



June 25, 2015

The Honorable Joe Pitts
Chairman
House Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Gene Green
Ranking Member
House Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Green:

As organizations representing the nation's pediatricians, obstetricians and gynecologists and members of the public who care about pregnant women and children, the American Academy of Pediatrics (AAP), American Congress of Obstetricians and Gynecologists (ACOG), March of Dimes, and the Society for Maternal-Fetal Medicine endorse the bipartisan *Protecting Our Infants Act of 2015* (H.R. 1462), introduced by Representatives Katherine Clark (D-Mass.) and Steve Stivers (R-Ohio). The legislation takes proactive steps to help reduce the number of newborns born exposed to drugs, such as opioids, and to improve their care, and we thank the Subcommittee on Health for scheduling a hearing to discuss this important issue.

Reports show the significant rise of opiate use and abuse has led to an alarming increase of babies born with neonatal abstinence syndrome (NAS). NAS refers to medical complications associated with drug withdrawal in newborns due to exposure to opioids or other drugs in utero. Babies born with NAS often need to be hospitalized for weeks, are difficult to console, and can suffer from seizures and other complications. There are no standardized guidelines for diagnosis and treatment for these newborns, and there is an urgent need for more research to optimize the identification and treatment of babies with NAS to determine any long-term health impacts.

A 2012 study published in the *Journal of the American Medical Association* found that the average hospital costs for newborns suffering from NAS were five times greater than other hospital births. The report also found that Medicaid was the primary insurance provider for more than 75 percent of these babies.

Addressing NAS requires a focus on women of childbearing age, and infants from preconception through early childhood. It is also important to note that medically-appropriate use of opioids during pregnancy is not uncommon. Preventing inappropriate opioid use and abuse among pregnant women and women of child-bearing age is imperative. Education is needed for both physicians and patients regarding the appropriate prescription and use of opioids for women who are or could become pregnant. For pregnant women who are abusing opioids, it is most appropriate to treat and manage maternal substance use in a non-punitive manner through family-centered medical treatment.

The bipartisan *Protecting Our Infants Act* directs the U.S. Department of Health and Human Services (HHS) to identify and make available recommendations for the diagnosis and treatment of NAS, evaluate and coordinate federal efforts to research and respond to NAS, and assist state health agencies with their data collection efforts. The legislation will encourage the development of a needed agenda to promote additional research on and standardize best practices for babies with NAS.

We thank you for your strong commitment to the health and well-being of women, children, infants, and newborns and we look forward to working with you as you consider this legislation.

Sincerely,

American Academy of Pediatrics
American Congress of Obstetricians and Gynecologists
March of Dimes
Society for Maternal-Fetal Medicine

CC The Honorable Katherine Clark (D-Mass.)
The Honorable Steve Stivers (R-Ohio)