Ellen Walsh: Is that number of pills in TN a per year number? (ANSWERED IN WEBINAR)—yes, this is an annual number.

Gerri Mattson: do you know how many other states have NAS as their state's reportable disease list? I am not aware of other states that are requiring such a report at this time.

Alethia Carr: Did your DHS office agree to using the data for surveillance only, because of the collaborative approach? or were there other reasons that helped to accomplish this? The Department of Health has been clear from the beginning of this effort that the data is for surveillance purposes only and does not constitute a report to another agency. If a provider knows of or suspects abuse or neglect, he/she is obligated (under existing law) to report to the Department of Children's Services. The new reporting requirement to the Department of Health <u>does not in any way replace</u> a provider's responsibility to make a report to child welfare authorities, if they know of or suspect abuse or neglect.

Gerri Mattson: how is well child care being addressed with these children such as promoting Bright Futures visits? There has not been a specific push from the state level (as part of this particular project). There are numerous other efforts underway in TN to promote well-child visits, just not exclusive to this population.

Gerri Mattson: thanks. how often are you using clonidine in babies? We do not have specific data on how frequently a particular therapeutic agent is being used by treating providers—however, I do know that some are using clonidine for these infants.

mg: Can hospitals outside of TN join the quality projects to optimize treatment of NAS? I do not know. I would suggest contacting the TN Initiative for Perinatal Quality Care—you can reach Brenda Barker, their coordinator, at <u>brenda.barker@vanderbilt.edu</u>.

Deborah Aquino 2: Does TN PRAMS have any questions about substance abuse, specific to illegal and prescription drugs? If so have you compared to your NAS birth rates? If not, have you considered adding these questions? We do ask about substance use (both prescription and illegal drugs) in PRAMS. We have not yet compared to our NAS birth rates.

Munson Health, Kim McCullen: Is there medical marijuana in Tenn? No.

Deborah Aquino 2: Who oversees the drug database in TN? Here in NV its our pharmacy board, is that similar in TN? The Controlled Substance Monitoring Database in TN is administered by the Tennessee Department of Health, in the Division of Health Licensure & Regulation.

kathleen berger: Any connection to symptoms and dose of methadone? Research findings appear to be mixed—there are some studies that show a dose-response relationship between exposure to varying doses of substances and development of NAS. There are other studies that do not show such a relationship.

Nancy Diehl: Are you considering Dr Chasnoff's 4 P's Plus or the 5 P's Plus? This pertains to screening questions that could be used in providers' offices. There may be providers who are using (or considering using) these questions. For our SBIRT pilot, we have been working with our Department of Mental Health and they are exploring using the DAST and the AUDIT tools.

Gerri Mattson: how many providers from tertiary medical centers and other community hospitals have been involved in discussions? Numerous. In addition to working with our subcabinet working group on this reporting proposal, we sought input from providers representing the neonatal, OB, pediatric, and quality improvement communities. These stakeholders represent both communitybased hospitals, private practice, and tertiary medical centers. Once the reporting tool was ready, providers submitted test cases to ensure that the system was working properly and offered suggestions for improvement, which were incorporated into the final version of the reporting tool.