

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 1077

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: NOVEMBER 12, 2021

SUMMARY

Synopsis: Requires DOH to develop and implement plan to improve access to perinatal mood and anxiety disorder screening.

Type of Impact: Annual State expenditure increase, General Fund.

Agencies Affected: Division of Family Health Services, Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the bill will result in an indeterminate increase in annual State expenditures incurred by the Department of Health (DOH) to develop and implement a plan to improve access to perinatal mood and anxiety disorder screening, referral, treatment, and support services. The department’s ability to utilize the infrastructure of existing programs and policies may help minimize the costs of implementation under the bill.
- The OLS notes that several of the department’s current efforts as they relate to the bill refer to postpartum depression, a form of perinatal mood or anxiety disorder that occurs after the birth of a child. Perinatal mood or anxiety disorder, however, is a spectrum of emotional complications that can affect expectant or new mothers at any point during pregnancy or the first year after birth. The department may experience costs under this bill in ensuring that existing efforts are expanded to apply to this broader health issue.

BILL DESCRIPTION

The bill requires the DOH to develop and implement a plan to improve access to perinatal mood and anxiety disorder screening, referral, treatment, and support services. The plan is to provide strategies to: (1) increase awareness among mental health care service providers who treat women experiencing perinatal mood and anxiety disorders with regard to the prevalence and

effects of these disorders; (2) establish a referral network of mental health care providers and support services for women who are in need of perinatal mood and anxiety disorder treatment; (3) increase women's access to formal and informal peer support services, including access to certified peer specialists who have received training; (4) raise public awareness for, and reduce the stigma related to, perinatal mood and anxiety disorders; and (5) provide available funds for screening, referral, treatment, and support services.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the bill will result in an indeterminate increase in annual State expenditures incurred by the DOH to develop and implement a plan to improve access to perinatal mood and anxiety disorder screening, referral, treatment, and support services. The department's ability to utilize the infrastructure of existing programs and policies may help minimize the costs of implementation under the bill. For instance, according to departmental documents, the DOH had anticipated distributing \$1.9 million in FY 2022 to provide grants to institutions of higher education, hospitals, and private non-profit organizations to increase the effective screening of women for postpartum mood disorders and the applicable referral of those women to behavioral health services for treatment.

Expected grantees in FY 2022 included three organizations composing the maternal and child health consortia, which are licensed and regulated by the department as central service facilities. Each organization provides essential administrative and clerical support service to direct providers of health care services in a maternal and child health service region such as hospitals, ambulatory care facilities, and managed care providers; and some direct provision of health care services. In addition to providing prevention activities, consumer and professional education, quality management, data analysis, and the development of comprehensive perinatal and pediatric regional plans, each organization also directs women with perinatal mood disorders to the appropriate level of care.

The consortia also receive additional funding from the DOH, which may support portions of each organization's perinatal mood and anxiety disorder initiatives and lower associated costs of the bill to the State. For example, in FY 2019, all three members of the consortia received a total of \$2.5 million under the department's \$3.4 million Healthy Women Healthy Families grant program.

Of the various provisions required to be incorporated into the department's plan under the bill, it does not appear that the DOH supports or offers peer support services. The department, however, may be able to fulfill this provision by directing existing grant funds, as discussed above, for such services. In addition, the department may also expand an existing program, such as the Family Health Hotline, to accomplish this provision and help to minimize costs. The Family Health Hotline is a free 24 hours a day, seven days a week hotline that is staffed by trained telephone counselors who provide information and referrals for health screening and treatment regarding a wide variety of topics including postpartum depression.

Finally, various current State laws indirectly support the provisions of this bill, particularly in regard to raising public awareness through education directed at pregnant women, their families,

and their providers, and may therefore minimize the department's efforts, and cost, in complying with the bill. The OLS notes that several of the department's current efforts as well as current law refer to postpartum depression, a form of perinatal mood or anxiety disorder that occurs after the birth of a child. Perinatal mood or anxiety disorder, however, is a spectrum of emotional complications that can affect expectant or new mothers at any point during pregnancy or the first year after birth. The department may experience costs under this bill in ensuring that existing efforts are expanded to apply to this broader health issue.

Section: Human Services

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).