

INTERIM STUDY PROPOSAL 2021-002

1 State of Arkansas
2 93rd General Assembly
3 Regular Session, 2021

A Bill

JNL/JNL
HOUSE BILL

4 By: Representative Scott

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6
7 Filed with: Arkansas Legislative Council
8 pursuant to A.C.A. §10-3-217.

9 **For An Act To Be Entitled**

10 AN ACT CONCERNING FAMILY TREATMENT AND REHABILITATION
11 PROGRAMS FOR ADDICTED WOMEN AND THEIR CHILDREN; AND
12 FOR OTHER PURPOSES.

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14
15 **Subtitle**

16 CONCERNING FAMILY TREATMENT AND
17 REHABILITATION PROGRAMS FOR ADDICTED
18 WOMEN AND THEIR CHILDREN.

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20
21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

22
23 SECTION 1. Arkansas Code Title 20, Chapter 85, Subchapter 1 is amended
24 to read as follows:

25
26 CHAPTER 85
27 MATERNAL DRUG ADDICTION

28
29 Subchapter 1 – Family Treatment and Rehabilitation Program for Addicted
30 Women and their Children.

31
32 20-85-101. Family Treatment and Rehabilitation Program for Addicted
33 Women and their Children.

34 (a) There is ~~hereby~~ created the Family Treatment and Rehabilitation
35 Program for Addicted Women and their Children within the University of
36 Arkansas for Medical Sciences.

1 (b) The ~~program~~ Family Treatment and Rehabilitation Program for
2 Addicted Women and their Children shall:

3 (1) Develop a statewide program of treatment, rehabilitation,
4 prevention, intervention, and relevant research for families affected by
5 maternal addiction by coordinating existing health services, human services,
6 and education and employment resources;

7 (2) Develop resources for local treatment and rehabilitation
8 programs for families affected by maternal addiction by providing policy
9 research, technical assistance, and evaluation of ~~program~~ outcomes of the
10 local treatment and rehabilitation programs;

11 (3) Identify gaps in service delivery to families affected by
12 maternal addiction and propose solutions;

13 (4) Enter into contracts for the delivery of services under the
14 ~~program~~ Family Treatment and Rehabilitation Program for Addicted Women and
15 their Children;

16 (5) Solicit, accept, retain, and administer gifts, grants, or
17 donations of money, services, or property for the administration of the
18 ~~program~~ Family Treatment and Rehabilitation Program for Addicted Women and
19 their Children; and

20 (6) Provide centralized billing for providers who agree to
21 provide a comprehensive array of specialized coordinated services under or
22 through the ~~program~~ Family Treatment and Rehabilitation Program for Addicted
23 Women and their Children.

24 (c) The ~~program~~ Family Treatment and Rehabilitation Program for
25 Addicted Women and their Children administrators shall report quarterly to
26 the Subcommittee on Children and Youth of the House Committee on Aging,
27 Children and Youth, Legislative and Military Affairs and the Senate Interim
28 Committee on Children and Youth.

29
30 Subchapter 2 – Treatment Program for At-Risk and High-Risk Pregnant Women and
31 Parenting Women

32
33 20-85-201. Findings.

34 The General Assembly finds that:

35 (1) Mothers and their children have better physical and
36 psychological outcomes when families remain together;

1 (2) Substance use disorder treatment that supports the family as
2 a unit has proven to be effective for maintaining maternal drug abstinence
3 and the well-being of children;

4 (3) There are few intensive treatment options available that
5 allow children to remain in the care of mothers who suffer from substance use
6 disorder;

7 (4) The number of annual neonatal abstinence syndrome births to
8 women enrolled in the Arkansas Medicaid Program increased from one hundred
9 thirty-two (132) births in 2011 to two hundred ninety (290) births in 2016,
10 an increase of one hundred twenty percent (120%);

11 (5) A woman's risk of overdose is highest at seven to twelve (7-
12 12) months postpartum;

13 (6) Referrals to the child welfare system often relate to
14 neonatal abstinence syndrome in children under one (1) month old;

15 (7) The Family First Prevention Services Act, 42 U.S.C. § 601 et
16 seq., as it existed on January 1, 2021, aims to prevent at-risk children from
17 entering the child welfare system by reimbursing the cost of preventive
18 services, such as mental health and substance use disorder treatment, that
19 are provided to the mother of the child;

20 (8) This state must prepare for the implementation of the Family
21 First Prevention Services Act, 42 U.S.C. § 601 et seq., as it existed on
22 January 1, 2021, by providing additional options for substance use disorder
23 treatment for parents and their children who may be at-risk of entering the
24 child welfare system due to substance use by the parents;

25 (9) Families impacted by substance use disorder experience
26 better outcomes when a two-generation approach is used to provide support to
27 the whole family; and

28 (10) Access to colocated, affordable, quality childcare services
29 is a critical part of the two-generation approach in order to remove barriers
30 to treatment for parenting women and to keep families together.

31
32 20-85-202. Definitions.

33 As used in this subchapter:

34 (1) "Needs assessment" means an assessment that is designed to
35 determine the substance use disorder treatment services to be provided to an
36 at-risk or high-risk pregnant woman or parenting woman in order to minimize

1 the possibility of a poor birth outcome or out-of-home placement of a child
2 due to substance use by the pregnant woman or parenting woman; and

3 (2) "Parenting woman" means a woman up to one (1) year
4 postpartum who is in need of substance use disorder treatment services.

5
6 20-85-203. Treatment program for at-risk pregnant women – Needs
7 assessment – Referral to treatment program.

8 (a) A healthcare practitioner who provides services to a pregnant
9 woman who is enrolled or eligible for services from a treatment program for
10 at-risk pregnant women shall determine whether the pregnant woman is:

11 (1) At-risk of a poor birth outcome due to substance use during
12 the prenatal period; and

13 (2) In need of special assistance in order to reduce the risk of
14 a poor birth outcome.

15 (b) If a healthcare practitioner determines that a pregnant woman is
16 at risk and in need of special assistance under subsection (a) of this
17 section, the healthcare practitioner shall refer the pregnant woman to an
18 entity approved and licensed by the Department of Health for the performance
19 of a needs assessment.

20 (c)(1) The Department of Health or the Department of Human Services
21 may refer a pregnant woman who is eligible for services from a treatment
22 program for at-risk pregnant women for a needs assessment.

23 (2) A pregnant woman who is eligible for services from a
24 treatment program for at-risk pregnant women may refer herself for a needs
25 assessment.

26
27 20-85-204. Treatment program for high-risk pregnant women and
28 parenting women – Needs assessment – Referral to treatment program.

29 (a)(1) A healthcare practitioner, the Department of Health, or the
30 Department of Human Services shall refer a high-risk pregnant woman or
31 parenting woman to an entity approved and licensed by the Department of
32 Health for a needs assessment in order to:

33 (A) Improve outcomes for the high-risk pregnant woman or
34 parenting woman and the child of the high-risk pregnant woman or parenting
35 woman; and

1 (B) Reduce the likelihood of out-of-home placement of the
2 child.

3 (2) A high-risk pregnant woman or parenting woman may refer
4 herself for a needs assessment.

5 (b)(1) A facility that provides childcare services and that is
6 approved and licensed by the Department of Health to provide substance use
7 disorder treatment services to high-risk pregnant women and parenting women
8 shall allow a high-risk pregnant woman or parenting woman to begin a
9 treatment program for high-risk pregnant women and parenting women before she
10 provides the facility with the current health records of her child.

11 (2) A high-risk pregnant woman or parenting woman in a treatment
12 program for high-risk pregnant women and parenting women shall provide the
13 facility with the current health records of her child no later than thirty
14 (30) days after beginning the treatment program for high-risk pregnant women
15 and parenting women.

16
17 20-85-205. Treatment program for at-risk and high-risk pregnant women
18 and parenting women – Cooperation with private entities.

19 (a) The Department of Health shall cooperate with an organization that
20 wants to assist the department in providing services connected with a
21 treatment program for at-risk or high-risk pregnant women and parenting women
22 provided under this subchapter.

23 (b)(1) An organization may provide treatment services that are not
24 provided to at-risk or high-risk pregnant women and parenting women by the
25 department under this subchapter.

26 (2) Services provided to at-risk or high-risk pregnant women and
27 parenting women by an organization may include without limitation the
28 following:

- 29 (A) Needs assessment services;
- 30 (B) Preventive services;
- 31 (C) Rehabilitative services;
- 32 (D) Care coordination;
- 33 (E) Nutrition assessment;
- 34 (F) Psychosocial counseling;
- 35 (G) Intensive health education;
- 36 (H) Home visits;

- 1 (I) Transportation;
- 2 (J) Development of provider training;
- 3 (K) Childcare;
- 4 (L) Assistance with obtaining childcare; and
- 5 (M) Other necessary components of residential or
- 6 outpatient treatment or care.

7

8 20-85-206. Treatment program for at-risk pregnant women and high-risk

9 pregnant women and parenting women – Data collection.

10 (a) The Department of Health shall collaborate with the Department of

11 Human Services to collect data regarding persons receiving services in a

12 treatment program for at-risk and high-risk pregnant women and parenting

13 women.

14 (b) The data collected shall include without limitation:

15 (1) Data on the cost-effectiveness of the treatment program for:

16 (A) At-risk pregnant women; and

17 (B) High-risk pregnant women and parenting women;

18 (2) Data on the success of the treatment program for:

19 (A) At-risk pregnant women; and

20 (B) High-risk pregnant women and parenting women; and

21 (3) Any other data determined to be appropriate.

22

23 20-85-207. Treatment program for high-risk pregnant women and

24 parenting women – Extended coverage – Federal approval.

25 (a)(1) The Department of Health shall obtain federal approval to

26 continue providing substance use disorder treatment services for twelve (12)

27 months following a pregnancy for high-risk pregnant women and parenting women

28 who:

29 (A) Are eligible to receive services under a medical

30 assistance program;

31 (B) Are currently receiving services from a treatment

32 program for high-risk pregnant women and parenting women; and

33 (C) Continue to participate in the treatment program for

34 high-risk pregnant women and parenting women.

1 (2) The department shall provide continued substance use
2 disorder treatment services to the extent allowed by the United States
3 Government.

4 (b)(1) The department shall request any permission from the United
5 States Government to make any changes necessary to permit high-risk pregnant
6 women and parenting women to continue to access treatment services for high-
7 risk pregnant women and parenting women with substance use disorder.

8 (2) Any change to a federal waiver program for high-risk
9 pregnant women and parenting women shall preserve the family-oriented
10 specialty services needed by high-risk pregnant women, parenting women, and
11 the children of high-risk pregnant woman or a parenting woman.

12
13 20-85-208. Criminal actions – Prenatal drug and alcohol screening –
14 Admissibility of evidence.

15 (a) The following shall not be used as evidence in a criminal
16 proceeding against a pregnant woman or parenting woman:

17 (1) Information relating to substance use by a pregnant woman or
18 parenting woman that is obtained from a screening or test performed to:

19 (A) Determine pregnancy;

20 (B) Provide prenatal care; or

21 (C) Provide postpartum care up to one (1) year postpartum;

22 or

23 (2) Disclosure of substance use during pregnancy made by a
24 pregnant woman or parenting woman while the pregnant woman or parenting woman
25 is seeking or participating in a treatment program under this subchapter.

26 (b) This section does not prohibit the prosecution of a claim or
27 action related to substance use by a pregnant woman or parenting woman that
28 is based on evidence obtained through methods other than the methods
29 described in subsection (a) of this section.

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31
32 Referred by Representative Scott

33 Prepared by: JNL/JNL

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