

Joint Resolution Recognizing Neonatal Abstinence Syndrome

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Tyler Clancy

Senate Sponsor: Emily Buss

LONG TITLE**General Description:**

This resolution is related to neonatal abstinence syndrome.

Highlighted Provisions:

This resolution:

- highlights the dangers of untreated neonatal abstinence syndrome (NAS);
- describes current efforts in the state to support evidence-based prevention, treatment, and care related to NAS;
- recognizes the need for good data related to NAS; and
- urges the Department of Health and Human Services to support evidence-based prevention, treatment, and care related to NAS.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Be it resolved by the Legislature of the state of Utah:

WHEREAS, neonatal abstinence syndrome (NAS) describes withdrawal symptoms experienced by newborns following in-utero exposure to certain substances, including opioids, which if not recognized and appropriately managed, may result in feeding difficulties, prolonged hospitalization, other short-term clinical complications, and long hospital stays;

WHEREAS, research demonstrates that when NAS is properly screened for and treated using evidence-based interventions, the condition is temporary and has no known long-term adverse developmental outcomes;

WHEREAS, statewide biomedical data indicate prenatal substance exposure (including opioids) affected nearly 1 in 10 Utah births in recent years based on umbilical cord screening, with opioids being the most commonly detected class of substances;

WHEREAS, NAS may result from in-utero exposure to both illicit substances and

31 medically indicated, prescribed treatments for opioid use disorder, including medications that
32 are evidence-based, life-saving, and associated with improved maternal and infant health
33 outcomes;

34 WHEREAS, historical Utah data show a dramatic increase in NAS diagnoses over time,
35 with the number of newborns diagnosed with NAS increasing over 240% from 2002 to 2011,
36 reflecting broader trends in substance use during pregnancy;

37 WHEREAS, aggregated NAS and prenatal substance exposure data, without appropriate
38 clinical context, may contribute to stigma, stress, and guilt among mothers who are actively
39 participating in care;

40 WHEREAS, statewide identification and reporting of NAS and prenatal substance exposure
41 are essential to understanding true incidence, targeting prevention and treatment resources, and
42 improving maternal and infant health outcomes;

43 WHEREAS, Utah is home to nationally recognized, evidence-based programs addressing
44 substance use disorder during pregnancy, including the Substance Use and Pregnancy
45 Recovery, Addiction, and Dependence (SUPeRAD) Clinic operated by University of Utah
46 Health;

47 WHEREAS, the SUPeRAD Clinic is the first program in Utah and the Mountain West
48 region to specialize in comprehensive, trauma-informed care for pregnant and postpartum
49 mothers with substance use disorders, integrating prenatal care, addiction treatment, behavioral
50 health services, and postpartum support for up to one year after delivery;

51 WHEREAS, Utah currently relies on a variety of administrative data sources, including
52 hospital discharge databases and clinical screening programs, that could be better linked and
53 standardized to yield actionable insights for policymakers and providers; and

54 WHEREAS, the Utah Department of Health and Human Services, through its Office of
55 Vital Records and Health Statistics and Office of Substance Use and Mental Health, has
56 statutory responsibility for statewide public health data collection, analysis, and reporting;

57 NOW, THEREFORE, BE IT RESOLVED that the Legislature of the State of Utah urges
58 the Utah Department of Health and Human Services to continue to enhance statewide data
59 systems and reporting to measure:

60 1. the number of NAS diagnoses and prenatal substance exposure among all Utah births,
61 stratified by substance type, prescribed versus non-prescribed exposure, and maternal
62 engagement in treatment;

63 2. associated maternal health and infant clinical outcomes, including length of hospital stay,
64 NICU utilization, feeding complications, and developmental follow-up; and

65 3. existing prevention, treatment, and recovery support programs serving pregnant women
66 with substance use disorders including linkage to prenatal care behavioral health services and
67 utilization of evidence-based NAS management strategies.

68 BE IT FURTHER RESOLVED that the Utah Department of Health and Human Services
69 shall deliver to the Health and Human Services Interim Committee, by no later than October
70 31, 2027, a written report containing:

71 1. updated NAS and prenatal substance exposure incidence rates for the most recent
72 five-year period, with appropriate stratifications and trend analysis;

73 2. a summary of statewide efforts to standardize reporting and data linkage across agencies
74 and hospitals; and

75 3. recommendations for legislative action or program improvements to reduce adverse
76 perinatal outcomes related to substance exposure.

77 BE IT FURTHER RESOLVED the Legislature is committed to data integrity,
78 evidence-based maternal and infant health policy, improved treatment linkages, and enhanced
79 public health monitoring.

80 BE IT FURTHER RESOLVED that copies of this resolution be sent to the Executive
81 Director of the Utah Department of Health and Human Services, the Director of the Utah
82 Office of Vital Records and Health Statistics, and the Director of the Office of Substance Use
83 and Mental Health.