



LEGISLATIVE FISCAL OFFICE
Fiscal Note

Fiscal Note On: **SB 174** SLS 25RS 362

Bill Text Version: **ENROLLED**

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:

Date: June 10, 2025	9:51 AM	Author: JACKSON-ANDREWS
Dept./Agy.: Health/Public Health		
Subject: HIV and Syphilis Testing for Pregnant Women		Analyst: Anthony Shamis

PUBLIC HEALTH

EN INCREASE GF EX See Note

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Provides relative to screening pregnant women for HIV and syphilis. (gov sig)

Proposed law requires (1)(a) every primary, treating healthcare provider who provides routine prenatal care, services, or screening to a pregnant woman to provide HIV and syphilis blood tests during her initial prenatal care visit during her first trimester and the first prenatal care visit in the third trimester or as soon as possible thereafter. (b) Any admitting healthcare provider who attends a pregnant woman during labor and delivery shall provide HIV and syphilis blood tests at that time. The pregnant woman shall be informed that the testing will be performed unless the woman declines the testing. (c) A blood sample shall be taken and submitted to any approved laboratory for a standard test for syphilis as approved by the American Board of Pathology and a standard diagnostic HIV test approved by the Food and Drug Administration, unless the pregnant woman has declined the testing. (2) The pregnant woman shall be tested for chlamydia and gonorrhea at the first prenatal visit, and if she tests positive or it is deemed necessary by the healthcare provider they shall offer testing in the third trimester. Proposed law provides that all testing that is provided by a healthcare provider shall be considered a medically necessary covered service by any health insurance issuer. Proposed law provides for prenatal screening for substance use disorder. The healthcare provider shall utilize a validated verbal screening tool for substance use disorder. LDH shall provide a list of approved verbal screening tools on its website. After administering screening, a licensed healthcare provider who determines that a pregnant woman is at risk of substance use disorder shall refer the woman for appropriate treatment.

EXPENDITURES	2025-26	2026-27	2027-28	2028-29	2029-30	5 -YEAR TOTAL
State Gen. Fd.	INCREASE	INCREASE	INCREASE	INCREASE	INCREASE	
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	INCREASE	INCREASE	INCREASE	INCREASE	INCREASE	
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total						

REVENUES	2025-26	2026-27	2027-28	2028-29	2029-30	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$0	\$0	\$0	\$0	\$0	\$0

EXPENDITURE EXPLANATION

Proposed law is anticipated to increase expenditures by an indeterminable amount in the Louisiana Department of Health (LDH), Medicaid program, associated with reimbursement for additional HIV, syphilis, chlamydia, and gonorrhea tests, as well as substance use disorder services.

REVENUE EXPLANATION

There is no anticipated direct material effect on governmental revenues as a result of this measure.

Senate

Dual Referral Rules

House

☐ 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}

☐ 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}

☐ 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

☐ 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

Patrice Thomas
Deputy Fiscal Officer