

June 28, 2017

The Honorable Steve Daines  
320 Hart Senate Office Bldg.  
Washington, DC 20002

The Honorable Gary Peters  
724 Hart Senate Office Bldg.  
Washington, DC 20002

Dear Senators Daines and Peters:

On behalf of the below medical and public health organizations working to address the maternal-child health impact of the ongoing opioid epidemic, we write to express our endorsement of your legislation to update child welfare policy to better address parental substance use disorders (SUDs), the *Child Protection and Family Support Act of 2017 (S. 1268)*. We are grateful for your leadership in championing the needs of vulnerable children and families by sponsoring this legislation. **S. 1268** offers needed policy solutions to address the maternal-child health impact of parental SUDs, including the toll of prenatal opioid exposure on infants.

Health professionals, public health advocates, and bipartisan policymakers all recognize that the U.S. is in the midst of a major opioid epidemic. Opioids were involved in over 33,000 deaths in 2015, a number that has quadrupled since 1999.<sup>i</sup> Drug overdoses of all kinds led to over 50,000 deaths in 2015<sup>ii</sup>, causing more deaths than car crashes.<sup>iii</sup> These fatalities are the inflection point of a much larger trend of higher incidence of SUDs affecting millions of U.S. families, and negatively impacting maternal-child health. Further, overdose and suicide are the leading cause of maternal mortality in a growing number of states.<sup>iv</sup> Our organizations are concerned about the public health crisis of maternal opioid use disorder and infants born prenatally exposed to opioids, and this legislation offers a way to help support the public health response to this issue.

An estimated 400,000 births annually are affected by prenatal exposure to alcohol and illicit drugs, representing 10 percent of all live births.<sup>v</sup> In 2012, an estimated 21,732 infants were born with Neonatal Abstinence Syndrome (NAS). Experts believe that approximately every 25 minutes an infant is born suffering from opioid withdrawal.<sup>vi</sup> This has a major adverse impact on our child welfare systems, as children often end up in foster care when their parents have SUDs. In FY 2015, the number of children entering foster care increased to nearly 270,000. This is the third year in a row that removals have increased after declining over the past decade. Parental substance use was a factor for the removal in nearly a third of those cases, second only to neglect as a factor for placement in foster care. Of note, infants represented nearly a fifth of all removals, totaling 47,219 in FY 2015.<sup>vii</sup>

States are encountering barriers to providing affected families the services they need to heal. No matter the circumstances of removal, children experience trauma when they enter foster care. If we are to truly help children impacted by this epidemic achieve their potential, we must apply a treatment-focused public health approach. Unfortunately, our current system is too often a punitive one that leaves pregnant and parenting women less likely to seek treatment and incentivizes placing children in foster care when they could safely remain at home with the appropriate treatment and support services.

The positive news is that there are evidence-based services and programs that can help address parental SUDs and their impact on children. Your legislation is a critical policy tool to achieve improved access to those services. Your legislation includes a critical provision allowing states to use Title IV-E funds to place children together with their parents in appropriate inpatient SUD treatment settings. In addition, it would reauthorize the effective Regional Partnership Grant program, which supports a collaborative and multidisciplinary approach to the impact of parental substance use on child welfare. These are major federal policy reforms that would expand access to treatment services for vulnerable families while helping them stay together and heal.

Our organizations support this important legislation and urge you to work toward its advancement in the 115<sup>th</sup> Congress as part of comprehensive child welfare reform. We are deeply appreciative of your leadership, and stand ready to work with you to enact these policies. If you have any questions, please do not hesitate to contact Zach Laris with the American Academy of Pediatrics at 202/347-8600 or [zlaris@aap.org](mailto:zlaris@aap.org).

Signed,

Academic Pediatric Association  
American Academy of Pediatrics  
American Association of Child and Adolescent Psychiatry  
American College of Nurse-Midwives  
American Congress of Obstetricians and Gynecologists  
American Pediatric Society  
American Society of Addiction Medicine  
Association of Maternal & Child Health Programs  
Association of Medical School Pediatric Department Chairs  
March of Dimes  
National Association of Neonatal Nurse Practitioners  
National Association of Neonatal Nurses  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Association of State Alcohol and Drug Abuse Directors  
National Hispanic Medical Association  
National Medical Association  
Pediatric Policy Council  
Society for Maternal-Fetal Medicine  
Society for Pediatric Research

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<sup>i</sup> U.S. Centers for Disease Control and Prevention (2016). Drug Overdose Death Data. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>ii</sup> National Institute on Drug Abuse (2017). Overdose Death Rates. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

<sup>iii</sup> U.S. Department of Transportation National Highway Traffic Safety Administration (2016). 2015 Motor Vehicle Crashes: Overview. Retrieved from

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[https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812318?\\_ga=2.173581220.608674616.1494335148-1474070632.1494335148](https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812318?_ga=2.173581220.608674616.1494335148-1474070632.1494335148)

<sup>iv</sup> Metz TD, et al. Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012. *Obstet Gynecol* 2016;128:1233–40.

<sup>v</sup> U.S. Substance Abuse and Mental Health Services Administration National Center on Substance Abuse and Child Welfare. Substance Exposed Infants. Retrieved from <https://ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx>

<sup>vi</sup> National Institute on Drug Abuse (2015). Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

<sup>vii</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children’s Bureau (2016). The AFCARS Report FY 2015. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>