

MHA News Release

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OPIOID CRISIS' YOUNGEST VICTIMS

Neonatal Abstinence Syndrome Increases 538 Percent Throughout Decade

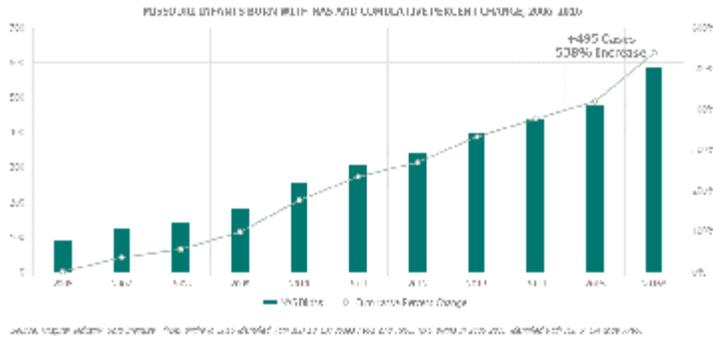
JEFFERSON CITY, Mo. — New Missouri-specific [research](#) finds that the growth in opioid abuse in the state parallels an alarming upward trend in newborns — neonatal abstinence syndrome. Researchers from the Hospital Industry Data Institute reviewed hospital diagnostic codes for all Missouri births between 2006 and 2016, and found a 538 percent increase in codes related to newborns with withdrawal symptoms stemming from maternal drug use.

“Babies born addicted to powerful drugs suffer withdrawal symptoms similar to adults and require specialized, and often intensive, care,” said Herb B. Kuhn, MHA President and CEO. “The growth of opioid abuse, and its toll on the state and nation, are well documented. The prevalence of NAS, and the costs to care for these newborns, has been less well documented.”

HIDI [research](#)

released in October 2015 showed a leveling off of hospital and emergency department visits between 2012 and 2014. The updated data identifies a new spike in hospital utilization between 2014 and 2015.

Number of Infants Born with NAS and Percent Increase from 2006



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Missouri [Rep. Holly Rehder](#) of Sikeston, has introduced legislation to establish a prescription drug monitoring program to assist providers in identifying prescription drug abuse.

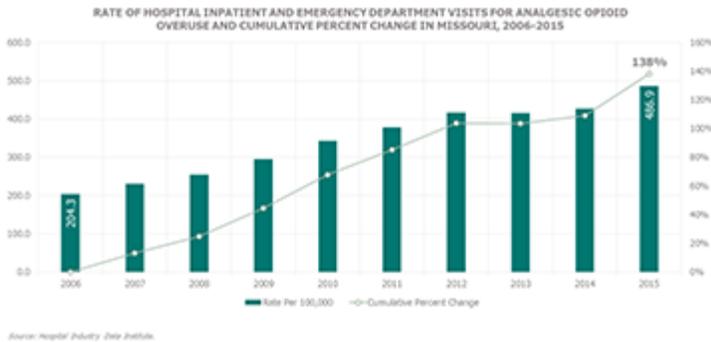
“Missouri is the only state without a prescription drug monitoring program,” Rehder said. “Without having a patient’s medication history available to a physician or pharmacist, it’s difficult to identify individuals who are abusing these powerful drugs. And, as this research reveals, the user isn’t always the only victim of the abuse.”

National [research](#) mirrors the Missouri data. Between 2009 and 2014, Missouri followed only Tennessee in opioid-related adult inpatient stays, and Illinois for opioid-related emergency department visits, among its neighboring states. In both categories, Missouri exceeded the national average for cumulative percent change.

“Missouri’s opioid abuse problem is growing faster than virtually all of our neighbors’,” Kuhn said. “To reduce the number of newborns who suffer from NAS, we must address the number of adults who abuse opioids. That requires a coordinated effort by clinicians and policymakers.”

Growth in opioid utilization is seen among all payer

Rate of Hospital Utilization for Analgesic Opioid Overuse in Missouri and Percent Change from 2006



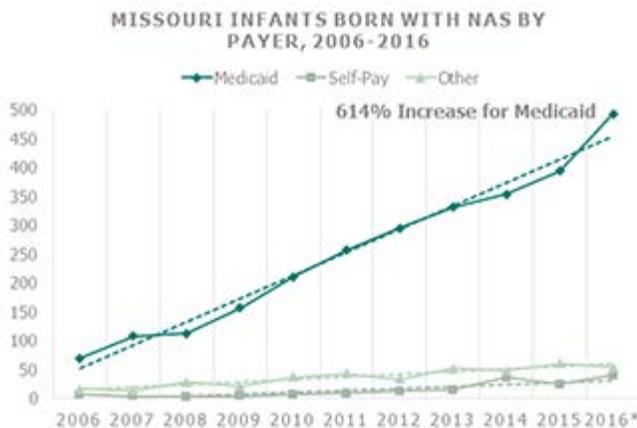
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types. The highest rate of growth in Missouri for hospital utilization related to opioid abuse was in individuals with Medicaid coverage

and among the uninsured. Policymakers have a significant stake in the effort to reduce opioid abuse among Medicaid enrollees — more than 40 percent of births in Missouri are funded by the state’s Medicaid program. These children are automatically Medicaid eligible.

The new research shows that total hospital charges to Medicaid for infants born with NAS topped \$20 million in fiscal year 2016. The cost to Medicaid was nearly \$10 million. The research does not calculate other downstream costs, such as follow-up clinical services or social services such as foster care or long-term health consequences of being born with NAS. These additional costs will add to the financial impact of this problem.

Although the number of births in Missouri declined slightly throughout the last decade, the number of newborns with NAS increased — from approximately 1 in 1,000 in 2006, to nearly 8 in 1,000 in 2016.



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The rate of increase for NAS-affected newborns in Medicaid between 2006 and 2016 was 614 percent. The increase in Medicaid NAS-newborns accounted for 86 percent of the total statewide increase throughout the decade. The statewide rate of births with NAS in 2016 was 7.9 per

1,000 births. The rate among newborns covered by Medicaid was nearly double the statewide rate at 15.2 percent.

In December 2015, six organizations representing Missouri health care providers [issued recommendations](#) to their collective memberships on an initial step to reduce opioid painkiller misuse and abuse. In addition, several municipalities have adopted local prescription drug monitoring programs. Changes to both practice and policy are needed to address this epidemic.

“No baby should be born with an addiction,” said Rehder. “I’ve seen the high cost of abuse — in my family and in the community I was elected to serve. Establishment of a prescription drug monitoring program would provide another tool in addressing the harm that happens in Missouri every day.”

Rehder’s [bill](#), which has bipartisan cosponsors in the Missouri House of Representatives, is HB 90.

“Missouri’s health care provider community needs a strong partnership with state and local policymakers to expand the tools available to reduce the cost of the opioid crisis,” Kuhn said. “A prescription drug monitoring program would be an important step forward in that partnership. Missouri’s health care providers appreciate Rep. Rehder’s leadership, and the support of other members of the General Assembly, in this important effort.”

The [Missouri Hospital Association](#) is a not-for-profit association in Jefferson City that represents 145 Missouri hospitals. In addition to representation and advocacy on behalf of its membership, the association offers continuing education programs on current health care topics and seeks to educate the public about health care issues.

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