increase the accessibility of healthcare. As previously mentioned, MAT may require daily visits to a clinic which may not be feasible for some individuals, particularly those in rural areas who may have to drive long distances to a clinic or office. Studies on telehealth for MAT have yielded encouraging results in its effectiveness[26]. Access to telehealth can address both the scarcity of providers in rural areas as well as the barrier of time and transportation to attend daily in-person visits. One of the disadvantages of telehealth is that it requires an internet connection, which may be difficult to access in some areas of the state, particularly rural areas. Not all residents in Louisiana live in areas where this is feasible, and for some families the cost of an internet service package may be burdensome. Connectivity issues and digital literacy may also be barriers to access.
    - For this to be a viable option in rural communities, Louisiana needs reliable broadband internet access statewide. The GUMBO grants aim to expand broadband infrastructure.
    - Continue expanding OBOTs available via LaSOR.
- **Ensure access to childcare and housing for women undergoing SUD treatment.** Access to childcare is another barrier pregnant and postpartum women face that prevent them from accessing care. The ideal length of time for best inpatient SUD case management and care is three to six months. Most inpatient and outpatient treatment facilities do not allow patients to bring their children to appointments, and with few affordable childcare options, mothers often have to choose between providing childcare or seeking care for themselves. The TANF Residential Treatment Programs for Women and Pregnant Women with Children are an option, but there are only four TANF Residential Treatment Programs in Louisiana. Although new facilities are being developed, these facilities are costly to establish and run, and lack of funding may be a barrier to continuing to run existing facilities, or establish future facilities. TANF residential facilities lack the funding required to meet increasing clinical requirements, and low reimbursement rates for services threaten their existence.
    - Policies to increase the number of these programs and to provide reimbursement rates that cover the increasing clinical requirements and overhead costs would allow more potential providers to consider establishing a TANF facility.

Strategies to Expand Community Supports and Eliminate Barriers

Health outcomes are affected by the conditions in the environment where people live, learn, work, play, and age[27]. These factors affect a wide range of health, functioning, risk, and quality of life outcomes and

[26] Weintraub, E., Greenblatt, A. D., Chang, J., Welsh, C. J., Berthiaume, A. P., Goodwin, S. R., Arnold, R., Himelhoch, S. S., Bennett, M. E., & Belcher, A. M. (2021). *Outcomes for patients receiving telemedicine-delivered medication-based treatment for Opioid Use Disorder: A retrospective chart review*. Heroin addiction and related clinical problems, 23(2), 5–12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7861202/

[27] Robert Wood Johnson Foundation – Social Determinants of Health. https://www.rwjf.org/en/our-focus-areas/topics/social-determinants-of-health.html

they intersect with existing conditions such as SUD. These conditions can exacerbate barriers to achieving optimal health and offer opportunities to enhance community and social support networks. The following recommendations relate to opportunities to work within the community to improve supports for pregnant and postpartum individuals with SUD.

Recommendations:

- **Develop peer support options for pregnant and postpartum women undergoing SUD treatment.** A peer support group and peer support specialists can provide several benefits for pregnant individuals undergoing treatment for SUD, including increased engagement in SUD treatment. Utilizing virtual peer support groups does increase accessibility; however broadband infrastructure must be addressed for this to be an option in rural communities. A strong social network during pregnancy and SUD recovery is an important factor in achieving recovery.
    - Policy and funding may be needed to encourage development of peer support groups, such as those identified in the SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy resource.
    - Treatment providers can utilize case management services that link patients to peer recovery groups.
- **Utilize doulas, home visitors, and other community support workers during pregnancy and the postpartum period to provide support.** Doulas are trained professionals who provide physical and emotional support throughout pregnancy and childbirth. Home visiting services are another source of support for pregnant and postpartum women. Home visiting programs often train home visitors to use a validated tool to screen participants for SUD and connect them to treatment. Lack of public awareness about doulas and home visiting programs is a barrier to utilization of these services. It is also important to note that neither home visiting nor doula services are currently covered services through most health insurance providers or health systems.
    - Healthcare providers can refer their patients to local resources for doula services and home visiting. Referrals can be proactive or reactive. When referring a patient directly to a service, providers need to tell the patient that a referral is being made and explain what will happen next to increase the likelihood that the patient will enroll with the program/provider. Enrolling non-counseled families to home visiting programs can be challenging and educating providers, particularly those in rural areas, about available services and how to connect their patients with these services, could lead to increased utilization.
    - Doulas and other community support workers can advocate for the needs of pregnant women affected by SUD and protect against stigma that may be encountered throughout their pregnancy.
- **Create a tax credit that incentivizes businesses to provide paid leave so that employees can seek treatment.** According to the Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) Data Report 2020, the most common factors affecting a mother's decision to take maternity leave include the ability to afford taking leave, not having paid leave, and not having built up enough leave time. Although these common factors apply to leave after the woman has delivered, the same factors apply during the prenatal period as well. Individuals with SUD are already more likely to initiate prenatal care later in pregnancy, and lack of paid leave makes it more difficult to seek prenatal care and treatment. Business tax incentives could encourage organizations to provide medical leave, even for their part-time employees.

- Although no such program exists on the state-level, there are federal programs that provides tax incentives. For instance, the Tax Cuts and Jobs Act of 2017 allows employers to claim a credit which is equal to a percentage of wages they pay to qualifying employees while they are on family and medical leave[28]. Under the Tax Cuts and Jobs Act, employers must meet the following conditions to qualify for this credit:
    - Provide at least two weeks of paid family and medical leave (annually) to all qualifying employees who work full-time (prorated for employees who work part-time)
    - The paid leave is not less than 50%of the wages normally paid to the employee.

  The credit only applies to paid leave benefits used by full- or part-time employees who have worked for the employer for at least one year and who earned no more than $78,000 in 2021[29]. It is not clear how frequently this tax credit has been utilized. If this tax credit were used as a model in Louisiana, SUD treatment requires more frequent visits and the leave would likely be needed intermittently to attend appointments, so the credit should meet the needs for this population and their employers.

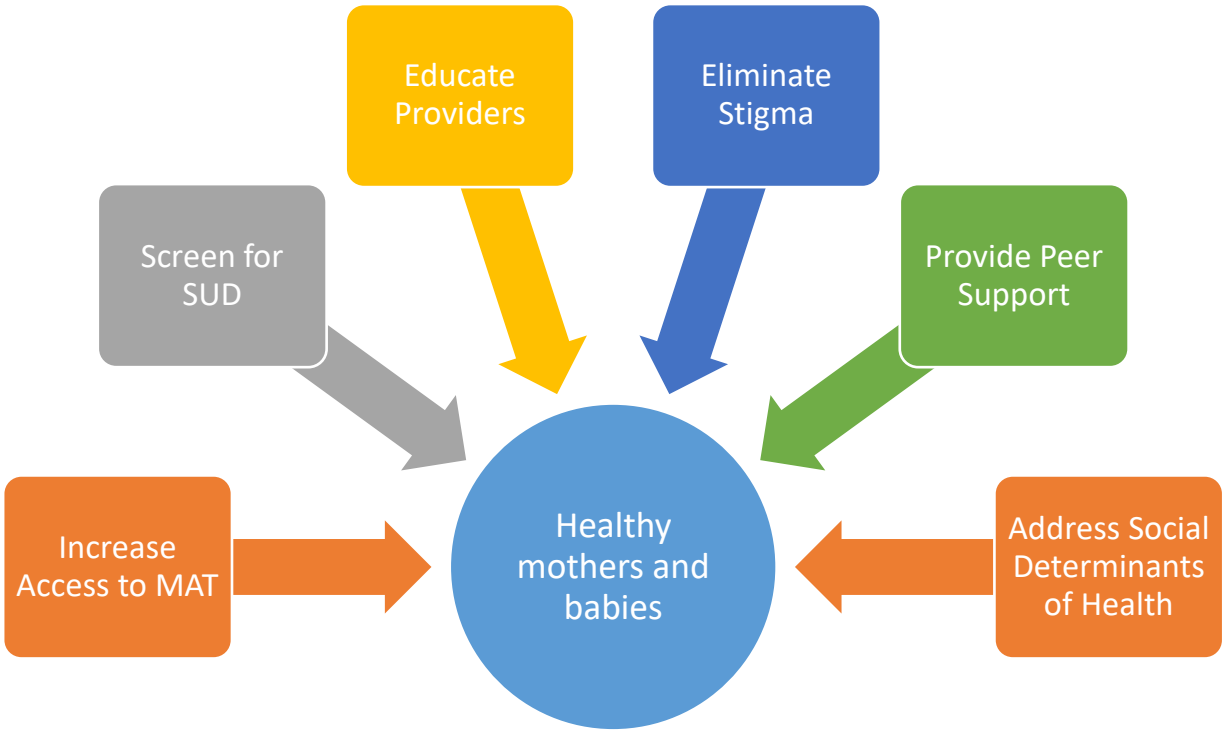
- **Improve access to transportation options for medical and behavioral health appointments.** Currently, there are few options for people living more than 30 minutes from their treatment provider to access transportation resources if they do not have a vehicle or are unable to drive because of a medical condition. This is a critical barrier as it often keeps people from seeking timely care and treatment and can result in individuals relying on ambulance services.
    - Payers and insurance carriers could include a special compensation option for transportation companies who take pregnant women to the hospital or to the clinic and require those services to be available on-demand and 24/7 due to the nature of pregnancy and postpartum care.
    - Another option could be a grant for a mobile unit staffed by an on-call, licensed nurse/nurse midwife. This unit could provide service similar to a "house call" by traveling to the patients with equipment such as ultrasound and fetal monitoring.

[28] Internal Revenue Service - Section 45S Employer Credit for Paid Family and Medical Leave FAQs. https://www.irs.gov/newsroom/section-45s-employer-credit-for-paid-family-and-medical-leave-faqs#:~:text=Internal%20Revenue%20Code%20Section%2045S,on%20family%20and%20medical%20leave.

[29] Sprick, E. (2022) *The Paid Family and Medical Leave Business Tax Credit: What is it and how can employers use it?* Bipartisan Policy Center. https://bipartisanpolicy.org/blog/the-paid-family-and-medical-leave-business-tax-credit-what-is-it-and-how-can-employers-use-it/

Conclusion

The Commission envisioned what it would take for Louisiana to be a state where there are numerous, high-quality mental health services, safer methods of pain management, and other support services. The policy proposals and actions recommended by the Commission create a roadmap that medical organizations, policy-makers, government entities, and community organizations can use to achieve better outcomes for mothers and infants, no matter their geographic location. Systemic barriers to services must be eliminated so that mothers are supported and empowered to seek treatment, improving outcomes for themselves and their infants.



Appendix A: Senate Resolution 131

2022 Regular Session **ENROLLED**
SENATE RESOLUTION NO. 131
BY SENATOR CATHEY

A RESOLUTION

To create and provide for the Study Commission on Maternal Health and Wellbeing to research and make recommendations on connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and wellbeing of the mother and child.

WHEREAS, research indicates maternal mortality, severe maternal morbidity, and unexpected outcomes of pregnancy and birth resulting in significant health consequences are rising in the United States and these outcomes occur more frequently in Louisiana than in other states; and

WHEREAS, addressing maternal mental health concerns has been identified as a critical need by the Louisiana Department of Health, the Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality, the Louisiana Pregnancy-Associated Mortality Review, the Louisiana Pritzker Children's Initiative, the Senate Select Committee on Women and Children, and various other commissions, councils, and advisory boards in Louisiana; and

WHEREAS, the Healthy Moms, Healthy Babies Advisory Council, which was charged with assessing equity and community engagement in state initiatives addressing maternal mortality and severe maternal morbidity, recommended that the state "ensure adequate access to high quality behavioral health services for pregnant and postpartum women, from early identification through screening and linkage to care and treatment for

maternal mental health needs and substance abuse disorders"; and

WHEREAS, ensuring good maternal health must be a priority for our state because

it improves the quality of life for our Louisiana families and reduces costs in the long term.

THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana does hereby establish and provide for the Study Commission on Maternal Health and Wellbeing to research best practices for connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and wellbeing of the mother and child.

BE IT FURTHER RESOLVED that the study commission shall consist of the following members:

(1) One member of the Senate Health and Welfare Committee appointed by the chairman of the committee.

(2) One member of the Senate Select Committee on Women and Children appointed by the chairwoman of the committee.

(3) One member of the Louisiana Senate appointed by the president of the Senate.

(4) One member with experience in maternal care appointed by the secretary of the Department of Children and Family Services.

(5) One member with experience in maternal care appointed by the secretary of the Louisiana Department of Health.

(6) Two members who are affiliated with the Guiding Recovery and Creating Empowerment program, one of whom is a licensed social worker and one of whom is a licensed physician, appointed by the president of Woman's Hospital.

(7) A representative of the Louisiana Chapter of the March of Dimes appointed by the Louisiana state director of operations.

(8) The director of Health Policy and Governmental Affairs, Louisiana Primary Care Association, or her designee.

(9) A representative of Covered: Doula and Therapy Services in Shreveport appointed by its founder.

(10) A representative from the New Orleans Maternal Child Health Coalition appointed by the co-conveners.

(11) The parent educator for Madison and Tensas parishes, Louisiana Department of Health, bureau of family health, or her designee.

BE IT FURTHER RESOLVED that each appointing authority shall submit the names of appointees for the study commission to the Louisiana Department of Health no later than August 1, 2022.

BE IT FURTHER RESOLVED the study commission shall convene for its first meeting no later than September 1, 2022, and at the first meeting, the members shall elect a chairman and other officers as the study commission may deem appropriate.

BE IT FURTHER RESOLVED that the Louisiana Department of Health and the Department of Children and Family Services shall provide support staff to the study commission.

BE IT FURTHER RESOLVED that the study commission shall do all of the following:

(1) Identify and assess the functions and activities of existing state efforts and service systems focused on the health and wellbeing of women before, during, and after childbirth.

(2) Seek ways to address a reduction of adverse maternal-health behaviors during pregnancy, dysfunctional infant caregiving, and stressful environmental conditions that interfere with parental and family functioning.

BE IT FURTHER RESOLVED that the study commission may engage, consult with, and obtain information and perspective from appropriate state entities, healthcare stakeholders, or any entity or individual with an interest in improving maternal health and wellbeing.

BE IT FURTHER RESOLVED that a majority of the study commission shall constitute a quorum for the transaction of business. All official actions of the study commission shall require the affirmative vote of a majority of the members.

BE IT FURTHER RESOLVED that the members of the study commission shall serve without compensation except per diem or expenses reimbursement to which they may be individually entitled as members of their constituent organizations.

BE IT FURTHER RESOLVED the study commission shall submit its findings and recommendations, together with specific proposals for legislation, by written report to the Senate Health and Welfare Committee and to the David R. Poynter Legislative Research

Library as required by R.S. 24:771 and 772, no later than February 1, 2023.

SR NO. 131 **ENROLLED**

BE IT FURTHER RESOLVED that the study commission shall terminate on the date of the submission of its report or December 31, 2022, whichever occurs first.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Louisiana Department of Health.

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PRESIDENT OF THE SENATE

Appendix B: Overview of American College of Obstetricians and Gynecologists (ACOG) recommended policies and practices regarding the prevention, identification, and treatment of SUD in pregnant individuals

The following is an overview of the ACOG of recommended policies regarding the prevention, identification, and treatment of SUD in pregnant individuals and the associated rationale

Avoid or minimize the use of opioids for pain management and highlight alternative methods of pain relief.

Chronic pain affects an estimated 50 million adults in the United States[20]. The usage of opioids to manage pain has contributed to the opioid epidemic seen today. Patient-centered care is an alternative pain management strategy that encourages care tailored towards the specific health needs and preferences of the patient, and ensures more positive outcomes than opioid pain management. This approach takes the patient's specific characteristics and risk factors into account to create a personalized approach to pain management.

Implement early universal screening using a validated tool as a part of comprehensive obstetric care.

ACOG recommends using a validated screening tool to identify substance use in pregnant women. Screening refers to the use of a validated questionnaire, either self-administered or administered by a provider, to identify substance use. Biological testing refers to a laboratory test on bodily fluids to determine the presence of illicit substances. Screening tools offer several advantages over a laboratory test. Screening questionnaires have the potential to identify chronic substance use, whereas biological testing only detects recent substance use[8]. In addition, toxicology testing has the risk of a false positive (i.e. showing drug use when there was none) and may not detect certain substances such as synthetic opioids, some benzodiazepines, and designer drugs. Due to these limitations, biological testing is not recommended as a means of accurately identifying past, current, or future substance misuse. Toxicology testing may be appropriate in certain circumstances when needed to guide medical decision-making, required by law, or upon patient request.

Screening questionnaires have been well-studied, designed based on factors from previous research, and the questions are written in such a way that they are highly effective in identifying illicit substance use. For example, the 4P's Plus Screener and 5Ps Screener uses the following questions to detect potential substance use:

- **Parents**: Did either of your parents ever have a problem with alcohol or drugs?
- **Partner**: Does your partner have a problem with alcohol or drugs?
- **Past**: Have you ever drank beer, wine, or liquor?
- **Pregnancy**:
    - In the month before you knew you were pregnant, how many cigarettes did you smoke?
    - In the month before you knew you were pregnant, how many beers/how much wine/how much liquor did you drink?

The last two questions (regarding drug and alcohol use in the month prior to pregnancy) have the greatest positive predictive validity based on the fact that illicit drugs are often used in conjunction with legal drugs and alcohol.

Ideally, according to ACOG recommendations, screening for substance use should be a part of comprehensive obstetric care and performed privately at the first prenatal visit for all pregnant women[9]. Implementing universal screening is a protective measure against stigma and bias because individuals are not singled out. These questions become part of a routine examination. Universal screening also ensures that individuals who need care are not overlooked. Following a screen, individuals should be referred to treatment as necessary. ACOG recommends that obstetric care providers be knowledgeable about local resource for substance use treatment and work with social service agencies to facilitate a referral.

Utilize MAT/MOUD for treatment for pregnant individuals with SUD

MAT is the standard of care for pregnant women with OUD. Detoxification is usually discouraged, as it is associated with high rates of relapse or return to use. The process of undergoing MAT involves daily administration of buprenorphine, methadone, or naltrexone. If using methadone, the patient needs to visit the clinic daily to receive their treatment. Patients who have a prescription for buprenorphine may have to come for less in-person visits than those who are prescribed other forms of MAT such as methadone.

Monitor infants born to individuals who used opioids during pregnancy for neonatal abstinence syndrome.

Newborns exposed to opioids during pregnancy have an increased risk of health complications including low birth weight, congenital abnormalities, and impaired neurodevelopment. Although not all newborns exposed to substances experience NOWS, all are at risk and may require treatment for withdrawal symptoms.

Encourage breastfeeding in women who are stable on opioid agonists, not using illicit drugs, and have no other contraindications.

In addition to the regular benefits that breastfeeding provides, it may also alleviate the symptoms of NOWS. A key reason that postpartum women on MAT/MOUD do not breastfeed is concern about exposing the newborn to medications or substances, and it is possible that women are receiving this information from family members or some healthcare providers[30]. Therefore, it is imperative that lactation and perinatal professionals be educated about breastfeeding during MAT in order to provide support to women who choose to breastfeed.

Provide adequate postpartum psychosocial support services.

These services can include addiction counseling, family therapy, nutritional education, parenting classes, and employment assistance.

[30] Yonke, N., Jimenez, E. Y., Leeman, L., Leyva, Y., Ortega, A., & Bakhireva, L. N. (2020). Breastfeeding Motivators and Barriers in Women Receiving Medications for Opioid Use Disorder. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 15(1), 17–23. https://doi.org/10.1089/bfm.2019.0122

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