



Testimony of

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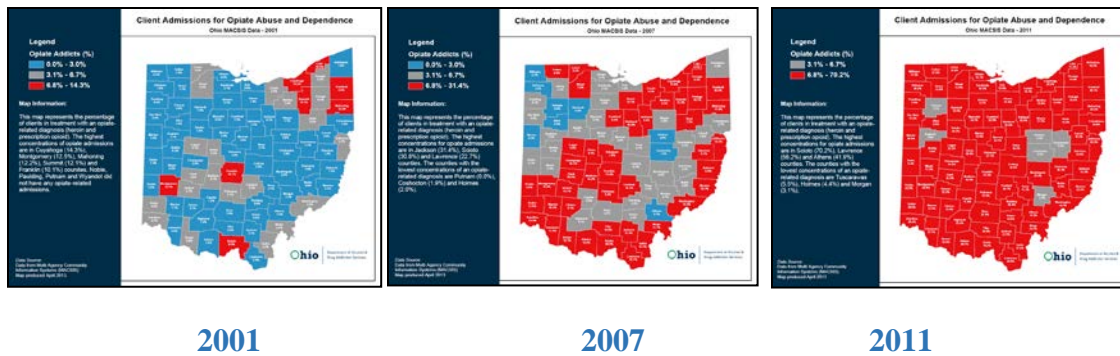
Before the United States Senate Homeland Security and Government Reform Committee

Chairman Portman, Senator Brown and distinguished guests, my name is Michele Walsh, M.D. I am the Chief of Neonatology at Rainbow Babies & Children's Hospital, UH Hospitals and Case Western Reserve University. I have been privileged to care for the tiny babies of North Eastern Ohio for over 25 years. I thank the Committee for holding this field hearing in Cleveland, and UH Case Medical Center is proud to serve as host. I appreciate the opportunity to speak on behalf of those babies this morning.

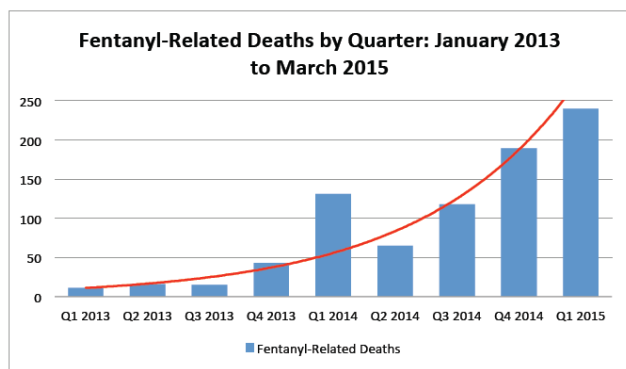
UH Rainbow Babies & Children's Hospital is a 244-bed, full-service children's hospital and academic medical center. A trusted leader in pediatric health care for more than 125 years, UH Rainbow Babies & Children's Hospital consistently ranks among the top children's hospitals in the nation. As the region's premier resource for pediatric referrals, UH Rainbow Babies & Children's Hospital's dedicated team of more than 1,300 pediatric specialists uses the most advanced treatments and latest innovations to deliver the complete range of pediatric specialty services for 700,000 patient encounters, annually.

Never have I seen a public health epidemic of such severity as the current opiate epidemic among our citizens. We must focus our efforts on a cohesive national strategy that attacks every facet of this complicated problem. In the same way that we came together as a nation to combat AIDS and more recently Ebola—the same urgent methods are needed to combat this scourge. The Comprehensive Addiction Recovery Act championed by Senator Portman and others is exactly the right direction to address the complexities of addiction treatment, and the inadequate numbers of programs, trained physicians and facilities to address this exploding issue.

The epidemic has raced across Ohio and the nation. To illustrate I provide a series of pictures of the spread of individuals in Ohio seeking treatment for opiate addiction from 2001-2011.



We are now facing a new twist that is having deadly consequences. Ohio leads the nation in seizures of



Source: CDC Report: Undetermined risk factors for fentanyl-related overdose deaths — Ohio, 2015 (EpiAid 2016-003): Trip Report – Epi2

illegally manufactured fentanyl: a narcotic that is 50 times more powerful than heroin or morphine. Drug dealers are mixing the fentanyl with heroin unbeknownst to their clients- and escalating the death toll.

The problems associated with abuse of prescription narcotics and the use of illegal opiates has grown and

continues to get worse. Unfortunately, the epidemic of narcotics (both heroin and prescription narcotics) use among adults has led to a corresponding epidemic of narcotic-exposed newborns. This tragic occurrence is termed Neonatal Narcotic Abstinence Syndrome (NAS). NAS produces jitteriness, fever, diarrhea, poor feeding, and if not treated seizures. After narcotic exposure in the womb, NAS requires treatment in most newborns. The problem is that treatment strategies for NAS are largely unstudied, and lead to wide variations in practice, lengths of stay, and cost.

To combat the issue of disparate treatment of NAS newborns, Governor Kasich helped to create and fund a statewide collaboration of the 6 Children’s Hospitals in Ohio to research NAS and determine improved courses of treatment. I am honored to lead this research initiative, and to work with my colleagues from the other Ohio Children’s Hospital Association member hospitals: Akron Children’s Hospital; Cincinnati Children’s Hospital Medical Center; Dayton Children’s Hospital; Nationwide Children’s Hospital; and, Promedica Toledo Children’s Hospital. Our objectives were to:

- Describe the maternal and neonatal characteristics of full term infants with NAS;
- Determine the best practice for NAS treatment; and,
- Identify variation and areas for future research.

Working together we were able to identify best practices for caring for the family, and the infant and improving the integration of care between obstetricians, neonatologists and addiction medicine specialists. From the earliest days of our work in 2011 to today we decreased the duration of opiate treatment from 60% of all NAS exposed infants to 45%, decreased length of treatment from 25 days to 16 days, and total hospitalization from 31 days to 19 days.

While embracing a cohesive statewide approach attacking all aspects of the problem, we are just beginning to see the tide turning and for the first time seeing a reduction in the amount of opiates prescribed across the state. We hope this will be a harbinger that the epidemic of addiction is slowing.

I believe Ohio's approach to be a model for the nation. I respectfully urge federal lawmakers to:

- Continue efforts to educate physicians, dentists and other prescribers on appropriate pain treatment, the limited role of narcotics in acute pain and the signs of addiction.
- Continue efforts to eliminate illegal prescribing practices.
- Require the mandatory use of state wide opiate prescribing sites before writing an opiate prescription, and link these registries across states.
- Create new programs within opioid maintenance clinics designed to delay pregnancy until the mother's health and dependence are improved. (MOMS grant from CMS)
- Enhance programs that encourage women to seek prenatal care and avoid criminalizing pregnant women with narcotic addiction.
- Create incentives for new methadone treatment providers to enter the field.
- Eliminate barriers to prescribing suboxone replacement therapy during pregnancy which will decrease the severity of newborn withdrawal, allowing certified providers to increase the number of patients that they are treating.
- Create additional residential treatment programs for both the mother and infant. Pregnancy is a teachable moment where women are highly motivated to change and improve their lives and the lives of their children.
- Fund research at the National Institutes of Health to better understand the consequences of in utero exposure to opiates, and to further refine treatments.

Thank you once again for the opportunity to testify before the Committee this morning. I stand ready to support your efforts in any way possible, and look forward to your questions.