



Dear Chairman Hatch and Ranking Member Wyden:

I read with interest your February 2 letter asking for recommendations that can be implemented to positively impact the opioid epidemic gripping our nation. I write on behalf of the most vulnerable victims of this epidemic – babies born exposed to opioids – to urge you to create a pathway to Medicaid reimbursement for pediatric recovery centers.

As I describe more fully below, I believe it is imperative to create a continuum of care for babies born drug-exposed, so that they and their families can get the right services at the right time in the right setting.

Brigid's Path is a residential pediatric recovery center. It is only the second facility of its kind in the nation, following in the footsteps of Lily's Place in West Virginia. Under current federal law, pediatric recovery centers like Brigid's Path are not eligible to receive Medicaid reimbursement. But passage of the CRIB Act, jointly sponsored by Senators Brown and Portman of your Committee, can change this.

I was motivated to find a solution for babies with neonatal abstinence syndrome ("NAS") early in the epidemic. In 2015, my husband and I became licensed foster care parents. The day we received our license, we got a call from Montgomery County Children's Services asking us to take a NAS baby. Without any formal training (none still exists), we accepted. The harrowing experience that followed culminated in the baby nearly aspirating due to complications from NAS. At that time, two things became clear – NAS was rampant, and few resources existed to get NAS babies and their families the services they need. I then began my journey to create a better way.

We provide to babies born drug exposed the same high quality medical services that are provided in a hospital neonatal intensive care unit ("NICU"). Our clinical services are second-to-none, provided by neonatologists and registered nurses who also practice at Dayton Children's Hospital. We have transfer agreements with every hospital in the Miami Valley region that allow babies born with NAS to be transferred to Brigid's Path once the baby is medically stabilized and on his or her first wean from opioids, and an agreement with Dayton Children's Hospital to transport babies from each hospital to Brigid's Path. Our medical director is a neonatologist and our clinical director is a board certified High Risk Neonatal Nurse and Neonatal Nurse Practitioner and a leader Neonatal Abstinence Syndrome clinical community. We are licensed in Ohio as a children's crisis care facility, under the jurisdiction of our state agency that oversees residential children services agencies. We have our DEA license and are regulated by the Board of Pharmacy. Our facility was built with the specific needs of NAS babies in mind – low lighting and quiet, home-like spaces that allow caregivers to rock, change, and feed their babies at all times of day and night. Volunteer baby-rockers are vetted through Dayton Children's Hospital.



Brigid's Path is unique. We recognize that long-term success for NAS babies and their families is about more than just high quality medical services. While baby is cared for and medically withdraws from opioids under the watchful eye of clinical staff in a safe, non-hospital environment, we wrap around our babies Strengths-Based Family Advocacy services based on the strengths-based perspective. According to the model, "The strengths-based perspective is based on the belief that individuals possess abilities and inner resources that allow them to cope effectively with challenges of living. Even individuals normally seen as hopeless, intractable, and resistant to accepting assistance are assumed able to make significant strides in facing difficult challenges when assisted in rediscovering their abilities".¹ This critically important service is entirely absent from care delivered in a hospital NICU, where parents of NAS babies report feeling unwelcome and judged, which dissuades them from visiting baby.

In order to best address the needs of the most vulnerable victims of the epidemic, Brigid's Path has made Medicaid a priority. Nearly all of the babies we serve are eligible for Medicaid, and *not* having access to this stable funding stream makes them, their families, and Brigid's Path vulnerable. Conversely, allowing Medicaid reimbursement to flow to pediatric recovery centers will make replication of the Brigid's Path model possible throughout the country. This alternative to hospital care is cost effective.

Passage of the CRIB Act is the first step toward a solution. Thank you for your leadership on this important matter.

Sincerely,

Jill Kingston
Executive Director

¹ Strengths-Based Case Management: Individuals' Perspectives on Strengths and the Case Manager Relationship. Carl Brun and Richard D. Rapp.