

Alaska State Legislature

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Sponsor Statement – Senate Bill 198

“An Act relating to a study of the effectiveness and cost of providing long-acting reversible contraception to women with substance abuse disorders.”

The rising rate of maternal opioid use has resulted in a drastic increase in children born with Neonatal Abstinence Syndrome (NAS). In Alaska, the incidence of children born with NAS has increased over 500% from 2004 to 2015.¹ In addition to the ongoing opioid crisis, Alaska continues to report one of the highest rates of fetal alcohol spectrum disorders (FASD) in the nation. The true rate of FASD in the state is likely to be significantly higher according to recent national prevalence studies.⁵

Through SB 198, the UAA Center for Alcohol and Addiction Studies will evaluate the feasibility and effectiveness of providing Long Acting Reversible Contraception (LARC) to women involved in services such as Alaska Regional Hospital’s Neonatal Abstinence Evaluation Support Treatment (NEST) program. The population of women served by the NEST program represent one of the highest risk groups in Alaska for unintended pregnancy and prenatal drug/alcohol exposure. The public health consequences of NAS and FASD addressed by this program highlight the critical importance of providing effective long-term contraception options to women struggling with alcohol and drug addiction challenges.

SB 198 is an important step in eradicating FASD and NAS in Alaska. This study will provide critical data on LARC as an effective tool in reducing the rates of FASD and NAS. Furthermore, the anticipated outcomes can inform future state spending related to LARC as a public health strategy and its utility for reducing pressure on state programs and budgets. Approximately 50% of infants with Neonatal Abstinence Syndrome treated at Alaska Regional Hospital’s NEST program were immediately placed into the care of the Office of Children’s Services.¹ In Alaska, the Department of Health and Social Services has estimated the average cost of treating an infant with NAS is \$88,869, which is predominantly paid by Medicaid.² According to the Alaska Department of Health and Social Services, each child born with FASD in Alaska will cost the State of Alaska between \$860,000 and \$4.2 million dollars from birth to age 18.⁵

SB 198 is a foundational step towards turning the tide on these staggering statistics.

¹ Alaska Regional Hospital. 2015-2016 NEST factsheet. 2017. Print.

² Miller, H. How hospitals are treating babies caught in the crosshairs of Alaska’s opioid crisis. Anchorage Daily News. May 18, 2016. Retrieved from: <https://www.adn.com/alaska-news/article/how-hospitals-are-treating-babies-caught-crosshairs-alaska-s-opioid-epidemic/2016/05/09/>

Supporting Data

Nearly 50% of all pregnancies in Alaska are unintended while 89% of pregnancies by women with opioid use disorder are unintended.³

93% of pregnant women utilizing NEST program services had prenatal drug use identified before delivery.¹

Alaska has more than 120 children diagnosed with Fetal Alcohol Spectrum Disorders every year.⁴

A newly published national FASD prevalence study funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports that FASD may be as common as Autism in the United States.⁵

Long acting reversible contraception (LARC) methods such as intrauterine devices (IUDs) and subdermal implants are 20 times more effective than other common forms of contraception.⁶

Postpartum LARC insertion for women with substance abuse disorders in order to prevent unintentional pregnancy and prenatal drug/alcohol exposure has been recommended by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American Academy of Pediatrics, and the Centers for Medicare and Medicaid Services.⁷

The National Center for Chronic Disease Prevention and Health Promotion has identified LARCs as a primary prevention method for reducing the incidence of Neonatal Abstinence Syndrome.⁸

The State of Alaska Department of Health and Social Services - Women's, Children's, & Family Health Section reports that if half of the unintended pregnancies in Alaska, or 2,500 births, could be averted or delayed, the potential cost saving to the State of Alaska would be over \$44 million per year.⁹

³ Heil SH, Jones HE, Arria A, et al. Unintended pregnancy in opioid-abusing women. *J Subst Abuse Treat*. 2011;40(2):199–202.

⁴ Alaska State Legislature. Fetal Alcohol Spectrum Disorders and Alaska. Retrieved from: http://www.legis.state.ak.us/basis/get_documents.asp?session=28&docid=18982

⁵ May, P. Chambers, C. Kalberg, W., et. al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US communities. *Journal of American Medical Association*. Feb. 6, 2018. Retrieved from: <https://jamanetwork.com/journals/jama/article-abstract/2671465?redirect=true>

⁶ The American College of Obstetricians and Gynecologists. Long acting reversible contraception (LARC): IUD and Implant. FAQ184. July 2014. ACOG Print.

⁷ Ray, M., and King, V. Immediate postpartum LARC: An underused contraceptive option. *American Academy of Family Physicians*. Jan. 1, 2018. Retrieved from: <https://www.aafp.org/afp/2018/0101/p9.html>

⁸ Barfield, W., The problem with Neonatal Abstinence Syndrome. National Center for Chronic Disease Prevention and Health Promotion. Retrieved from: <https://www.cdc.gov/cdcgrandrounds/pdf/archives/2016/august2016-H.pdf>

⁹ State of Alaska, Department of Health and Social Services Women's, Children's, & Family Health Section. Unintended pregnancy in Alaska. Special series fact sheet. Dec. 2010. Print.