



Louisiana Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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May 11, 2022

The Honorable Lawrence A. Bagley
Chairman
House Committee Health and Welfare
900 North Third Street
Baton Rouge, LA 70804

Re: Support for SB 268

Dear Chairman Bagley,

On behalf of the Louisiana Society of Addiction Medicine (LSAM), the medical specialty society representing physicians and other clinicians in Louisiana who specialize in the prevention and treatment of addiction, I would like to express our support for SB 268. This important legislation would ensure that opioid treatment programs (OTPs) provide Food and Drug Administration (FDA)-approved medications for opioid use disorder to pregnant patients. With the opioid epidemic significantly impacting Louisiana, it is vital that all of our citizens have broadened access to evidence-based addiction treatment.

LSAM is dedicated to improving the quality of addiction treatment for patients in Louisiana. Towards that end, we are committed to achieving a treatment system that provides accessible and evidence-based care to all. Pregnant and postpartum women with opioid use disorder are among the most stigmatized groups. As such, they often do not receive the treatment that they need. Many pregnant women who could benefit from treatment fear the punitive consequences of failed drug tests and avoid treatment entirely. Those that do pursue treatment encounter significant resistance when attempting to access medications for opioid use disorder. This resistance is due to pervasive misconceptions about the proper standard of care for pregnant women with opioid use disorder.

The enactment of SB 268 would address these misconceptions and ensure that pregnant women with opioid use disorder can receive medication from OTPs without interference. According to the American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder, pregnant women with opioid use disorder are candidates for opioid agonist treatment, with methadone or buprenorphine being the standard of care.ⁱ Further, it is recommended that women who are not in treatment for opioid use disorder be encouraged to start opioid agonist treatment as early as possible during pregnancy.ⁱⁱ A substantial body of research indicates that the induction or continuation of methadone and buprenorphine treatment is safe for both mother and child.^{iii iv} By explicitly requiring that OTPs provide medication for opioid use disorder to pregnant women, SB 268 would uphold the proper standard of care and counteract the stigma that pregnant women face when seeking treatment for opioid use disorder.

For the reasons stated above, we request that your committee report SB 268 favorably. Additionally, we commend the sponsors of this legislation for their demonstrated commitment to expanding evidence-based addiction treatment in Louisiana. If there is any other assistance that we can provide, please contact our president, Dr. Gregory Caudill, at (504) 300-9330 or at

caudill1872@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to be 'GC', with a long horizontal flourish extending to the right.

Gregory Caudill, MD, FASAM
President, Louisiana Society of Addiction Medicine

CC: The Honorable Christopher Turner
The Honorable Roy Daryl Adams
The Honorable Robby Carter
The Honorable Kenny R. Cox
The Honorable Raymond J. Crews
The Honorable Michael Charles Echols
The Honorable Julie Emerson
The Honorable Jason Hughes
The Honorable Travis C. Johnson
The Honorable Ed Laravadain III
The Honorable Wayne McMahan
The Honorable Dustin Miller
The Honorable Pat Moore
The Honorable Robert Owen
The Honorable Thomas A. Pressly
The Honorable Larry Selders
The Honorable Joseph A. Stagni
The Honorable Tanner Magee
The Honorable Clay Schexnayder

ⁱ American Society of Addiction Medicine - ASAM. (2020). The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder: 2020 Focused Update. *Journal of Addiction Medicine*, 14(2S), 1–91. <https://doi.org/10.1097/adm.0000000000000633>

ⁱⁱ American Society of Addiction Medicine - ASAM. (2020). The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder: 2020 Focused Update. *Journal of Addiction Medicine*, 14(2S), 1–91. <https://doi.org/10.1097/adm.0000000000000633>

ⁱⁱⁱ Noormohammadi, A., Foorinash, A., Yancey, A., Crannage, E., Campbell, K., & Shyken, J. (2016). Buprenorphine Versus Methadone for Opioid Dependence in Pregnancy. *Annals of Pharmacotherapy*, 50(11), 984–984. <https://doi.org/10.1177/1060028016659890>

^{iv} Jones, H. E., Kaltenbach, K., Heil, S. H., Stine, S. M., Coyle, M. G., Arria, A. M., O'Grady, K. E., Selby, P., Martin, P. R., & Fischer, G. (2010). Neonatal abstinence syndrome after methadone or buprenorphine exposure. *New England Journal of Medicine*, 363(24), 2320–2331. <https://doi.org/10.1056/nejmoa1005359>