# American Academy of Pediatrics

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AAP Headquarters
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1019
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

Reply to
Department of Federal Affairs
Homer Building, Suite 400 N
601 13th St NW
Washington, DC 20005
Phone: 202/347-8600
Fax: 202/393-6137
E-mail: kids1st@aap.org

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September 14, 2017

The Honorable Chris Christie
Chair
President's Commission on Combating Drug Addiction and the Opioid Crisis
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Governor Christie:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 66,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, we write to provide feedback on the interim report of the President's Commission on Combating Drug Addiction and the Opioid Crisis.

Pediatricians recognize clearly 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 2015[ii], causing more deaths than car crashes.[iii] These fatalities are the inflection point of a much larger trend of higher incidence of substance use disorders (SUDs) affecting millions of U.S. families and negatively impacting child health and well-being. Further, overdose and suicide are the leading cause of maternal mortality in a growing number of states.[iv]

Often lost in the public policy discussion of the opioid impact is the multifaceted toll it takes on children. 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] Opioids also extend the harm they inflict on children beyond infancy, as children with parents suffering SUDs face child neglect and trauma. Parental SUDs often lead to children entering foster care, where they can spend years if their parents do not have access to the treatment they need to heal.

The Commission's interim report highlights some of the critical issues associated with the opioid epidemic, and the importance of a public health approach to this crisis. However, the interim report does not sufficiently examine the issues affecting children or the policy changes needed to promote healthy and resilient children and families. We respectfully offer the following feedback and suggestions for inclusion in the final report, to ensure it is sufficiently responsive to what children and families need during this epidemic.

## Neonatal Abstinence Syndrome

The prevalence of opioid use disorder (OUD), a subset of SUDs, in the United States continues to rise and remains a public health crisis. The rise in OUD has also led to a troubling increase in newborns experiencing NAS. NAS is a medical condition associated with drug withdrawal in newborns due to exposure to opioids or other drugs in utero that can be prevented, minimized, and effectively treated with available interventions. To adequately address this issue, the focus must remain on the mother-baby dyad and must account for the numerous biological, environmental, and social variables that drive disparities in access to treatment for pregnant and parenting women with OUD.

In June, the Department of Health and Human Services released a final strategy, as required by the Protecting Our Infants Act, to prevent prenatal opioid exposure, improve opioid use treatment for pregnant women, and improve the treatment of infants born with NAS. We strongly urge the administration to fully implement these recommendations and provide appropriate resources to do so.

## The Needs of Children in or At-Risk of Entering Foster Care

In FY 2015, the number of children entering foster care increased to nearly 270,000, up from 251,352 in FY 2012. 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. A total of 427,910 children were in foster care on the last day of FY 2015.[vii] As the opioid epidemic continues to contribute to rising foster care placements, we need policy changes that can prevent the need for foster care whenever possible and best serve children in foster care when out-of-home placement is necessary.

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 for parents.

Page 9 of the interim report mentions the need to consider risk factors when developing prevention and intervention strategies, including trauma, adverse childhood experiences (ACEs), and placement in foster care. We appreciate the mention of these factors but urge significant expansion of the emphasis on this population. The AAP suggests that the Commission include recommendations that support a public health approach for the maternal-child health population. Federal policy should encourage cooperation between child welfare and health agencies in promoting treatment for parents with SUDs and provision of mental health and family preservation services that help children and their families heal. The Commission should emphasize the need to do so when it is possible to safely keep a child with their parent while

providing treatment, rather than incentivizing removal to foster care. A legislative change to enact comprehensive child welfare financing reform could end the current federal child welfare funding incentive imbalance, which provide substantially more resources for foster care than for services to prevent the need to remove children from their home. The bipartisan *Family First Prevention Services Act* offers a model of policy changes that would address this imbalance and better equip state child welfare agencies to support the public health response to the opioid epidemic. This policy reform would provide states with the flexibility and resources they need to provide in-home services that help families heal and stay together.

**Grandparents and Other Relatives Raising Children**

Of the rising number of children entering foster care because of the opioid epidemic, many are going into kinship care where they are raised by their grandparents or other relatives. While grandparents and other relative caregivers can provide stable and loving homes for children, they are presented with unique difficulties in raising children, including their decreased ability to save for retirement and their own physical and mental health conditions. As the opioid epidemic continues to negatively affect children, it is critical to support family members caring for children affected by parental substance use. The Commission should include recommendations that provide kinship caregivers the resources they need to succeed, including expanded use of kinship navigator programs and the provision of needed financial resources to meet children's needs and allow them to engage in activities that provide a respite of normalcy during the trauma of out-of-home removal.

**Parent-Child Treatment in Residential Settings**

We appreciate that the report highlights the need to eliminate policy barriers to individuals accessing needed inpatient SUD treatment. We recommend that the final report also include recommendations specific to encouraging expansion of inpatient treatment facilities that can care for parents and children together. These dyadic treatment models that are designed to address the needs of both parent and child in an inpatient setting offer further opportunities to provide a health response to this crisis while also keeping families together where appropriate. A legislative change to allow Title IV-E foster care maintenance payments to cover these placements for children who otherwise would enter foster care would also help improve the uptake of these important treatment models.

**Substance-Exposed Infants and Child Welfare**

It is essential to facilitate better collaboration between health care providers and the child welfare system in responding to the rise of OUD among pregnant and parenting women and NAS. This epidemic is increasingly leading to children being placed in kinship care or foster care homes. Section 503 of CARA added requirements for states to develop infant plans of safe care in instances when an infant experiences NAS following opioid exposure in utero. Unfortunately, those requirements came without resources for implementation or clear guidance. States need additional guidance, funds, and resources from the federal government to ensure infant safety and to keep families intact when appropriate. The final report should urge additional resources and technical guidance to states to ensure effective implementations of these requirements.

**Opioid Prescriber Education**

The draft commission report recommends mandatory opioid prescriber education. Education is indeed crucial to ensure physicians are appropriately prescribing opioids. The AAP is working hard to educate our member pediatricians in safe prescribing practices to pediatric patients and in screening and treatment for opioid dependence in adolescents. Many states already require training on the prescription of opioids as part of their licensure. Any new requirements for training for opioid prescribers should be appropriately targeted and not duplicative. In addition, training should take into account the unique needs of children and adolescents and should be adapted in response to the practice patterns of pediatric providers.

**MAT and Adolescents**

The use of certain medications, such as buprenorphine, has been shown to be a relatively safe and effective treatment for opioid use disorder and improves success rates for retaining those seeking treatment. Given that individuals suffering from opioid use disorder have an estimated 0.65% risk of fatal overdose annually, medication assisted treatment (MAT) with buprenorphine and other effective drugs is an essential public health tool to prevent future loss of life for those suffering from opioid use disorder.[viii]

While buprenorphine, a partial opioid agonist, has been shown to have a stronger safety profile than several alternatives and greater accessibility for adolescents than alternatives such as methadone clinics, access to these potentially lifesaving treatments for adolescents and young adults remains problematic.[ix] Adolescent health specialists must have the ability to prescribe these drugs and must also have access to the latest resources and training to be able to dispense MAT safely and effectively.

We must expand access to MAT for adolescents and young adults while also providing additional community resources so that primary care pediatricians and adolescent health specialists have the ability to refer those suffering from opioid use disorder to professionals trained to help them. Resources to expand training of pediatric providers in MAT for opioid use disorder is essential.

**Medicaid's Role in SUD Treatment**

Individuals with opioid use disorder require comprehensive treatment. Medication assisted treatment (MAT)—which combines traditional counseling with medications such as methadone, buprenorphine, and naltrexone—generally provides such individuals with the best chance of recovery and survival. Medicaid plays a critical role in financing opioid treatment. In fact, Medicaid and the Children's Health Insurance Program (CHIP) cover 30 percent of those with opioid addiction. Every state Medicaid program covers at least one MAT drug. State Medicaid programs also frequently offer patients with opioid use disorder inpatient detoxification and treatment, intensive outpatient treatment, and care coordination services. Crucially, Medicaid

also provides treatment for underlying conditions that cause chronic pain. All told, Medicaid spent $9.4 billion on care for individuals with opioid use disorder in fiscal year 2013 alone.[1]

Keeping Medicaid strong is essential for combating the opioid epidemic. We support consideration of Medicaid policy changes that may currently be limiting access to treatment for Medicaid beneficiaries. However, 25 percent of those with opioid addiction remain uninsured. Additional steps must be taken to ensure that uninsured individuals have access to appropriate substance use treatment. Encouraging additional states to take part in the Medicaid expansion provided for in the Affordable Care Act will help significantly reduce the number of uninsured adults.

**Mental Health Parity and Addiction Equity Act**

We appreciate that the draft commission report speaks to the importance of enforcing the Mental Health Parity and Addiction Equity Act (MHPAEA). Despite enactment of MHPAEA and its subsequent expansions to Medicaid managed care, CHIP, and the insurance marketplaces, there are many opportunities to improve oversight and compliance with the requirements of MHPAEA. Currently, many children and adolescents still face barriers in access to mental health and substance use disorder treatment due to insurance discrimination that singles out these services. In addition, consumer and provider awareness about mental health parity protections and remedies are not well understood. We urge the government to put systems in place to closely monitor compliance with parity. Further, CMS should require states to document that children and adolescents enrolled in FFS, MCOs, or carve-outs in Medicaid and CHIP have appropriate and timely access to the types of MH/SUD providers they need.

**Conclusion**

The opioid epidemic is having a devastating impact on vulnerable children and families. The Commission's final report offers an opportunity to highlight these challenges and offer meaningful policy solutions to better improve maternal-child health and promote resilient families. We urge you to consider these suggestions for inclusion in the Commission's final report.

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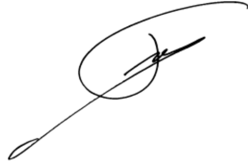
[1] Kaiser Family Foundation. "Medicaid and the Opioid Epidemic: Enrollment, Spending, and the Implications of Proposed Policy Changes." July 2017. Available at http://files.kff.org/attachment/Issue-Brief-Medicaid-and-the-Opioid-Epidemic-Enrollment-Spending-and-the-Implications-of-Proposed-Policy-Changes.

Thank you again for the opportunity to provide feedback on this important issue. If you have any questions, please reach out to James Baumberger and Zach Laris in our Washington, D.C. office at 202/347-8600 or jbaumberger@aap.org and zlaris@aap.org.

Sincerely,



Fernando Stein, MD, FAAP
President
FS/zml

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[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

[viii] Information sheet on opioid overdose. World Health Organization. Nov. 2014. http://www.who.int/substance_abuse/information-sheet/en/.

[ix] Levy S, et al. "Buprenorphine Replacement Therapy for Adolescents with Opioid Dependence: Early Experience from a Children's Hospital-Based Outpatient Treatment Program." *Journal of Adolescent Health*. 2007. 40. 477-482.