Testimony to the Subcommittee on Oversight and Investigations
of the
Energy and Commerce Committee
March 26th 2015
Hearing on " Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives"

Stefan R. Maxwell, MD
Chair, West Virginia Perinatal Partnership
MEDNAX Medical Group,
Director NICU, Charleston Area Medical Center
Charleston, West Virginia.

Mr. Chairman,
Honorable Members of the Committee,
Ladies and Gentlemen;

Thank you for the opportunity to provide testimony to this subcommittee. It is an honor and a privilege to be asked to testify here today, and I hope my testimony will be of some assistance in your quest to quell the rising incidence of substance abuse, specifically opioid abuse, that is ravaging our country, especially in the perinatal population. West Virginia continues to experience some of the highest rates of substance use and abuse in the country. In 2010, West Virginia had the highest rate of overdose deaths in the country (CDC data 2010). Additionally, from 2001 to 2010 there was a 214 percent increase in the number of prescription drug overdoses in West Virginia. According to the most recent report by the West Virginia Maternal and Infant Mortality Review Team, 27 percent of maternal mortality in this state from 2007 to 2012 was a result of drug abuse.

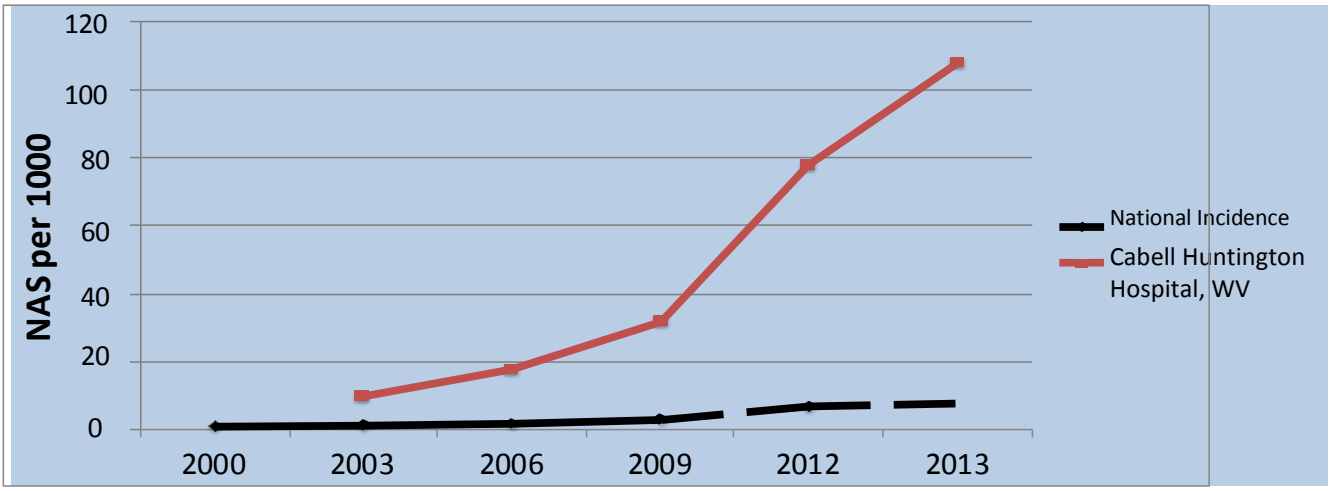
In 2006, the West Virginia Perinatal Partnership was established to work toward the improvement of perinatal health in West Virginia. The Partnership coordinates programs and develops policies to address the State's health outcomes among mothers and their babies and consists of health care professionals (neonatologists, pediatricians, maternal-fetal specialists, obstetricians, nurses, social workers, behavioral health care providers) and state and local health policymakers. We were charged with identifying key problem areas that needed to be addressed in order to improve the health of mothers and babies in West Virginia. Substance use in pregnancy and its effects on the fetus and newborn was one of eight areas of concern highlighted by the Partnership. I was elected Chairman of the Committee on Substance Use in Pregnancy, and subsequently Chairman of the Perinatal Partnership, hence my presence here today.

Over the past 9 years our Partnership has taken the following steps to address this issue of substance use in pregnancy:

Firstly, we conducted a pilot study in August 2009 using de-identified cord tissue specimens from 759 babies from 8 hospitals throughout the state. These specimens were analyzed by the US Drug Testing Laboratory and determined that 19% were positive for a significant substance, such as marijuana, opioids or alcohol. Most were positive for more than one substance (*West Virginia Medical Journal*, Stitley, et al http://www.wvsma.com/Portals/0/SubstanceAbuse10.pdf pp. 48-52). We have subsequent evidence that the incidence has continued to escalate ever since, and that the rates of Neonatal Abstinence Syndrome (NAS) have risen exponentially over the past 5 years or so (see chart below). NAS is withdrawal that occurs in infants with *inutero* exposure to certain addictive substances such as opiates. The affected babies may be born prematurely, low birth weight, have

feeding difficulties, irritability, seizures and experience significantly longer hospital stays. Withdrawal symptoms develop shortly after birth. Symptoms exhibited are loud, high-pitched crying, sweating, tremors, yawning and gastrointestinal and respiratory difficulties.

We also know that the opioids being used have changed over the years, from prescription painkillers (oxycodone, hydrocodone, Norco, Percocet) to the increased usage of heroin. This change may have resulted from policies that the Governor's Advisory Council on Substance Abuse (est. by Gov. Earl Ray Tomblin in 2012) have implemented in regards to pharmaceutical tracking of prescriptions and identification of prescribers and dispensers which resulted in making prescription drugs less easily available.



Secondly, we believe that pregnancy offers a unique opportunity for treating substance abuse as a woman's healthcare issue, before it becomes a newborn's substance exposure issue. Regard for the welfare of her baby is a powerful driving force to help a pregnant woman make positive decisions for her own health and the future of her infant. Pregnant women are typically

highly motivated to modify their behavior in order to help them deliver a healthy baby. Also the obstetrical provider is in a key position to oversee the screening, early diagnosis, counseling and initiation of treatment of pregnant women who use these substances. The pregnant woman and her family will benefit from factual, non-judgmental information about the maternal and fetal risks of substance use, and counseling about options that will ultimately assist in the weaning and cessation of substance use. We also know that these women may not seek prenatal care because of fear, guilt, shame, as well as concerns about any legal consequences. The removal of these barriers is a key part of our efforts.

In response to the results of the umbilical cord study revealing the high rate of substance use in pregnancy, the WV Perinatal Partnership initiated the "Drug Free Mothers and Babies" project in 2012. This project is a comprehensive and integrated medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services. This three-year project is supported through funding from the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities, the WV Office of Maternal, Child and Family Health, and the Claude Worthington Benedum Foundation.

Key aspects of the Drug Free Moms and Babies Project include:

- Screening, Brief Intervention, Referral and Treatment (SBIRT) services integrated in maternity care clinics;
- Collaboration with community partners for the provision of comprehensive medical, behavioral health, and social services;

•Long term follow up for two years after the birth of the baby provided by a recovery coach. In addition, home visits and other services to help women maintain sobriety and access needed resources are provided;

•Program evaluation of effective strategies for identifying women in need, preventing addiction and abuse, treating women with substance abuse problems, and recovery coaching services;

•Provider outreach education to other maternity care clinics in West Virginia to facilitate the duplication of successful model programs.

The Project is implemented in the following four pilot sites:

•Shenandoah Valley Medical Systems, Inc. – A federally qualified community health center located in Martinsburg, WV that serves a three county area in the Eastern Panhandle of the state. Its rural patient population comes from surrounding counties in West Virginia, Maryland and Virginia.

•Thomas Memorial Hospital – A private, non-profit community hospital located in South Charleston, WV that serves a twelve county area in the southwestern part of the state.

•Greenbrier Valley Medical Center – A small, rural hospital located in Ronceverte,WV that serves six West Virginia counties and one county in Virginia.

•West Virginia University Ob-Gyn Department – A large, tertiary care center located in Morgantown, WV that serves women from all over the state, as well as women from southwestern Pennsylvania, western Maryland, and eastern Ohio.

Though we are just a few years into the project, we have had some initial success using this model, and at least in one of these sites, we have reduced the percentage of positive cord tissue samples at birth from 19% to 8% (http://www.wvperinatal.org/gvmc-drug-free-mother-baby-program-showing-results/).

In addition to these four pilot sites the project is currently supporting a special research project on alcohol use in pregnancy. The program is located at Charleston Area Medical Center, Women and Children's Hospital in Charleston, WV. The high risk prenatal clinic of the hospital is evaluating the effectiveness of new testing methods to identify women using alcohol during pregnancy.

The WV Perinatal Partnership seeks to utilize the Drug Free Mom's and Babies model (an integrative and comprehensive approach to serving substance using pregnant and parenting women) for a Pay for Success (PfS) initiative. Under a PfS model, an investor finances the implementation of a "proven" or evidence-based social intervention program that is expected to improve social welfare and save government money in excess of the program implementation costs. The government repays the investment only after the program can measurably reduce state expenditures as a result of its successful implementation. Before embarking on this approach we are standardizing our definitions of NAS diagnosis among the providers in West Virginia in regard to coding, so that we can collect more accurate baseline data before implementing that initiative.

This subcommittee needs to be aware, however, that one of the significant barriers we have encountered includes the treatment of pregnant women on Methadone. Physicians are not

able to prescribe this medication for the treatment of drug addiction outside of a licensed Opioid Treatment Center, and we must therefore rely on the "methadone clinics" to provide the medication to their patients. This is done without consultation or facilitation with the patient's obstetric provider resulting in fragmented care of the pregnant woman for her pregnancy. Typically the methadone clinics will escalate the dosage of medication during pregnancy which increases the physical dependence of the pregnant woman on the drug and increases the withdrawal effects on the newborn. Some providers in West Virginia have sought certification for prescribing Buprenorphine as an alternative medication to be used during pregnancy in order to control their patients' dosing. They attempt to stabilize the patients on the lowest possible maintenance dose, thus reducing the severity of NAS in the infant at birth.

In West Virginia there are other unique barriers to addressing this population such as lack of transportation, child care, access to treatment services, judgmental attitudes and willingness of obstetric providers to care for these patients. Other states have similar barriers to successful management of the substance-using mother that also make the treatment of the mother and her fetus problematic.

There are many other projects and initiatives to address the rising problem of NAS and the care of these infants in our state. These include the establishment of Lily's Place in Huntington, WV (http://www.lilysplace.org/), which is modeled after the Pediatric Interim Care Center in Seattle, WA. This facility provides specialized temporary residential care for infants experiencing NAS, offering a homelike atmosphere and using proven therapeutic handling methods and the latest weaning techniques outside of the hospital environment. Traditionally babies experiencing NAS are cared for in the NICU or hospital nursery. These environments are

not ideal for the withdrawing infant who needs a quiet environment with reduced stimuli. Additionally, there are research projects at the West Virginia University Department of Pediatrics in Morgantown, WV and at Cabell Huntington Hospital (Marshall University), in Huntington WV as well as Charleston Area Medical Center, Women & Children's Hospital in Charleston, WV. It is our hope that these programs will ultimately serve as national models for the successful management of the substance-abusing mother.

Lest the committee think that this problem is an isolated one, we are aware of national data that indicates a dramatic national increase in the number of infants being admitted to neonatal intensive care units (NICUs) nationally for NAS. Unless we can formulate successful programs to address and manage this issue, the costs of care from maternal drug addiction and NAS will continue to rise.

Thank you for inviting me to address you on this current epidemic affecting our country, especially as it relates to our pregnant mothers and their babies. I am happy to try to answer any questions you may have at this juncture.

Stefan Maxwell, MD, FAAP

Summary of Testimony to the Subcommittee on Oversight and Investigations of the Energy and Commerce Committee March 26th 2015 Hearing on Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives

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West Virginia has some of the highest rates of substance use and abuse in the country. In 2010, West Virginia had the highest rate of overdose deaths. Between 2001-2010 WV experienced a 214% increase in the number of prescription drug overdoses. This epidemic has been especially hard and has not spared our pregnant women and their babies. Between 2007-2012, 27% of maternal deaths in WV was a result of drug abuse.

A 2009 umbilical cord tissue study found that 19% of babies born in WV were exposed to one or more substances in utero. Rates of neonatal abstinence syndrome have risen significantly.

Substance use in pregnancy and its effects on the fetus and newborn is an area of major concern for the West Virginia Perinatal Partnership. Established in 2006, the Partnership coordinates programs and develops policies to improve health outcomes among mothers and their babies.

Pregnancy offers a unique opportunity for treating substance abuse because women are typically highly motivated to modify their behavior in order to deliver a healthy baby. In 2012, the Partnership initiated the Drug Free Moms and Babies project to provide comprehensive and integrated prenatal and behavioral health services. Although early, results have been promising - in one of the pilot sites, the percentage of positive cord tissue samples dropped from 19% to 8% in the first two years.

The Partnership seeks to utilize the Drug Free Moms and Babies model for a Pay for Success (PfS) initiative. Under a PfS model, an investor finances the implementation of a "proven" or evidence-based social intervention program that is expected to improve social welfare and save government money in excess of the program implementation costs.

Other initiatives to address the rising problem of NAS and the care of these infants include the establishment of Lily's Place in Huntington, WV (http://www.lilysplace.org/). The Partnership along with others in WV continue to work on addressing barriers to care, including transportation, child care, judgmental attitudes, and lack of providers.