



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

November 29, 2012

Dear Colleague,

Over the past decade, we have seen a nearly ten-fold rise in the incidence of babies born with Neonatal Abstinence Syndrome in Tennessee. This rise is paralleled by an increase in the prescription and use of narcotic pain medications across our state.

Infants with Neonatal Abstinence Syndrome may experience serious neurologic, gastrointestinal and respiratory symptoms and are more likely to have difficulty with weight gain. Tennessee estimates suggest that the care of these infants may exceed \$40,000 throughout the first year of life, compared with costs closer to \$4,300 for an otherwise healthy infant born at a normal birth weight. As you know, these blameless infants born dependent on addictive drugs face a tragically painful beginning and an uncertain future. NAS also places a tremendous burden on the hospitals that provide care for these infants and the insurance payors who cover the costs of such hospitalizations, as well as the primary care providers who provide ongoing care in these often heart-wrenching cases. Costs to Medicaid (TennCare) alone exceeded \$22 million in 2010. Additionally, the associated social circumstances place tremendous strains on the child welfare and human services systems.

The human costs of NAS are not inconsequential. These babies are often born into difficult social circumstances and can present challenges for new parents who are trying to welcome such a distressed baby while often simultaneously working through their own distress. The social circumstances for many of these families are not optimal, and families as well as providers may worry about the long-term consequences of both the prenatal exposure and postnatal social milieu.

These statistics are compelling and necessitate action. At present, we rely on hospital discharge data to provide information on NAS incidence. Lag time in reporting and limitations on existing datasets hinder our ability to have timely data on which to inform policy and program efforts.

To that end, **I have added Neonatal Abstinence Syndrome to the list of Reportable Diseases and Events, effective January 1, 2013.** This addition will allow us to have more real-time data about NAS incidence and will help inform future efforts aimed at primary prevention of NAS. Hospitals should report cases at time of diagnosis. In the event that the diagnosis is made in an outpatient setting, the treating provider should report the case.

You can find more information about NAS and reporting requirements at: <http://health.tn.gov/MCH/NAS/index.shtml>. If you have any questions, please contact Dr. Michael Warren at 615-741-7353 or by email at michael.d.warren@tn.gov.

Thank you for your continued efforts to protect and improve the health of Tennessee's children and families.

Sincerely,

John J. Dreyzehner, MD MPH FACOEM
Commissioner

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