

# Overview of Legislative Opportunities Related to Perinatal SUD

## Why Families Need Change Now:

- **Perinatal Substance Use:** The impact of prenatal exposure to substances can include poor birth outcomes such as low birth weight, preterm delivery, withdrawal, and longer term cognitive, behavioral, and developmental delays.<sup>1</sup> Combined with the fact that unintentional drug overdose is the second leading cause of death for Colorado pregnant and postpartum people,<sup>1</sup> the stakes are high for families. Yet, proven and promising approaches to prevent perinatal substance use and improve outcomes abound.
- **Fetal Alcohol Spectrum Disorders (FASD):** Nationally, 1 in 20 school-aged children are estimated to have an FASD (2.5x the rate of autism).<sup>2</sup> In 2021, 69.9% of pregnant Coloradans consumed alcohol during the 3 months prior to learning they were pregnant, and 15.7% consumed alcohol during the last 3 months of pregnancy. Although FASDs impact thousands of Colorado individuals and families, many have limited access to information, diagnostic resources, early intervention, and healthcare providers who are knowledgeable about these conditions. One study that explored prevalence of FASDs found that only 2 of the 222 children identified in the study as meeting criteria for an FASD had been previously diagnosed.<sup>3</sup>
- **Child Care Access:** For many parents and caregivers, lack of access to child care is a barrier to accessing SUD treatment programs.<sup>4</sup> Few SUD treatment facilities provide child care, necessitating parents to find other ongoing care options. To qualify for financial assistance through the Child Care Assistance Program, caregivers must meet work or education requirements, except in limited circumstances, and these requirements can be difficult to meet for caregivers in an intensive or residential treatment program.
- **Plans of Safe Care:** Federal statute, with very limited funding, requires that Plans of Safe Care be developed for families with an infant born impacted by substances.<sup>5</sup> This requirement can be leveraged as a mechanism for state innovation around coordinated service delivery to improve maternal and child outcomes.

View the opportunities on the next page! 

<sup>1</sup>Laken, M.P., McComish, J.R., & Ager, J. (1997). Journal of Substance Abuse Treatment, 14(4), 359-366

<sup>2</sup>Centers for Disease Control and Prevention. (n.d.). Data & Statistics on FASDs. Retrieved From: <https://www.cdc.gov/ncbddd/fasd/data.html>

<sup>3</sup>May PA, Chambers CD, Kalberg WO, et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. JAMA. 2018;319(5):474-482. doi:10.1001/jama.2017.21896

<sup>4</sup>United Nations Office on Drugs and Crime. (2015). World Drug Report.

<sup>5</sup>Library of Congress, Congress.Gov. S.524 – Comprehensive Addiction and Recovery Act of 2016.

# Legislative Opportunities:

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## Prenatal Substance Exposure Capacity Building

- Appropriate \$150,000 to the Child Abuse Prevention Trust Fund to be distributed by the Trust Fund Board for programs that reduce the instance of prenatal substance exposure.

## FASD-Specific Capacity Building

- Pass H.R. 3946/S.1800 FASD Respect Act. This federal legislation addresses prenatal alcohol exposure through early intervention, by establishing capacity building grants for states and tribes to respond to FASD and enabling designation of FASD Centers of Excellence.
- Increase training capacity among professionals that come in contact with individuals and families impacted by FASD, including those in behavioral and physical healthcare, education, corrections, and other relevant fields
- Increase capacity of affordable diagnostic, early intervention, skill building, and caregiver support services for individuals and families impacted by FASD, including navigation
- Increase awareness of FASD among the general population to prevent and respond to FASD

## Increase Access to Child Care for Caregivers in Treatment and Recovery Services

- Appropriate \$50,000 to Colorado Child Abuse Prevention Trust Fund for the purpose of convening a stakeholder group to identify strategies to increase access to child care for families seeking substance use disorder treatment and recovery services.
- Identify strategies to include enrollment in IOP (9 hours) or higher levels of care as a qualifying activity to participate in CCCAP.

## Plans of Safe Care & Perinatal Care Coordination

- Emphasize a public health approach to meet the needs of infants with prenatal substance exposure and their families to ensure more families have access to needed treatment and other services.
- Create a new Title IV – Public Health Response to Infants Affected by Substance Use Disorder under CAPTA in U.S. Code, which is dedicated to transforming POSC, including renaming these plans “family care plans.”
- Align the purposes and functions of the plans with best practices from the field including,
  - » Strong cross-agency collaboration
  - » Creating a separate pathway for family care plans to be developed independently from child protective services
  - » Encouraging the initiation of family care plans during the prenatal period to prevent families from reaching a point of crisis.
- Promote local implementation of POSC, including the [Perinatal Substance Use Coordinated Care and Support Pilot](#) that is currently in its planning phase to pilot a data-informed strategic framework for coordinated POSC service delivery and tracking that can be scaled and sustained across Colorado.