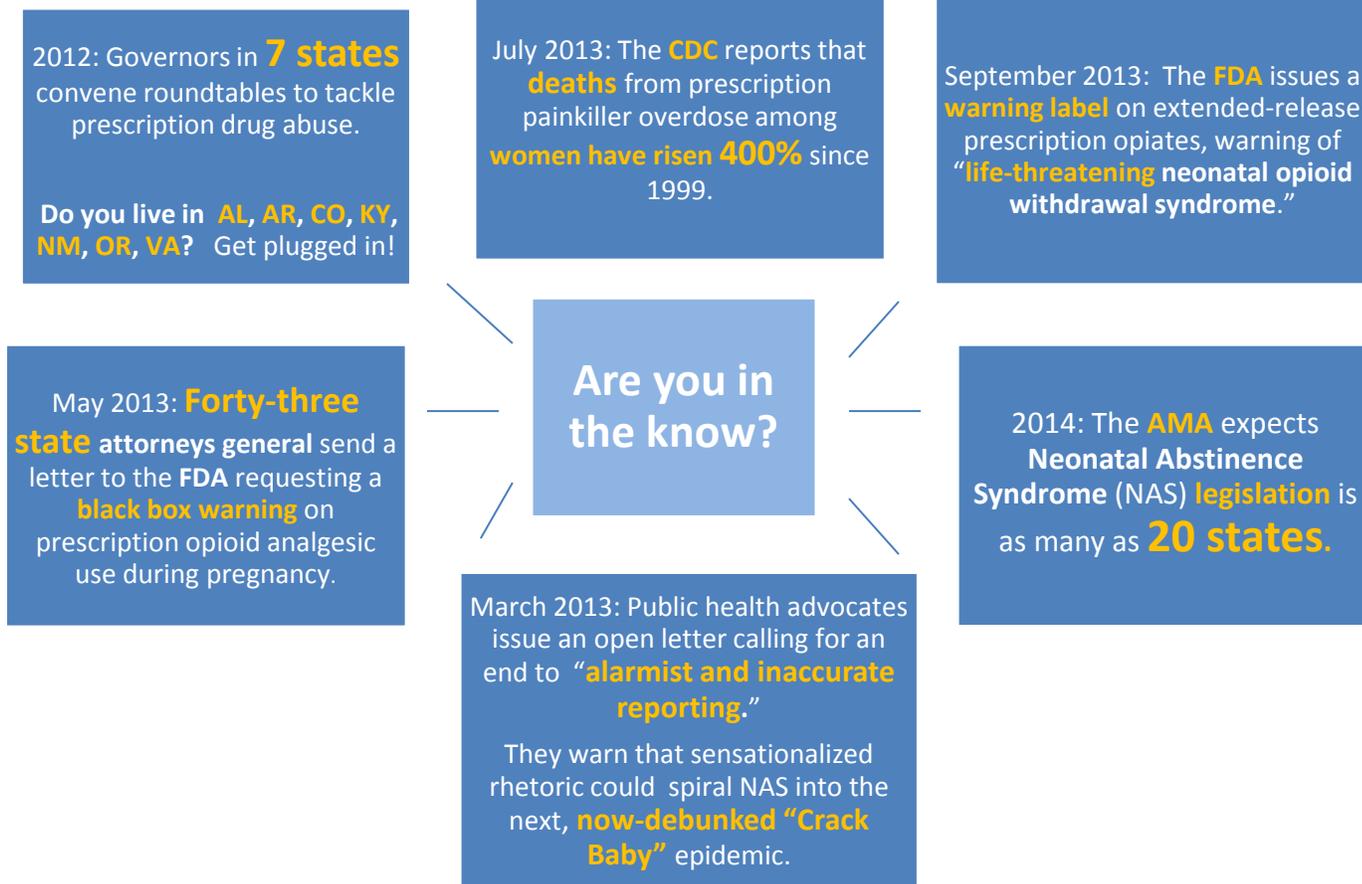


Let's Talk: Pregnancy, Substance Abuse & Neonatal Abstinence Syndrome (NAS)



Messaging:

- ✓ ACOG has **longstanding clinical, ethical and public health guidance, as well as legal briefs** on substance abuse and pregnancy. ACOG has partnered with **addiction medicine specialists** to respond to the state attorneys general call for a black-box warning on opioid analgesic use during pregnancy.
- ✓ See your Roundtable Tools & Resources document for these and other materials that will help inform your advocacy.

NEXT STEPS: *Prepare for Legislation in 2014*

- ✓ **Take advantage** of all the attention this issue is getting. Lawmakers may be more receptive than previously to some of ACOG’s long-standing advocacy goals.

- **Advocate for** legislation giving pregnant women and women of childbearing age priority access to state-funded drug treatment programs – especially pregnant women who are *referred* for treatment.
 - **Advocate for** preservation of the patient-physician relationship so that your state laws/regulations do not require you to report pregnant patients with current or past history of substance use to legal authorities and/or child welfare services *in the absence of evidence of child abuse or neglect*.
- ✓ **Watch out** for legislation that seeks to prosecute a pregnant woman who uses any amount of a controlled substance, prescribed or not, at any point during her pregnancy and regardless of whether or not she knew she was pregnant.
- Under this type of bill, any pregnant woman who admits to having a drug problem or seeks help for a drug problem would be subject to arrest. Physicians who prescribe controlled substances to pregnant women would be criminally liable, too.
 - Consider an affirmative defense or exception for pregnant women who are in drug treatment programs, and a safe harbor for the treating physician. These provisions are controversial even among maternal health advocates. See your Roundtable Tools & Resources document and specifically, Tennessee’s law.
- ✓ **Be ready to play defense. We can expect State Legislators to:**
- Strengthen enforcement of existing laws or enact new ones that target the prescription drug abuse epidemic.
 - Look for ways to reduce over-prescribing by health care practitioners by:
 - Mandating CME on pain management.
 - Tying the mandate to licensure renewal and insurance reimbursement.
 - Using state funds spent on GME to integrate education on pain, addiction and misuse into medical training.
 - Adopting opioid dosing guidelines.
 - Restricting when and how patients can access prescription drugs.
 - Spearhead a “Use Only As Directed” or other public awareness campaign.
 - Fully fund and operationalize your state’s prescription drug monitoring program (PDMP).
- ✓ **Don’t be left out.** Make ACOG’s voice heard on governor-appointed task forces and working groups that may already be underway in your state.
- ✓ **Reach out** to coalition partners: March of Dimes, ASAM, AAP, state medical society, ACLU.
- ✓ Consider putting these issues on your **legislative agenda for 2014**.