



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of  
Health and Social Services

Senior and Disabilities Services  
Governor's Council on Disabilities & Special  
Education  
Patrick J. Reinhart, Executive Director

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March 25, 2018

RE: Letter of Support, SB 198

To Senator Kelly:

The Governor's Council on Disabilities and Special Education (the "Council") fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the state DD Council, the Council works with Senior and Disabilities Services (SDS) and other state agencies to ensure that people with intellectual and developmental disabilities and their families receive the services and supports that they need, as well as participate in the planning and design of those services. One of the duties of the state DD Council is providing comments on bills that may have an impact on individuals with intellectual and/or developmental disabilities and their families.

**The Council would like to extend its support for SB 198.** The Council has an FASD workgroup, and within this group a "prevention" subcommittee. This committee reviewed the bill and we agree with the concept of providing the option for Long Acting Reversible Contraception (LARC) to women who come into contact with the medical system during childbirth and are known to have a substance abuse disorders such as alcohol and opioid addiction. LARC is known to be effective form of contraception that can be used to prevent unintended and substance-exposed pregnancies. The research proposed by SB198 should identify and examine the barriers and the cost-effectiveness of expanding access to all women who desire it. However, there is substantial stigma for women who use alcohol and/or drugs, especially during pregnancy, and for their infants and children affected by these substances. This should be a significant consideration in the design and implementation of this research; all relevant research review boards should be consulted to ensure that the women who enter the study do so voluntarily and without coercion.

Thank you for sponsoring this bill and we look forward to its passage. Attached is a "White Paper" prepared by our FASD Prevention Work group.

Respectfully,

A stylized, handwritten signature in black ink, appearing to read "MAGGIE WINSTON".

Maggie Winston, Chair

A handwritten signature in black ink, appearing to read "Art Delaune".

Art Delaune, Legislative Chair



## Access to Long-Acting Reversible Contraception (LARC) by Women with Substance Use Disorders Can Reduce the Number of Children with an FASD or NAS

**2660** children have been diagnosed with an FASD through State of Alaska's FASD diagnostic clinics since 2001.<sup>1</sup>

**400%** increase in the rate of Medicaid-covered babies born with NAS 2007-2016.<sup>2</sup>

**Up to \$4.2 million** for care for a child with an FASD in Alaska through age 18.<sup>3</sup>

**\$4,375,647** paid by Alaska Medicaid program to treat 97 infants born with NAS in 2016.<sup>2</sup>

**\$500-\$1,000** average cost of LARC, which can last for 3-10 years.<sup>4</sup>

**Fetal alcohol spectrum disorders (FASDs)** are a range of developmental disabilities caused by consuming alcohol during pregnancy.<sup>5</sup> The most well-known type of FASD is fetal alcohol syndrome (FAS). Alaska has the highest reported prevalence of FAS in the United States.<sup>6</sup> A newly published study found that FASDs may be as common as autism, affecting up to 1 in 20 children.<sup>7</sup>

**Neonatal abstinence syndrome (NAS)** is caused by taking opioids during pregnancy; after birth, babies with NAS may go through drug withdrawal.<sup>8</sup> Over 69% of mothers who had a baby that was diagnosed with NAS had previously given birth to other children.<sup>2</sup>

Infants exposed to opioids and alcohol during pregnancy have an increased risk for pre-term birth, life-long disabilities, and neurodevelopmental delays, with significant emotional, social, and economic costs for individuals, families, and the state.<sup>9, 10, 11</sup>

**FASDs and NAS are preventable** when women have access to the resources, support, information, and care or treatment they need for their children or themselves. All women of reproductive age should be screened for substance misuse using an evidence-based screening method, such as the Alaska 4P's Plus<sup>12</sup> or SBIRT.<sup>13</sup>

### Why study LARC?

**Along with access to counseling and treatment services, LARC is known to be a highly effective form of contraception and recommended evidence-based strategy for preventing NAS and FASDs.**<sup>14, 15</sup> It is more effective than other forms of contraception and its effects are completely reversible if pregnancy is desired in the future.<sup>16, 17</sup>

The federal Centers for Medicaid and Medicare encourages states to use Medicaid funds to provide LARC immediately after a woman has given birth (immediately post-partum), which is considered the most efficient and cost-effective time to offer it.<sup>18</sup>

**The Alaska Medicaid Program currently reimburses providers for routine childbirth costs as a bundled flat rate lump sum, without consideration of the additional cost of LARC when mothers express desire for that care.** However, many women who would like to access LARC are unable to. The research funded by SB 198 has the potential to identify barriers and examine the long-term costs and savings to the state of providing LARC.

### RECOMMENDATIONS

**Increase access to LARC in Alaska to reduce the number of children affected by FASDs and NAS.**

LARC is known to be effective form of contraception that can be used to prevent unintended and substance-exposed pregnancies. The research proposed by SB198 should identify and examine the barriers and the cost-effectiveness of expanding access to all women who desire it.

**Ensure that women are enrolled in the study voluntarily and free from coercion.**

There is substantial stigma for women who use alcohol and/or drugs, especially during pregnancy, and for their infants and children affected by these substances. This should be a significant consideration in the design and implementation of this research; all relevant research review boards should be consulted.

## References

1. State of Alaska Department of Health and Social Services, Office of Substance Misuse and Addiction Prevention (2018).
2. Newby-Kew, A. (2018, January). *Immediate post-partum long-acting reversible contraception (LARC) is critical prevention strategy for reducing the number of Medicaid enrolled babies affected by Alaska's opioid epidemic*. Unpublished white paper researched by State of Alaska DHSS/DPH/WCFH MCH Epidemiology Unit.
3. Alaska State Legislature (Session 28). *Fetal Alcohol Spectrum Disorders and Alaska*. Retrieved from [www.legis.state.ak.us/basis/get\\_documents.asp?session=28&docid=18982](http://www.legis.state.ak.us/basis/get_documents.asp?session=28&docid=18982).
4. Association of State and Territorial Health Officials. (2014). Retrieved from [www.astho.org/LARC-Fact-Sheet/](http://www.astho.org/LARC-Fact-Sheet/).
5. Centers for Disease Control and Prevention (2017). *Facts about FASDs*. Retrieved from [www.cdc.gov/ncbddd/fasd/facts.html](http://www.cdc.gov/ncbddd/fasd/facts.html).
6. Miller, L., Tolliver, R., Druschel, C., Schoellhorn, J., Podvin, D., Merrick, S., ... & the Division of Birth Defects and Developmental Disabilities, National Center on Birth Defects and Developmental Disabilities (2002). Fetal Alcohol Syndrome --- Alaska, Arizona, Colorado, and New York, 1995—1997. *Morbidity and Mortality Weekly Report (MMWR)* 51(20);433-5. Retrieved from [www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm).
7. May, P.A., Chambers, C.D., Kalberg, W.O., Zellner, J., Feldman, H., Buckley, D., ... Jones, K.L., & Hoyme, H.E. (2018). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. *JAMA*, 319(5):474–482.
8. Kocherlakota, P. (2014). Neonatal Abstinence Syndrome. *Pediatrics*, 134(2): e547-e561.
9. Behnke, M., Smith, V.C., Committee on Substance Abuse, & Committee on Fetus and Newborn. (2013). Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus. *Pediatrics*, 131(3):e1009-e1024.
10. Maguire, D.J., Taylor, S., Armstrong, K., Shaffer-Hudkins, E., Germain, A.M., Brooks, S.S., Cline, G.J., & Clark, L. (2016). *Neonatal Network*, 35(5):277-286.
11. Centers for Disease Control and Prevention (2017). *Fetal alcohol spectrum disorders: Research*. Retrieved from [www.cdc.gov/ncbddd/fasd/research.html](http://www.cdc.gov/ncbddd/fasd/research.html).
12. NTIUpstream. *The 4P's Plus*. Retrieved from [www.ntiupstream.com/4psabout/](http://www.ntiupstream.com/4psabout/).
13. Substance Abuse and Mental Health Services Administration. (2017). *About Screening, Brief Intervention, and Referral to Treatment (SBIRT)*. Retrieved from [www.samhsa.gov/sbirt/about](http://www.samhsa.gov/sbirt/about).
14. Organizations that support the provision of LARC include:
  - a. Centers for Medicare and Medicaid Services ([www.medicare.gov/federal-policy-guidance/downloads/cib040816.pdf](http://www.medicare.gov/federal-policy-guidance/downloads/cib040816.pdf))
  - b. Centers for Disease Control and Prevention ([www.cdc.gov/grand-rounds/pp/2016/20160816-neonatal-addiction.html](http://www.cdc.gov/grand-rounds/pp/2016/20160816-neonatal-addiction.html) and [www.cdc.gov/reproductivehealth/contraception/index.htm](http://www.cdc.gov/reproductivehealth/contraception/index.htm))
  - c. American Academy of Pediatrics ([pediatrics.aappublications.org/content/pediatrics/early/2014/09/24/peds.2014-2299.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/early/2014/09/24/peds.2014-2299.full.pdf))
  - d. American College of Obstetricians and Gynecologists ([www.acog.org/About-ACOG/News-Room/News-Releases/2015/ACOG-Strengthens-LARC-Recommendations](http://www.acog.org/About-ACOG/News-Room/News-Releases/2015/ACOG-Strengthens-LARC-Recommendations))
  - e. American Academy of Family Physicians ([www.aafp.org/afp/2012/0215/p403.html](http://www.aafp.org/afp/2012/0215/p403.html) and [www.aafp.org/afp/2018/0101/p9.html](http://www.aafp.org/afp/2018/0101/p9.html))
  - f. Association of State and Territorial Health Officials ([www.astho.org/Programs/Maternal-and-Child-Health/Increasing-Access-to-Contraception/](http://www.astho.org/Programs/Maternal-and-Child-Health/Increasing-Access-to-Contraception/) and [www.astho.org/Prevention/Rx/NAS/](http://www.astho.org/Prevention/Rx/NAS/))
15. Ko, J.Y., Wolicki, S., Barfield, W.D., Patrick, S.W., Broussard, C.S., Yonkers, K.A., Naimon, R., & Iskander, J. (2017). CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome. *Morbidity and Mortality Weekly Report (MMWR)* 66(9):242-245.
16. Shoupe, D. (2016). LARC methods: entering a new age of contraception and reproductive health. *Contraception and Reproductive Medicine*, 1(4).
17. McNicholas, C., Tessa, M., Secura, G., & Peipert, J. F. (2014). The Contraceptive CHOICE Project Round Up: what we did and what we learned. *Clinical Obstetrics and Gynecology*, 57(4):635–643.
18. Wachino, V. (2016, April). State Medicaid payment approaches to improve access to long-acting reversible contraception. *CMCS Informational Bulletin*.