

**Tribal and State Relations Committee
Thursday, December 17, 2015
Roughrider Room, State Capitol
Bismarck, North Dakota**

Testimony of Claire J. Ness, Assistant Attorney General, regarding an update on the activities of the Substance Exposed Newborns Task Force

Mr. Chairman and members of the committee, thank you for asking me to provide an update on the Substance Exposed Newborns Task Force today. Across the country, the number of babies born with prescription and illegal drugs in their systems has been growing. These babies are exposed to alcohol or drugs during gestation and become dependent on them. When they are born and their exposure to those substances ends, they experience neonatal abstinence syndrome, also known as neonatal withdrawal syndrome, which causes a range of symptoms such as seizures, excessive crying, tremors, gastrointestinal distress, fever, irritability, poor feeding, and breathing and sleeping problems. In addition, these babies often grow up with special long-term medical and educational needs.

North Dakota is not immune to this problem. It is impacting our communities too. In the last legislative session, Senate Bill 2367 was passed to create the Substance Exposed Newborns Task Force and begin the process of systematically addressing neonatal abstinence syndrome. The members of the task force represent a broad range of professions and experience. They include the executive director of the Indian Affairs Commission; four enrolled tribal members representing tribes located in North Dakota; the Attorney General or his designee, a position that I am filling; the executive director of the Department of Human Services; a member of the senate and a member of the house of representatives; a state's attorney; a county social services director; a neonatologist; a neonatal intensive care unit nurse; and representatives of the state medical association, an addiction and recovery association, the state chapter of the March of Dimes, Prevent Child Abuse North Dakota, law enforcement and the foster care community.

Senate Bill 2367 requires the task force to meet quarterly for one year and sets forth four responsibilities for the task force. They are to:

1. Collect and organize data concerning the nature and extent of neonatal withdrawal syndrome from substance abuse in North Dakota;
2. Collect and organize data concerning the costs associated with treating expectant mothers and newborns suffering withdrawal from substance abuse;
3. Identify available federal, state and local programs that provide services to mothers who abuse drugs or alcohol and to newborns who have neonatal withdrawal syndrome and evaluate those programs and services to determine if gaps in program or ineffective policies exist; and
4. Evaluate methods to increase public awareness of the dangers associated with substance abuse, particularly to women, expectant mothers and newborns.

The task force will report its findings and recommendations to legislative management by July 1, 2016.

At this time, the task force has held two meetings. Based on an assessment of the information we have to date, the members believe it is important to consider the problem of neonatal exposure to drugs and alcohol throughout a continuum from pregnancy through adolescence or beyond. The task force believes that efforts to combat this problem should focus on prevention before and during pregnancy as well as treatment after a child is born. As a result, such efforts, including public awareness efforts, will need to reach women of childbearing age, their families and communities, and others.

Task force members have gathered data from the private and public sector on the incidence, nature and cost of neonatal abstinence syndrome in North Dakota. This data collection process is ongoing but is made difficult by testing and coding difficulties among health care providers. As a result, the incidence

of neonatal abstinence syndrome is probably underreported not only in North Dakota but across the country. The cost to treat neonatal abstinence syndrome is also hard to quantify for the same reason, but the figures we have indicate that cost is very high. For example, one entity reported that treating four newborns during their neonatal hospital stays cost over \$850,000. That figure does not include any health care, education or social services the children may need after that initial hospital stay.

The task force members also have discussed efforts by other states to reduce the number of babies born with neonatal abstinence syndrome and continue to look for additional data on programs to treat and care for children who were born dependent on drugs and alcohol. Task force members, especially those who work at the Department of Human Services, have provided valuable information about resources available to treat substance abuse and assist new and expectant mothers in North Dakota.

The task force is continuing to work on data collection and analysis regarding our four goals set forth in Senate Bill 2367. As that work progresses, we will develop our recommendations and prepare our report to legislative management. If you have any questions about the task force, I will be happy to answer them at this time.