

NASADAD Comments: Priority Setting for the Children's Health Insurance Reauthorization Act (CHIPRA) Pediatric Quality Measures Program.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and NASADAD's Performance Data Workgroup appreciates the opportunity to comment on the proposed rule, *Priority Setting for the Children's Health Insurance Reauthorization Act (CHIPRA) Pediatric Quality Measures Program*. We are particularly pleased that two potential priorities for measure enhancement and new developments are:

- Quality of mental/behavioral health and substance abuse services, including prevention and treatment across all settings
- Measures of content (quality) of care now typically measured as broad utilization categories (e.g. prenatal, postpartum, newborn care (including breastfeeding support), well-child and adolescent well-care visits, screening services, and follow-up visits for chronic conditions and related medications)

Quality of mental/behavioral health and substance abuse services, including prevention and treatment across all settings – Substance abuse represents a major problem in the United States. According to the 2009 National Survey on Drug Use and Health (NSDUH) among the nearly 30 million 12-18 year olds:

- 23.7% drank alcohol or used illicit drugs in the past month
- 19.3% drank in the past month, of which
 - 12.3% binge drank in the past month
- 11.9% used illicit drugs in the past month
- 8.8% needed alcohol or drug treatment (met clinical criteria for abuse or dependence)
- Of those that needed treatment only 11 percent got any treatment, but only 6 percent got “specialty” SUD care.

The Health Resources and Services Administration (HRSA) supported *Bright Futures: Guidelines for Health Supervision for Infants, Children, and Adolescents* recommends screening children and adolescents for alcohol and drug use. It states “health care professional’s screening, in combination with community prevention efforts, are important..... Success in treating a substance abuse problem is more likely if treatment is begun early. The onset of early drinking has been associated with increased risk of alcohol-related health and social problems in adults, including dependence later in life, frequent heavy drinking, and unintentional injuries while under the influence, and motor vehicle crashes.” We recommend including this as a priority and consider measures to monitor screening, initiation, engagement of treatment, retention, continuity of care, and outcomes for substance use.

Measures of content (quality) of care now typically measured as broad utilization categories (e.g. prenatal, postpartum, newborn care (including breastfeeding support), well-child and adolescent well-care visits, screening services, and follow-up visits for chronic conditions and related medications)- NASADAD strongly recommends the inclusion of services for Fetal Alcohol Spectrum Disorders (FASDs) under this measure. While the exact number of individuals with FASDs is not known, the Centers for Disease Control and Prevention (CDC) estimate approximately 0.2 to 1.5 cases of fetal alcohol syndrome (FAS) occur for every 1,000 live births in certain areas of the United States and there are at least three times as many

cases of less severe symptoms. “The lifetime cost for one individual with FAS in 2002 was estimated to be \$2 million.”¹ FASDs are preventable by a woman abstaining from alcohol use while pregnant. In 2005 the Surgeon General released an Advisory on Alcohol Use in Pregnancy that concluded “health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy”².

Thank you for the opportunity to comment on this important issue. We strongly urge for these measures to be included as a priority in the final rule.

¹ Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/ncbddd/fasd/data.html>.

² Office of the Surgeon General. Press Release: “U.S. Surgeon General Releases Advisory on Alcohol Use in Pregnancy, February 21, 2005.” Available at www.hhs.gov/surgeongeneral/pressreleases/sg02222005.html.