

June 28, 2017

The Honorable Vern Buchanan
2104 Rayburn House Office Bldg.
Washington, DC 20515

The Honorable Sander Levin
1236 Longworth House Office Bldg.
Washington, DC 20515

Dear Representatives Buchanan and Levin:

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 the *Family First Prevention Services Act of 2017 (H.R. 253)*. We are grateful for your leadership in championing the needs of vulnerable children and families by sponsoring this legislation. **H.R. 253** offers needed policy solutions to address the maternal-child health impact of parental substance use disorders (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.ⁱ Drug overdoses of all kinds led to over 50,000 deaths in 2015ⁱⁱ, causing more deaths than car crashes.ⁱⁱⁱ 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.^{iv} Our organizations are concerned about the public health crisis of maternal opioid use disorder and infants born prenatally exposed to opioids, and *Family First* 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.^v 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.^{vi} 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.^{vii}

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. *Family First* would provide states critical flexibility and resources to help address the impact of parental SUDs on children's health and wellbeing. By allowing Title IV-E foster care funds to be put toward prevention services targeting children at risk of entering foster care, *Family First* will help parents receive SUD treatment, mental health services, and in-home parenting skills training instead of having a child placed in foster care. In addition, *Family First* 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. These are major federal policy reforms that would significantly 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 115th Congress. 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.

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

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

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

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

https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812318?_ga=2.173581220.608674616.1494335148-1474070632.1494335148

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

^v 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>

^{vi} 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>

^{vii} 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>