NEONATAL ABSTINENCE SYNDROME:
IMPACT OF AN EPIDEMIC

LEGISLATIVE OVERVIEW SERIES: 2020 PUBLIC HEALTH SPOTLIGHT

Introduction
Neonatal abstinence syndrome (NAS) occurs in newborns who experience withdrawal from drugs they were exposed to in the womb.1 Babies with NAS experience tremors, irritability, poor feeding, vomiting, dehydration, increased sweating, and other symptoms. While NAS is often associated with exposure to opioids, it can also be caused by exposure to cocaine, amphetamines, or barbiturates.2

NAS is becoming more prevalent, with case rates rising from 1.5 per 1,000 hospital births in 1999 to 6.0 per 1,000 hospital births in 2013. Meanwhile, knowledge of the syndrome’s long-term effects is limited. The Centers for Disease Control and Prevention (CDC) has set out several public health strategies to prevent and mitigate the impacts of NAS, including the identification of NAS cases.3

Legislative Trends
SCREENING AND TREATMENT
Standardized treatment of infants with NAS could greatly mitigate the effects of NAS and the associated health care burden. States are enacting legislation to create and fund evidence-based screening and treatment programs for both mothers and newborns. For example, a new law in Texas directs the state health agency to develop and implement initiatives to optimize healthcare provided to pregnant women with opioid use disorder as well as newborns with NAS. In Delaware, the legislature approved the creation of a perinatal quality collaborative to improve health outcomes of women and newborns impacted by NAS.

Looking Ahead
ASTHO expects additional states to adopt laws that help prevent and reduce the impact of NAS. In addition to making NAS a reportable health condition, future state policy actions may include:

- Development of standard NAS clinical definitions.
- Establishment of guidelines to diagnose and treat NAS.
- Establishment of licensing requirement for specialized NAS treatment facilities.
- Requirements for safe care plans for infants with NAS and their caregivers.
- Establishment of treatment programs addressing the mother-infant dyad.

NAS AS A NOTIFIABLE CONDITION
Several states have made the diagnosis of NAS a notifiable condition, meaning a healthcare provider or facility must report a case of NAS to the state health department. In receiving notice of NAS cases, state health agencies can better develop and deploy timely prevention efforts to reduce substance dependency among pregnant women and monitor the occurrence of clinically diagnosed NAS among specific populations or geographic areas. Reporting requirements vary between states. Some limit the type of healthcare provider who can make the report. Time allowed for reporting may also vary by as many as four days.

REPORTING AND SAFE CARE PLANS
In some states, an NAS report may also trigger a child abuse or neglect investigation. Such requirements can impact the willingness of providers to screen newborns for NAS or mothers for substance use disorders, thereby missing an opportunity to provide vital support and assistance. In 2019, several states addressed child abuse or neglect reporting requirements to increase access to treatment for both mother and child. New Mexico passed a law clarifying that a healthcare staff finding of drug use by a pregnant woman shall not alone be enough to support child abuse or neglect. The new law also requires that a healthcare professional develop a care plan for the drug-exposed infant and the infant’s family as well as notify the state’s child services agency.

STATES WHERE NAS IS A REPORTABLE HEALTH CONDITION:

- Arizona
- Florida
- Georgia
- Indiana
- Kentucky
- Louisiana
- Ohio
- South Carolina
- Tennessee
- Texas
- Virginia

