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Scott R. Smith, PhD  
Director, Division of Health Care Quality and Outcomes  
Office of Health Policy, Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services

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@ASTHO

Dear Dr. Smith,

The Association of State and Territorial Health Officials (ASTHO) enthusiastically supports the PCORTF proposal entitled “Surveillance Network: Maternal, Infant, and Child Health Outcomes Associated with Treatment of Opioid Use Disorder during Pregnancy.” This project provides an opportunity to better understand an important public health priority – the opioid epidemic – and provides a unique opportunity to demonstrate the feasibility and benefits of data linkages between maternal and pediatric outcome data.

As opioid use and misuse in the United States has increased dramatically, opioid and polysubstance use during pregnancy has also increased. Pregnant women, infants, and children face multiple risks of adverse outcomes associated with opioid and polysubstance use. There are three FDA-approved medication-assisted treatment (MAT) regimens available to treat opioid use disorder: methadone, buprenorphine, and naltrexone. Pregnant women are also being offered abstinence-only or detoxification programs, but limited evidence exists to evaluate the maternal, infant, and childhood risks and benefits of each of these approaches. This project, a maternal-infant-child health outcomes surveillance network, can establish multiple sites to rapidly collect data to enhance our understanding of the maternal, infant and child health outcomes associated with opioid use disorder (OUD) treatment during pregnancy. More data on the safety, clinical effectiveness and risks and benefits of these regimens are needed to inform shared patient-provider decisions around treatment options.

ASTHO shares the concern for better understanding of risks and outcomes of opioid use within pregnant women, infants, and children. As such, we currently work with the CDC on **Opioid Use, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI)**, a multi-state learning community working to develop systems changes to address substance use disorder (SUD) among pregnant and postpartum women and infants diagnosed with neonatal abstinence syndrome. Our efforts are designed to be a comprehensive approach to the complex issue related to maternal substance use disorders.

The CDC project team and steering committee have the expertise and experience and are well poised to work with partners in public health and the healthcare community around this topic. We expect this project will make an important contribution to the knowledge base and will inform policies at the federal, state and local level as well as clinical practice guidelines.

Sincerely,

Michael Fraser, PhD, MS, CAE, FCPP  
Chief Executive Officer