

April 8, 2019

The Honorable Richard Shelby
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Nita Lowey
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairman Shelby, Chairwoman Lowey, Vice Chairman Leahy, and Ranking Member Granger:

As you begin work on fiscal year (FY) 2020 appropriations, we urge you to continue funding to help states develop “plans of safe care” for infants with prenatal substance exposure. Congress provided an additional \$60 million for this purpose in FY2018 and FY2019, which has transformed states’ ability to ensure that infants with prenatal substance exposure and their families are connected to needed treatment and support services and prevent children from entering the foster care system. Continued funding remains necessary to maintain this critical work, particularly as the opioid crisis continues.

According to federal data, the number of infants diagnosed with neonatal abstinence syndrome (NAS), which can occur after in utero exposure to opioids, grew nearly 7-fold from 2000 to 2014. This rise in NAS has occurred alongside a parallel increase in opioid use nationally. In addition, the number of children in foster care continues to rise. The most recent federal data show that in FY2017 the number of children in foster care increased for the fifth straight year. Of the 15 categories states can cite for why children are removed from their homes and placed into foster care, parental substance abuse had the largest percentage point increase – from 34% in FY2016 to 36% in FY2017. Experts believe this trend will continue. These findings increase our sense of urgency to promote solutions that help to keep families together whenever safely possible.

Since 2003, federal law has required governors to provide an assurance to the Secretary of the Department of Health and Human Services that their states have in effect, and are enforcing, a statewide program requiring health care providers to work in collaboration with child protective services, treatment agencies, and other community partners to develop plans of safe care for infants with prenatal substance exposure. These plans of safe care are intended to promote the health and safety of infants after leaving the hospital, but also have the potential to improve maternal health through improved access to substance disorder treatment and other healthcare and social support services. Over the years, changes have been made to strengthen this requirement, notably in the *Comprehensive Addiction and Recovery Act of 2016* (P.L. 114-198), but these policy changes came without any funding or clear guidance for their implementation

until last year when Congress provided an additional \$60 million for plan of safe care implementation in the FY2018 and FY2019 appropriations bills as part of a broader effort to address the opioid crisis. Recognizing the importance of this work, Congress also created a program within the Child Abuse Prevention and Treatment Act (CAPTA) as part of the *SUPPORT for Patients and Communities Act* (P.L. 115-271).

Continuing this funding is essential to stemming the rise of children entering the foster care system. It also offers the opportunity to support a public health approach to maternal opioid use that can promote infant safety and healthy development while enabling families to stay together during treatment, where appropriate.

We urge Congress to appropriate \$60 million to continue to support plan of safe care implementation nationally as part of the CAPTA program established in the *SUPPORT for Patients and Communities Act* to ensure more children can remain with their families and thrive.

Thank you for your consideration. We look forward to working with you to ensure that infants and their families who are impacted by substance use disorders receive the services they need to thrive.

Sincerely,

Alliance for Strong Families and Communities
American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American College of Obstetricians and Gynecologists
American College of Osteopathic Emergency Physicians
American Psychiatric Association
Association of Maternal and Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Child Welfare League of America
Children and Family Futures
Children's Advocacy Institute
Children's Defense Fund
Children's Hospital Association
Doctors for America
Family Focused Treatment Association
First Focus Campaign for Children
First Star Institute
Foster America
Health Resources in Action
Hogg Foundation for Mental Health
March of Dimes
MomsRising
National Alliance of Children's Trust and Prevention Funds
National Association of Pediatric Nurse Practitioners

National Foundation to End Child Abuse and Neglect
National Hispanic Medical Association
Nemours Children's Health System
Nurse-Family Partnership
Young People in Recovery
Youth Villages
ZERO TO THREE