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Neonatal Abstinence Syndrome (NAS)

Committee Meeting Minutes 2/10/2016

Welcome and Introductions

The Chair designee, Shelly Musser-Bateman, called the meeting to order about 1:05 P.M. on Wednesday February 10th, 2016. She also requested everyone around the room to introduce themselves and express why this committee and topic is important to them.

Attendees

Members in Attendance	Guests and IDPH
Shelly Musser-Bateman, Chair Dennis Crouse Christine Emmons Jodi Hoskins (via telecom) Omar LaBlanc Randy Malan Emily Miller Mary Puchalski Elaine Shafer David Soglin Heather Stanley-Christian	Tanya Dworkin, IDPH April Johnson, IDPH Shannon Lightner, IDPH Andrea Palmer, IDPH Alexander Smith, IDPH Brielle Osting, Guest (Everthrive) Seth Nelson, Guest (Randy Malan-SLU School Pharm) Jeff Brown, Guest (Randy Malan-SLU School Pharm)
	Members Not In Attendance
	Ira Chasnoff* Ginger Darling Aki Noguchi* David Ouyang Nirav Shah

Note: There was an issue with the call in and it was not started until about 25 minutes into the meeting. Members with an asterisk () informed the note taker that they tried to call in, but were unsuccessful.

Minutes

No minutes to approve, as this was the first meeting for this committee.

Motions

1. **Motion to adopt the by-laws**
1st David Soglin, 2nd Heather Stanley-Christian
2. **Motion to have meetings from 1 P.M. to 5 P.M. Quarterly**
1st Mary Puchalski, 2nd Dennis Crouse
3. **Motion to move election of vice-chair to next NAS committee meeting**
1st Elaine Shafer, 2nd Christine Emmons
4. **Motion to adjourn**
1st Heather Stanley-Christian, 2nd David Soglin

Agenda Items

Overview of NAS Legislation from National Prospective

- The chair covered several states that had recently passed legislation regarding NAS. A lot of these laws were designed to protect babies and criminalized women who gave birth to the NAS affected babies.
- Colorado, as an example, provides immunity to women for any information given during a routine OB visit.
- Many states have also created task forces to deal with the situation, much like Illinois is doing.

Advisory Committee Expectations

- The chair went through the roster and the make-up of the committee as per the legislation set forth by IDPH.
- Part of the committee's responsibilities going forward would include data collection efforts and how it can be modified or upgraded statewide.
- Shannon Lightner, the Deputy Director of the Illinois Department of Public Health, explained that page (7) of the legislation covers what the committee's role in advising the Department.

- The committee will be active until June 30, 2019, but the committee can be renewed at that time if need-be.
- Annual Reports will be needed every March 31st. It is submitted to the Governor and the General Assembly.

By-Laws

- The By-Laws were reviewed by the committee
 - It was noted by IDPH Legal that in the by-laws, 5-3, that if there is a vote on anything that is of financial or personal interest they will have to abstain from the vote.
- Motion was made to adopt the by-laws.

Next Steps

- The chair opened it up to the committee to discuss what maybe what would happen going forward.
- Question Posed: Is the committee responsible for collecting data?
 - Answer: No, but the committee is to help identify ways of how to collect and what parts of data to collect. The IDPH epidemiologist will start attending meetings to assist.
- Dr. Crouse noted that a lot of the problem is half from illicit drugs and half can be from prescription drugs. Tennessee has reported 2/3 of the cases coming from prescription and the rest from illicit drugs.
- Dr. Malin spoke on data that has already been collected concerning some areas of interest with the NAS committee through a data sharing agreement with the Department. It uses geo plotting of vital statistics to determine areas that will need to be focused on. They are also working with the Department of Healthcare and Family Services to determine which of these people are on Medicaid and matching the data.
- A current problem is: the right data is not being collected. In doing research, the chair claimed that it was hard finding information that she wanted.
- IDPH asked the committee to discuss who they would want to bring to the committee. They are currently in process of acquiring someone from the Illinois Department of Children and Family Services.
 - A suggestion was to have law enforcement.
 - A suggestion was to have the Illinois Perinatal Quality Collaborative
 - It was suggested to have a case manager as a patient liaison, either on the committee or to attend the meetings for insight.
 - It was also suggested to have someone specialized in addictions attend the meetings.
 - Another suggestion was to have the regional perinatal administrators attend the meetings

- It was suggested to have a drug information expert mainly due to symptoms can be enhanced by genetics
- Next meeting should focus on #1 and #2 of the legislation: “Develop an appropriate standard clinical definition of ‘NAS’” and to “Develop a uniform process of identifying NAS.” After 1 and 2 are fulfilled then start thinking of next steps concerning data.

Legislation Discussion

1. Develop an appropriate standard clinical definition of NAS
 - IDPH recommended having the committee come up with a common language and finding a clinical standard definition of what NAS is.
 - IDPH Legal let the committee know that sending in a definition into IDPH is fine, but be careful not to discuss any topics outside of meetings as it would be in violation of the laws for the committee.
2. Develop a uniform process of identifying NAS
3. Develop protocols for training hospital personnel in implementing an appropriate and uniform process for identifying and treating NAS
4. Identify and develop options for reporting NAS data to the Department by using existing or new data reporting options
 - IDPH recommended an entire meeting to discuss just data and agency agreements.
 - Have someone come in to speak about Metabolic Screening
 - Want APORS to come and speak to the committee regarding data
5. Make recommendations to the Department on evidence-based guidelines and programs to improve the outcome of pregnancies with respect to NAS.
 - The committee wants/needs data to make decisions for this outcome.
 - Establish a baseline on what the committee thinks is and then let it evolve as the committee grows.

Meeting Logistics

- Next meeting will be discussion of definition and then maybe questions surrounding the data.
- The consensus and vote was to meet quarterly from 1:00 P.M. to 5:00 P.M.
 - It was decided to be a teleconference, but with the face to face as an option.
- A vote took place to table the election of a vice chair to the second meeting.

Adjournment

Heather Stanley Christian moved for the meeting to be adjourned. This was agreed upon by David Soglin around 2:40 P.M. on Wednesday February 10th, 2016.