Objective 2: Collect and organize data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from prescription drugs.

In May 2012, the Journal of the American Medical Association released a study entitled: *Neonatal Abstinence Syndrome (NAS) and Associated Health Care Expenditures United States, 2000-2009.*

The study found that between 2000 and 2009, mean hospital charges for newborns diagnosed with Neonatal Abstinence Syndrome increased from $39,400 to $53,400; a 35% increase. Charges for all other hospital births increased from $6,600 to $9,500.

Medicaid was the primary payer for the majority of hospital charges for NAS in infants, increasing from 68.7% of aggregate charges in 2000 to 77.6% of aggregate charges in 2009 (see chart I).

Chart I:

Proportions of U.S. Hospital Charges for Neonatal Abstinence Syndrome by Payer
Weighted % (95% CI)

Year	Medicaid	Private Payer	Self-Pay	Other Pay
2000	68.7	18.2	8.7	4.4
2003	69.9	19.8	6.5	3.8
2006	73.7	19.0	5.5	1.9
2009	77.6	17.6	2.9	2.0

***Percentages may not sum to 100 because of rounding**

Chart II:

Florida, for 2010 (most recent data available): 779.5 Newborn Drug Withdrawal Syndrome

		Total Number of Discharges
All discharges		1,374 (100.00%)
Payer	Medicaid	1,194 (86.90%)
	Private insurance	99 (7.21%)
	Uninsured	68 (4.95%)
	Other	13 (0.95%)
Patient residence	Large central metro	417 (30.35%)
	Large fringe metro (suburbs)	353 (25.69%)
	Medium and small metro	487 (35.44%)
	Micropolitan and noncore (rural)	117 (8.52%)
Location	Non-metropolitan	19 (1.38%)
	Metropolitan	1,355 (98.62%)