## 2015 Regular Session

### HOUSE CONCURRENT RESOLUTION NO. 162

# BY REPRESENTATIVES BARROW, JACKSON, POPE, SIMON, STOKES, WHITNEY, AND WILLMOTT AND SENATOR ALLAIN

CHILDREN/NEWBORNS: Requests the Commission on Perinatal Care and Prevention of Infant Mortality to study and make recommendations concerning prevention and treatment of neonatal abstinence syndrome

1	A CONCURRENT RESOLUTION
2	To urge and request the Commission on Perinatal Care and Prevention of Infant Mortality
3	to study and make recommendations related to the prevention, screening, and
4	treatment of neonatal abstinence syndrome and to submit a written report of its
5	findings and recommendations to the House and Senate committees on health and
6	welfare no later than March 1, 2016.
7	WHEREAS, R.S. 40:2018 established the Commission on Perinatal Care and
8	Prevention of Infant Mortality and provided for certain functions that are to be carried out
9	by the commission which include all of the following:
10	(1) Research and review all state regulations, guidelines, policies, and procedures
11	that impact perinatal care and, when appropriate, making recommendations to the secretary
12	of the Department of Health and Hospitals and to the legislature; and
13	(2) Provide, through comparison of available data and research, for a plan that the
14	state of Louisiana can adopt to reduce the number of teenage pregnancies, sick infants, and
15	infant mortalities; and
16	(3) Propose a plan for an equitable system of financing comprehensive health and
17	social services for indigent pregnant women and infants that incorporates the Medicaid
18	program in the most efficient and cost-effective manner available to public and private
19	hospitals in the state of Louisiana; and

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1 (4) Compile and analyze information on existing infant mortality education 2 programs and make recommendations for the implementation of public policies, for 3 proposed legislation, and for a statewide program to combat the problem of infant mortality 4 to coordinate and improve the services of the state, local governments, private and voluntary 5 agencies, community organizations, and schools which serve to educate high risk candidates 6 and their families; and 7 (5) Educate women of child-bearing age to be able to choose food wisely and 8 understand the hazards of smoking, alcohol, pharmaceutical products, and other drugs during 9 pregnancy and nursing; and 10 WHEREAS, neonatal abstinence syndrome (NAS) is a constellation of physiologic 11 and neurobehavioral signs exhibited by newborns exposed to addictive prescription or illicit 12 drugs taken by a mother during pregnancy and infants with NAS generally experience 13 prolonged hospital stays, serious medical complications, and their treatment is very costly; 14 and 15 WHEREAS, there has been a significant increase in the national prevalence of NAS

with the diagnosis of NAS increasing from over one per one thousand hospital births in 2000
to over three per one thousand hospital births in 2009; and

WHEREAS, many healthcare providers believe that there has also been a significant
increase of cases of NAS in Louisiana, although there is a lack of accurate and robust data
to verify; and

WHEREAS, public health experts generally believe that the rise in NAS births goes hand-in-hand with a significant increase in prevalence of mothers dependent on or using opiates at the time of delivery and compounding this problem is the fact that the population of pregnant women with opioid dependence is varied, and their circumstances span the spectrum from heroin addiction, polydrug abuse, prescription opioid abuse, MAT (methadone maintenance or buprenorphine maintenance), and chronic opioid use prescribed for medical indications; and

WHEREAS, it is in the best interest of the state that a deeper understanding of thisproblem is developed and more accurate and robust data is compiled which will allow the

state to adopt meaningful recommendations and reforms to address this growing epidemic
 affecting so many children of our state.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the Commission on Perinatal Care and Prevention of Infant Mortality to study and make recommendations related to the prevention, screening, and treatment of neonatal abstinence syndrome and to submit a report of the data and recommendations to the House and Senate committees on health and welfare no later than March 1, 2016.

8 BE IT FURTHER RESOLVED that the Legislature of Louisiana hereby urges and 9 requests the Department of Health and Hospitals to provide all necessary data to adequately 10 determine the prevalence and cost of NAS to the state of Louisiana and to require the Bayou 11 Health managed care plans to make available to the commission all current treatment 12 protocols and guidelines currently in effect regarding NAS.

 13
 BE IT FURTHER RESOLVED that the Medicaid Quality Committee shall provide

14 the requisite clinical expertise and recommendations to the commission for purposes of

15 assisting in the development of recommendations concerning the prevention, screening and

16 treatment of NAS.

BE IT FURTHER RESOLVED that the commission shall seek the input and
guidance of the office of behavioral health of the Department of Health and Hospitals.

19 BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the

20 Commission on Perinatal Care and Prevention of Infant Mortality and the secretary of the

21 Department of Health and Hospitals.

## DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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Barrow

Requests the Commission on Perinatal Care and Prevention of Infant Mortality to study and make recommendations related to the prevention, screening, and treatment of neonatal abstinence syndrome and to submit a written report of its findings and recommendations to the House and Senate committees on health and welfare no later than March 1, 2016.