

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

SUBSTANCE USE DURING PREGNANCY AND CHILD ABUSE OR NEGLECT: SUMMARY OF STATE LAWS

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SUBSTANCE USE DURING PREGNANCY AND CHILD ABUSE OR NEGLECT: SUMMARY OF STATE LAWS

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SUMMARY

Substance use disorders, including alcohol use disorder, opioid use disorder, and stimulant use disorder, affect millions of people living in the United States each year, and the misuse and abuse of prescription and “illicit drugs” increased among pregnant individuals from 2019 to 2020.¹ According to the American Society of Addiction Medicine, “addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.”² Further, individuals “with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.”³ Early treatment and intervention services for pregnant and postpartum individuals and infants born affected by parental substance use disorder is imperative.⁴ It is, therefore, crucial that pregnant individuals be able to confide in their healthcare professionals without fear of state action; however, as evidenced by the research compiled into this document, almost half of U.S. states and the District of Columbia consider substance use during pregnancy to either be child abuse or neglect or evidence of child abuse or neglect.

In this document, the Legislative Analysis and Public Policy Association (LAPPA) examines state-level statutes and regulations related to substance use during pregnancy and whether such use during pregnancy is considered child abuse or neglect in the jurisdiction. Starting on page 8, LAPPA provides jurisdiction-by-jurisdiction tables describing aspects of each law or regulation in effect as of September 2022, including:

- Statutory or regulatory citations of substance use during pregnancy and child abuse or neglect laws or regulations, if any;
- Whether the jurisdiction addresses substance use during pregnancy or prenatal substance exposure in its child welfare laws;
- Whether substance use during pregnancy or prenatal substance exposure is considered child abuse or neglect in the jurisdiction;
- Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting requirements;
- Family care plan requirements in statute or regulation;
- Miscellaneous provisions; and
- Recently proposed legislation, if any.

¹ See, e.g., *2019-2020 National Survey on Drug Use and Health, Tables 5.1A and 6.20A*, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (SAMHSA), U.S. DEP’T OF HEALTH & HUM. SERVS. (Jan. 2022), [2020 NSDUH Detailed Tables | CBHSQ Data \(samhsa.gov\)](#). “Illicit drug use” is the term used by the National Survey on Drug Use and Health (NSDUH) in the report and includes cannabis, which has been legalized for medical use in 37 states, three territories, and D.C., and legalized for recreational use in 19 states, two territories, and D.C. (See, *State Medical Cannabis Laws*, NAT’L CONF. OF STATE LEGISLATURES (Sept. 12, 2022), [State Medical Cannabis Laws \(ncsl.org\)](#).)

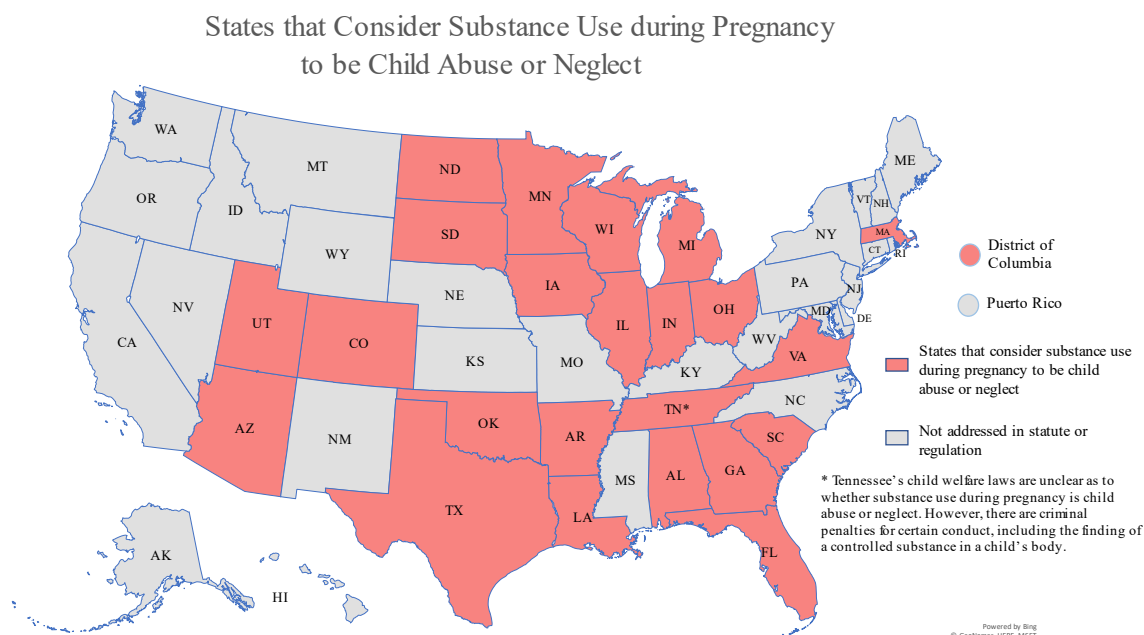
² *Definition of Addiction*, AM. SOC’Y OF ADDICTION MED. (Sept. 15, 2019), [asam's-2019-definition-of-addiction-\(1\).pdf](#).

³ *Id.*

⁴ *Basics about FASDs*, CENTERS FOR DISEASE CONTROL & PREVENTION (last reviewed Jan. 11, 2022), [Basics about FASDs | CDC](#).

LAPPA designed this document to: (1) provide a single resource for each jurisdiction's laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting or novel provisions. The primary conclusions from the research and analysis of these laws and regulations are set out below accompanied by maps depicting the results in graphic form.⁵ Please note that the information contained in the profile for each jurisdiction uses the terms (*e.g.*, “substance abuse,” “woman,” “mother”) used in the language of the state statute or regulation.

- As of September 2022, 23 states (Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin) and the District of Columbia include prenatal substance exposure and/or substance use during pregnancy in the state's definition of “child abuse” or “neglect” or as evidence of child abuse or neglect requiring a report to the agency in charge of child welfare within the state. Please note that the map below, and the state tables on the following pages, do not include states where prenatal substance exposure or substance use during pregnancy is not specifically included in statute or regulation; however, a review of those states is included in this summary.



⁵ The goal of this document is to provide accurate and complete information that is free of omissions or errors. If you believe that this document contains misinformation, omissions, or errors, please email LAPPA at: info@thelappa.org.

- Alabama's child welfare laws do not specifically include substance use during pregnancy in the definitions of "child abuse" or "neglect," and do not mention prenatal substance exposure in the mandatory reporting requirements. However, pursuant to the Alabama Supreme Court decision in *Hicks v. State*, 153 So.3d 53 (Ala. 2014), the word "child" in ALA. CODE § 26-15-3.2 (West 2022), related to chemical endangerment of a child, includes unborn children and, thus, unless one of the exceptions set out in ALA. CODE § 26-15-3.3 (West 2022) applies, using controlled substances while pregnant subjects the pregnant individual to the criminal sanctions as set out in ALA. CODE § 26-15-3.2 (West 2022).
- Connecticut law requires the state's Department of Children and Families to develop and implement policies and procedures related to prenatal exposure to substances (*see* CONN. GEN. STAT. ANN. § 17a-54b (West 2022)). In policies adopted pursuant to § 17a-54b, "substance misuse" is defined as the use of non-prescribed substances or overuse of prescribed substances by an individual. Per the department's Child Abuse Prevention and Treatment Act (CAPTA) FAQs, birthing hospitals must notify the department, through an online portal, when an infant with prenatal exposure is born or presents with suspicions of abuse or neglect. The portal guides the reporter through a variety of questions to determine if the matter is a CAPTA notification or requires a referral to the department. If the prenatal exposure was the result of substance misuse, the reporter is directed to the "report or referral path," *i.e.*, a report of abuse or neglect, through the online portal, thus implying that substance misuse during pregnancy is child abuse or neglect in Connecticut. The department also defines "physical neglect" and provides that evidence of physical neglect includes permitting the child to live under conditions, circumstances, or associations injurious to his well-being including substance abuse by the mother of a newborn child where the newborn has a positive urine or meconium toxicology for drugs. (*See* [CAPTAFAQ.pdf \(ct.gov\)](#) for more information.)
- Mississippi does not include a reference to prenatal substance exposure or substance use during pregnancy in its child welfare laws. However, a prosecutor and an official from the Jones County, Mississippi Sheriff's Office have been arresting and prosecuting women for felony child abuse for "poisoning" their children for using drugs while pregnant.⁶
- Tennessee's child welfare laws are unclear as to whether substance use during pregnancy is child abuse or neglect. However, TENN. CODE ANN. § 33-10-104 (West 2022) provides that the Department of Children's Services will *not* file a petition to terminate the mother's parental rights solely because of the mother's use of prescription drugs for nonmedical purposes during pregnancy if, during prenatal care, the mother initiates drug abuse or drug dependence treatment and is compliant with both the treatment and with prenatal care for the duration of the pregnancy. However, the statute further provides that nothing shall prevent the department of children's services from filing any petition to

⁶ Michelle Liu & Erica Hensley, *Delivering Justice: Why a Mississippi County is Prosecuting Some Pregnant Women and New Moms*, MISS. TODAY (May 11, 2019), [Delivering Justice: Why a Mississippi county is prosecuting some pregnant women and new moms - Mississippi Today](#).

terminate the mother's parental rights or seek protection of the newborn should the department determine that the newborn's mother, or any other adult caring for the newborn, is unfit to properly care for such child. Additionally, TENN. CODE ANN. § 39-15-401 (West 2022) states that any person who negligently engages in conduct that places a child in imminent danger of death, bodily injury, or physical or mental impairment, and the child is eight years of age or less, is guilty of a Class D felony. For purposes of the statute, a person engages in conduct that places a child in imminent danger of death, bodily injury, or physical or mental impairment if the person's conduct exposes the child to a controlled substance and an analysis of a specimen of the child's blood, hair, fingernail, urine, or other bodily substance indicates the presence of any controlled substance listed in the title, except a Schedule VI substance as set out in the state controlled substances schedules, in the child's body.

- Although substance use during pregnancy is not included in the state's definitions of "child abuse" or "neglect," Vermont's Department for Children and Families (DCF) issued FAQs for CAPTA notifications in the state, which provides that healthcare providers must make a report to DCF if: (1) a pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy; (2) concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety; (3) a newborn has a positive confirmed toxicology result (urine, meconium, or cord) for an illegal substance or non-prescribed medication; (4) a newborn develops signs or symptoms of withdrawal as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure; or (5) a newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.⁷ By contrast, a notification based on substance use during pregnancy must be made when there are no child safety concerns, and the pregnant individual was receiving treatment by a healthcare provider with medications for addiction treatment, prescribed opioids for chronic pain, or prescribed benzodiazepines, or if the individual used prescribed or recreational marijuana after the first trimester.⁸
- Washington State does not include substance use during pregnancy in its child welfare laws; however, the State Department of Children, Youth and Families (DCYF) provides on its website that clinicians at birthing hospitals must submit a report to DCYF if: (1) a newborn tests positive for illicit substances, non-prescribed medications, or misused prescribed medications; (2) a newborn experiences withdrawal from illegal, non-prescribed, or misused prescribed medications; (3) healthcare providers have evidence of ongoing substance use by the parent that creates safety concerns; or (4) a newborn is

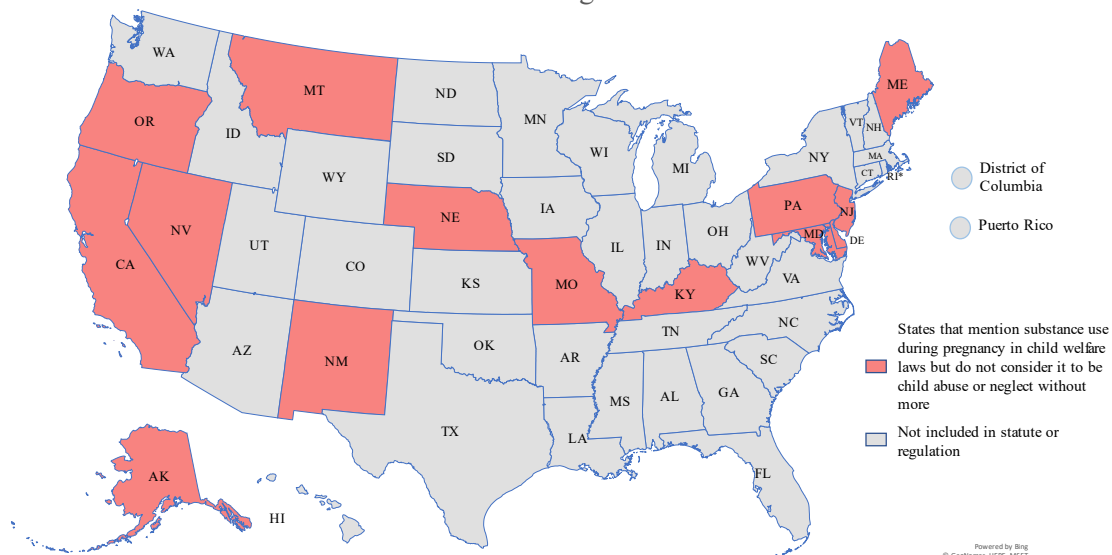
⁷ AGENCY OF HUM. SERVS., DEP'T FOR CHILDREN & FAMILIES, FREQUENTLY ASKED QUESTIONS: VERMONT CAPTA NOTIFICATIONS.

⁸ *Id.*

diagnosed with fetal alcohol spectrum disorder, or the infant has known prenatal alcohol exposure when there are safety concerns for the infant.⁹

- An additional 14 states (Alaska, California, Delaware, Kentucky, Maine, Maryland, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, Oregon, and Pennsylvania) include mention of substance use during pregnancy or prenatal substance exposure in their child welfare laws but do not consider substance use during pregnancy or prenatal substance exposure to be child abuse or neglect without more.

States that Include Substance Use during Pregnancy in Child Welfare Laws but Not Considered Child Abuse or Neglect without More



⁹ *Role of Healthcare Providers*, WASH. STATE DEP'T OF CHILDREN, YOUTH & FAMILIES, [Role of Healthcare Providers](#) | [Washington State Department of Children, Youth, and Families](#).

<u>ALABAMA</u>	
Statute(s) and regulation(s)	ALA. CODE §§ 26-15-2, 26-15-3.2, 26-15-3.3 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Not included in the definition of “child abuse” or “neglect”; however, chemical endangerment of a child pursuant to § 26-15-3.2 is subject to the mandatory reporting requirements for child abuse or neglect under Chapter 14, Title 26 of Alabama Code.</p> <p>§ 26-15-3.2 – a person commits the crime of chemical endangerment of exposing a child to an environment in which he or she does any of the following: (1) knowingly, recklessly, or intentionally causes or permits a child to be exposed to, to ingest or inhale, or to have contact with a controlled substance, chemical substance, or drug paraphernalia; (2) violates subdivision (1) and a child suffers serious physical injury by exposure to, ingestion of, inhalation of, or contact with a controlled substance, chemical substance, or drug paraphernalia; or (3) violates subdivision (1) and the exposure, ingestion, inhalation, or contact results in the death of the child. A violation of subdivision (1) is a class C felony. A violation of subdivision (2) is a class B felony, and a violation of subdivision (3) is a class A felony.</p> <p>§ 26-15-3.3 – no one shall violate § 26-15-3.2, and no one shall be required to report under Chapter 14 of this title, the exposing of an unborn child to: (1) a prescription medication if the responsible person was the mother of the unborn child and she was, or there was a good faith belief that she was, taking that medication pursuant to a lawful prescription; or (2) a non-prescription FDA approved medication or substance if the responsible person was the mother of the unborn child and she was, or there is a good faith belief that she was, taking that medication or substance as directed or recommended by a physician or health care provider. No one shall be criminally liable under any Alabama law for the assistance or conduct of exposing the unborn child to a medication or substance if his or her assistance or conduct is allowed or accepted under this statute.</p>

<u>ALABAMA</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>ALASKA</u>	
Statute(s) and regulation(s)	ALASKA STAT. ANN. § 47.17.024 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. Pursuant to § 47.17.024, a practitioner of the healing arts involved in the delivery or care of an infant who the practitioner determines has been adversely affected by, or is withdrawing from exposure to, a controlled substance or alcohol shall immediately notify the nearest office of the department of the infant's condition.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>ARIZONA</u>	
Statute(s) and regulation(s)	ARIZ. REV. STAT. ANN. §§ 8-201, 8-481 (West 2022); ARIZ. ADMIN. CODE R9-4-602 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 8-201 – definition of “neglect” includes: (1) a determination by a health professional that a newborn infant was exposed prenatally to a drug or substance listed in § 13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. Determination shall be based on one or more of the following: (a) clinical indicators in the prenatal period, including maternal and newborn presentation; (b) history of substance use or abuse; (c) medical history; and (d) results of a toxicology or other laboratory test on the mother or the newborn infant; and (2) diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	R9-4-602 – except as prohibited by 42 C.F.R. Part 2, a health professional or the administrator of a health care institution shall, either personally or through a representative, submit a report to the department of health services, in a department-provided format and within five (5) business days after an encounter with an individual with suspected neonatal abstinence syndrome, that includes certain specified institution and demographic information, information related to the diagnosis, and information related to the source(s) of the opioid believed to have caused the syndrome.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	§ 8-481 – establishes the healthy families program, which shall provide services to children under five years of age and members of their families which may provide services to pregnant women and their families. Requires the department to develop a method to identify families that have the greatest need for program services and shall establish a method of disclosing to parents at the time of their admission to the hospital for childbirth that they may be contacted regarding program services.
Recently proposed legislation	None.

<u>ARKANSAS</u>	
Statute(s) and regulation(s)	ARK. CODE. ANN. §§ 12-8-509, 12-18-103, and 12-18-310 (West 2022); ARK. CODE R. 016.15.4-II-C, 016.15.4-II-D, 016.15.4-II-F, 016.15.4-II-J, and 016.15.4, App. 10 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 12-18-103 – definition of “neglect” includes causing a child to be born with an illegal substance present in the child’s bodily fluids or bodily substances as a result of the pregnant mother’s knowingly using an illegal substance before the birth of the child; or, at the time of the birth of a child, the presence of an illegal substance in the mother’s bodily fluids or bodily substances as a result of the pregnant mother’s knowingly using an illegal substance before the birth of the child. A test of the child’s bodily fluids or substances or the mother’s bodily fluids or substances may be used as evidence to establish neglect under this section.</p> <p>016.15.4-II-C – upon receipt of a call from a healthcare provider involved in the delivery or care of infants reporting an infant born and affected by a fetal alcohol spectrum disorder, the child abuse hotline shall accept such calls; however, such referrals are not considered official hotline reports and will not be investigated, but rather referred to the department of children and family services for a referral and assessment.</p> <p>016.15.4-II-D - investigations related to prenatal substance exposure will be found “true but exempted” and will not be placed on the child maltreatment registry.</p>
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 12-18-310 – a plan of safe care shall be developed for infants affected by: (1) a fetal alcohol spectrum disorder; (2) maternal substance abuse resulting in prenatal drug exposure to an illegal or legal substance; or (3) withdrawal symptoms resulting from prenatal drug exposure to an illegal or legal substance. A plan of safe care shall be developed for such infants which shall be designed to ensure the safety and well-

<u>ARKANSAS</u>	
Family care plan requirements in statute or regulation, cont'd	<p>being of the infant following release from the care of a healthcare provider. The plan of safe care shall include content that addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver.</p> <p>016.15.4-II-C – a family service worker shall determine whether a plan of safe care is necessary for an infant reported born and affected by a fetal alcohol spectrum disorder and, if necessary, develop a plan of safe care in collaboration with the locally assigned family service worker which will be used to inform the case plan of the supportive services case that will be opened.</p> <p>016.15.4-II-D – a protective services case shall be opened to establish a plan of safe care. If the family service worker determines that the child's health or physical well-being is in immediate danger, the newborn shall be taken into protective custody.</p> <p>016.15.4-II-F – the division of children and family services, in coordination with other state agencies and community partners, strives to address the needs of substance exposed infants by implementing a referral process for healthcare providers involved in the delivery and care of infants to report, for the purpose of an assessment not related to a child maltreatment investigation, infants who have not been neglected as defined by § 12-18-103, but who are born with and affected by: (1) a fetal alcohol spectrum disorder; (2) maternal substance abuse resulting in prenatal drug exposure to an illegal or legal substance; or (3) withdrawal symptoms resulting from prenatal drug exposure to an illegal or legal substance.</p> <p>“Affected by” means: (1) an infant exhibits a condition or conditions associated with the mother's use of alcohol during pregnancy or a healthcare provider has an articulated concern that the infant suffers from a fetal alcohol spectrum disorder; (2) an adverse effect or effects in physical appearance or functioning that are either diagnosed or otherwise observed and are a result of the mother's use of a legal or illegal substance during pregnancy; or (3) an infant exhibits withdrawal symptoms in physical appearance or</p>

<u>ARKANSAS</u>	
Family care plan requirements in statute or regulation, cont'd	<p>functioning as a result of the mother's use of a legal or illegal substance during pregnancy.</p> <p>Prenatal substance exposure referrals require differential response staff to make face-to-face contact with the infant and at least one parent and shall engage the family in an assessment of strengths and needs and develop a plan of safe care for the family which will be designed to ensure the safety and well-being of an infant following the release of the infant from the care of a healthcare provider and include content that addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver.</p> <p>Requires the differential response team specialist to, among other responsibilities, explain to the parent/caregiver that prenatal substance exposure referrals include the development of a plan of safe care, and that the division must address any safety factors or needs as appropriate, to include a report to the child abuse hotline if child maltreatment is identified or there is reasonable cause to suspect maltreatment. Plans of safe care must be developed within fourteen (14) calendar days of receipt of the referral and must offer continuing services with the department of children and family services through a supportive services case.</p> <p>016.15.4-II-J – referrals for fetal alcohol syndrome disorders; a plan of safe care must be developed for any infant born with and affected by a fetal alcohol syndrome disorder, maternal substance abuse resulting in prenatal drug exposure to an illegal or legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or legal substance who is referred to the division by a healthcare provider via the child abuse hotline.</p> <p>Family service workers and health service workers will refer children who have know prenatal alcohol exposure or exhibit fetal alcohol syndrome disorder symptoms or behaviors to the local resource unit. The unit will collaborate with the child's family service worker and health service worker to determine if early intervention programs or other services are</p>

<u>ARKANSAS</u>	
Family care plan requirements in statute or regulation, cont'd	<p>needed and connect the child and placement provider to such programs and services.</p> <p>016.15.4, App. 10 – Prenatal Substance Exposure Plan of Safe Care template, which includes: (1) basic information (name, address, and phone number of parent, legal guardian, or custodian); (2) infant information (name, date of birth, height, weight, pediatrician, the mother's health care provider and insurance information); (3) questions for parent/caretaker regarding (a) whether hospital pediatrician made recommendations for providers/specialists for infant outside of upcoming well-child visits; (b) personal and family struggles with alcohol or other substances; (c) parent's currently prescribed medications; and (d) support system; (4) topics for discussion with family by differential response specialist (importance of scheduling/keeping follow-up visits for mother and child, symptoms of infant drug withdrawal and how to manage those symptoms, resources regarding child development, information on local community services and supports); (5) possible referrals to be discussed with family as applicable to the mother and infant (AA, Al-Anon family group, child care assistance, drug or alcohol assessment and treatment, early intervention services, FASD support group, home visiting program, mental health services, NA, postpartum services international, specialized day care); (6) whether supportive services were accepted, not recommended, or declined by family; and (7) whether a child abuse hotline report is needed.</p>
Miscellaneous provisions	<p>§ 12-8-509 – the state agency or entity responsible for investigating an incident of neglect relating to prenatal substance exposure shall develop and maintain statewide statistics of such incidents and shall provide an annual report to certain senate and house committees. The report shall include information regarding the age of the mother, the type of substance to which the newborn child was exposed prenatally, the estimated gestational age of the child at the time of birth, and the child's health problems.</p>
Recently proposed legislation	None.

<u>CALIFORNIA</u>	
Statute(s) and regulation(s)	CAL. HEALTH & SAFETY CODE §§ 11757.53 to 11757.61, 11792 and 123605 (West 2022); CAL. PENAL CODE § 11165.13 (West 2022); CAL. WELF. & INST. CODE § 16604.5 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	No. § 11165.13 – a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. If other factors are present that indicate risk to a child, a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent’s substance use shall be made only to a county welfare or probation department, and not to a law enforcement agency.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 123605 – each county shall establish protocols between county health departments, county welfare departments, and all public and private hospitals in the county, regarding the application and use of an assessment of the needs of, and a referral for, a substance exposed infant to a county welfare department. The assessment of needs shall be performed by a health practitioner or medical social worker and shall be performed before the infant is released from the hospital. The purpose of the assessment is to: (1) identify needed services for the mother, child, or family, including, where applicable, services to assist the mother caring for her child and services to assist maintaining children in their homes; (2) determine the level of risk to the newborn upon release to the home and the corresponding level of services and intervention, if any, necessary to protect the infant’s health and safety, including a referral to the county welfare department for child welfare services; and (3) gather data for information and planning purposes.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	§ 11757.53 – establishes the Office of Perinatal Substance Abuse which may: (1) coordinate pilot projects and planning projects funded by the state which are related to perinatal

<u>CALIFORNIA</u>	
Miscellaneous provisions, cont'd	<p>substance abuse; (2) provide technical assistance to counties, public entities, and private entities that are attempting to address the problem of perinatal substance abuse; (3) serve as a clearinghouse of information regarding strategies and programs which address perinatal substance abuse; (4) encourage innovative responses by public and private entities that are attempting to address the problem of perinatal substance abuse; and (5) review proposals of, and develop proposals for, state agencies regarding the funding of programs relating to perinatal substance abuse.</p> <p>§ 11757.57 – the office may provide or contract for training regarding alcohol and other drug dependency to providers of health, social, educational, and support services to women of childbearing age and their children. The purpose of such training may be to facilitate the taking of appropriate and thorough medical and social histories of women of childbearing age in order to identify those in special need of alcohol or other drug treatment services and to identify skills for providing case management services to alcohol and other drug using women and their infants. Additional training topics may be covered, including, but not limited to, how to develop procedures for referring those in need of alcohol and other drug treatment services and how to provide appropriate social and emotional support to, as well as developmental monitoring of, drug affected infants and children and their families.</p> <p>§ 11757.59 – funds distributed under this chapter shall be used by counties to fund residential and nonresidential alcohol and other drug treatment programs for pregnant and postpartum women and their children, and to fund other support services directed at bringing pregnant and postpartum women into treatment and caring for alcohol and other drug exposed infants. Funds may also be used to provide case management services to alcohol and other drug abusing women and their children and special recruitment, training, and support services for foster care parents of substance exposed infants. The office may include in its guidelines the special needs of pregnant and postpartum women who are chemically dependent and in need of treatment services, which includes the provision of medical and nonmedical services.</p>

<u>CALIFORNIA</u>	
Miscellaneous provisions, cont'd	<p>§ 11757.61 – allows counties that receive funds to establish perinatal coordinating councils.</p> <p>§ 11792 – the department of health care services, in consultation with the department of public health, shall distribute informational materials on the care and treatment of infants under the age of six (6) months who have been exposed to alcohol and other drugs, which shall include, but not be limited to, the following: (1) the signs and symptoms of an infant who has been exposed to alcohol and other drugs; (2) the health problems of infants who have been exposed to alcohol and other drugs; (3) the special feeding needs of infants who have been exposed to alcohol and other drugs; and (4) the special care needs of infants who have been exposed to alcohol and other drugs, such as not overstimulating those infants who have been exposed to cocaine. The informational material developed pursuant to this section may be distributed through hospitals, public health nurses, child protective services, alcohol and other drug facilities, educational networks, foster parent groups, medical professional offices, Medi-Cal programs, and county interagency task force groups, as well as any other agency the department selects.</p> <p>§ 16604.5 – when preparing their needs assessments and plans to implement the federal family preservation and support act, counties shall consider providing an in-home assessment of substance exposed infants after release from a hospital, which may be funded using federal promoting safe and stable families funding.</p>
Recently proposed legislation	None.

<u>COLORADO</u>	
Statute(s) and regulation(s)	COLO. REV. STAT. ANN. § 13-25-136 (West 2022); COLO. REV. STAT. ANN. §§ 19-1-103, 19-1-129, 19-3-102, and 19-3-401 (West 2022); COLO. REV. STAT. ANN. § 25.5-5-309 (West 2022); COLO. REV. STAT. ANN. § 26.5-3-207 (West 2022); COLO. REV. STAT. ANN. § 27-80-121 (West 2022); 12 COLO. CODE REGS. §§ 2509-1:7.000.2, 2509-2:7.104, and 2509-2:7.107.5 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 19-1-103 – definition of “abuse or child abuse or neglect” includes any case in which a child is born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health-care provider, and the newborn child’s health or welfare is threatened by substance use.</p> <p>§ 19-3-102 – a child is neglected or dependent if the child is born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health-care provider, and the newborn child’s health or welfare is threatened by substance use.</p> <p>§ 19-3-401 – provides that a newborn child who is not in a hospital setting must not be taken into temporary protective custody for a period of longer than 24 hours without an order of the court and such order must include findings that an emergency situation exists, and that the newborn child is seriously endangered.</p> <p>A newborn child who is in a hospital setting must not be taken into protective custody without an order of the court which must include findings that an emergency situation exists, and that the newborn child is seriously endangered.</p> <p>A newborn child may be detained in a hospital by a law enforcement officer upon the recommendation of a county department or by a physician, registered nurse, licensed practical nurse, or physician assistant while a court order is being pursued but the child must be released if an order is denied. Court orders are not required when a newborn child is identified by a physician, registered nurse, licensed</p>

<u>COLORADO</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	practical nurse, or physician assistant engaged in the admission, care, or treatment of patients as being affected by substance abuse or demonstrating withdrawal symptoms resulting from prenatal drug exposure.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 25.5-5-309 – the healthcare practitioner for each pregnant woman who is enrolled or eligible for services pursuant to state law is encouraged to identify, as soon as possible after the woman is determined to be pregnant, whether the woman is at risk of a poor birth outcome due to substance use during the prenatal period and in need of special assistance in order to reduce the risk. If the practitioner makes such determination, the practitioner is encouraged to refer the woman to any entity approved and licensed by the behavioral health administration in the department of human services for the performance of a needs assessment. Any county department of human or social services may refer an eligible woman for a needs assessment, or any pregnant woman who is eligible for services may refer herself for a needs assessment. For purposes of this section, a “needs assessment” means an assessment that is designed to determine the services that are needed for a pregnant woman to minimize the occurrence of a poor birth outcome due to substance use by the pregnant woman.
Family care plan requirements in statute or regulation	<p>§ 2509-1:7.000.2 – definition of “plan of safe care,” which means a collaborative process to create a documented plan for the health, safety, and well-being of an infant reported with prenatal substance exposure, following the infant’s release from the care of a healthcare provider, and address the health, support, and substance use treatment needs of the affected family or caregiver(s) according to the requirements outlined in 2509-2:7.107.5.</p> <p>§ 2509-2:7.104 – the department of human services shall conduct an intrafamilial abuse and/or neglect assessment as soon as reasonably possible following receipt of a referral. When assessing allegations of substance exposed newborns, the county department shall develop and document a plan of safe care according to the requirements of 7.107.5. The plan of safe care shall be approved in the state automated case management system and approved by a supervisor within 60 calendar days from the date the referral was received.</p>

<u>COLORADO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>§ 2509-2:7.107.5 – a plan of safe care shall be completed any time a referral is accepted for assessment and the child meets the definition of substance exposed newborn. The plan of safe care shall be completed based on the information available and based on the interview or observation of the alleged victim child(ren) and in collaboration with parents, caregivers, medical providers, and others who may be part of the plan. The plan of safe care shall be documented in the state automated case management system and approved within 60 calendar days from the date the referral was received.</p> <p>If a plan of safe care has not been created by a medical, treatment, or community provider, the caseworker shall create a plan of safe care and/or when a plan of safe care has been developed by a medical, treatment, or community provider, the caseworker shall update the plan to reflect the current circumstances.</p>
Miscellaneous provisions	<p>§ 13-25-136 – a court shall not admit in a criminal proceeding information relating to substance use not otherwise required to be reported obtained as part of a screening or test performed to determine pregnancy or to provide prenatal or postpartum care, up to one year postpartum, or if a pregnant or parenting woman discloses substance use during pregnancy while seeking or participating in behavioral health treatment. This section does not prohibit prosecution of any claim or action related to such substance use based on evidence obtained through other methods.</p> <p>§ 19-1-129 – the state department of human services may conduct research as related to the definition of “abuse” in § 19-1-103 concerning the incidence of prenatal substance exposure and related newborn and family health and human services outcomes as the result of a mother’s lawful and unlawful intake of controlled substances. Beginning January 2021 and every two years thereafter, the state department of human services shall report the outcomes of any research conducted pursuant to this section to the joint health committees of the general assembly.</p> <p>§ 26.5-3-205 – powers and duties of board include the power to distribute money and make grant awards from the</p>

<u>COLORADO</u>	
Miscellaneous provisions, cont'd	<p>Colorado child abuse prevention trust fund for, among other things, programs to reduce the occurrence of prenatal substance exposure.</p> <p>§ 26.5-3-207 – grants may be awarded from the child abuse prevention trust fund for programs to prevent and reduce the occurrence of prenatal substance exposure, among other things.</p> <p>§ 27-80-131 – perinatal substance use data linkage project—center for research into substance use disorder prevention, treatment, and recovery support strategies—report; the center, in partnership with an institution of higher education and the state substance abuse trend and response task force, may conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy.</p>
Recently proposed legislation	None.

<u>CONNECTICUT</u>	
Statute(s) and regulation(s)	CONN. GEN. STAT. ANN. §§ 17a-54b and 17a-102a (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 17a-54b – the commissioner of children and families shall develop and implement policies and procedures in accordance with CAPTA to secure the health, safety, and well-being of infants identified as being affected at birth by drug abuse, withdrawal symptoms related to prenatal drug or alcohol exposure, or fetal alcohol spectrum disorder. Such policies and procedures shall include, but not be limited to, securing substance use treatment for such infants, their mothers and other caregivers, and ensuring the infants grow up in substance-use-free homes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 17a-102a – a provider involved in the delivery or care of a newborn who, in the estimation of such provider, exhibits physical, neurological, or behavioral symptoms consistent with prenatal substance exposure, withdrawal symptoms from prenatal substance exposure, or fetal alcohol spectrum disorder shall notify the department of children and families of such condition in such newborn.
Family care plan requirements in statute or regulation	<p>§ 17a-102a – not later than January 1, 2019, the commissioner of children and families shall, in consultation with other departments, agencies, or entities concerned with the health and well-being of children, develop guidelines for the safe care of newborns who exhibit physical, neurological, or behavioral symptoms consistent with prenatal substance exposure, withdrawal symptoms from prenatal substance exposure, or fetal alcohol spectrum disorder.</p> <p>Such guidelines shall include, but not be limited to, instructions to providers regarding such providers' participation in the discharge planning process, including the creation of written plans of safe care, which shall be developed between such providers and mothers of such newborns as part of such process.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>DELAWARE</u>	
Statute(s) and regulation(s)	DEL. CODE ANN. tit. 16, § 197 (West 2022); DEL. CODE ANN. tit. 16, §§ 901B to 906B (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 901B – the child welfare policy of this state shall serve to advance the best interests and secure the safety and well-being of an infant with prenatal substance exposure, while preserving the family unit whenever the safety of the infant is not jeopardized.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not by itself. § 903B - a notification made under this section is not to be construed to constitute a report of child abuse or neglect under § 903 of this title unless risk factors are present that would jeopardize the safety and well-being of the infant.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>§ 901B – healthcare providers involved in the delivery or care of an infant with prenatal substance exposure make notification to the division of such infant.</p> <p>§ 903B – the healthcare provider who is involved in the delivery or care of an infant with prenatal substance exposure shall make a notification to the division by contacting the division report line.</p>
Family care plan requirements in statute or regulation	<p>§ 901B – requires a coordinated, service-integrated response by various agencies in this state’s health and child welfare systems to work together to ensure the safety and well-being of infants with prenatal substance exposure by developing, implementing, and monitoring a plan of safe care that addresses the health and substance use treatment needs of the infant and affected family or caregiver.</p> <p>§ 902B – definition of “plan of safe care” means a written or electronic plan to ensure the safety and well-being of an infant with prenatal substance exposure following the release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver, and monitoring these plans to ensure appropriate referrals are made and services are delivered to the infant and affected family or caregiver. The monitoring of these plans may be time limited based upon the circumstances of each case.</p> <p>§ 905B – upon receipt of a notification under § 903B, the division shall: (1) determine if the case requires an investigation or family assessment; (2) develop a plan of safe care; (3) provide copies of the plan of safe care to all</p>

<u>DELAWARE</u>	
Family care plan requirements in statute or regulation, cont'd	agencies and providers involved in the care or treatment of the infant with prenatal substance exposure and affected family or caregiver; and (4) implement and monitor the provisions of the plan of safe care.
Miscellaneous provisions	<p>§ 197 – establishes the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns by addressing, among other things, pregnant women with substance use disorder and infants born with neonatal abstinence syndrome.</p> <p>§ 906B – the division shall document all of the following information in its internal information system for all notifications of infants with prenatal substance exposure: (1) the number of infants identified as being affected by substance abuse, withdrawal symptoms, or fetal alcohol spectrum disorder; (2) the number of infants for whom a plan of safe care was developed, implemented, and monitored; (3) the number of infants for whom referrals were made for appropriate services, including services for the affected family or caregiver; and (4) the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with state requirements, referrals to and delivery of appropriate services for the infants and affected family or caregiver. The division shall provide an annual report to the child protection accountability commission and child death review commission summarizing the aggregate data gathered on infants with prenatal substance exposure.</p>
Recently proposed legislation	None.

<u>DISTRICT OF COLUMBIA</u>	
Statute(s) and regulation(s)	D.C. CODE ANN. §§ 4-1321.02 and 16-2301 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 16-2301 – the term “neglected child” means a child who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 4-1321.02 – a health professional who, in his or her own professional or official capacity, knows that a child under 12 months of age is diagnosed as having fetal alcohol spectrum disorder shall immediately report or have a report made to the child and family services agency.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>FLORIDA</u>	
Statute(s) and regulation(s)	FLA. STAT. ANN. §§ 39.01 and 409.16742 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 39.01 – “harm” to a child’s health or welfare occurs when a person exposes a child to a controlled substance or alcohol, established by a test, administered at birth, which indicates that the child’s blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	§ 409.16742 – establishes pilot program, shared family care residential services program to serve substance-exposed newborns and their families through contract with the designated lead agency or with a private entity capable of providing residential care that satisfies the requirements of this section. The agency is responsible for all programmatic functions. “Shared family care” means out-of-home care in which an entire family in need is temporarily placed in the home of a family who is trained to mentor and support the biological parents as they develop the caring skills and supports necessary for independent living. The department shall specify services that must be made available to newborns and their families through the pilot program.
Recently proposed legislation	None.

<u>GEORGIA</u>	
Statute(s) and regulation(s)	GA. CODE ANN. § 31-12-2 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 31-12-2 – empowers the department to declare certain diseases, injuries, and conditions to be diseases requiring notice and to require the reporting thereof to the county board of health and the department. The department shall require notice and reporting of incidents of neonatal abstinence syndrome. A healthcare provider, coroner, or medical examiner, or any other person or entity the department determines has knowledge of diagnosis or health outcomes related, directly or indirectly, to neonatal abstinence syndrome shall report incidents of neonatal abstinence syndrome to the department. The department shall provide an annual report to the legislature which shall include any department findings and recommendations on how to reduce the number of infants born with neonatal abstinence syndrome.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 15-11-2 defines “abuse” to include prenatal abuse. “Prenatal abuse” is defined to mean exposure to chronic or severe use of alcohol or the unlawful use of any controlled substance, which results in: (1) symptoms of withdrawal in a newborn or the presence of a controlled substance or metabolite thereof in a newborn’s body, blood, urine, or meconium that is not the result of medical treatment; or (2) medically diagnosed and harmful effects in a newborn’s physical appearance or functioning.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 1508, 156 th Gen. Ass., (Ga. 2022) (House second readers). Amends § 15-11-2, definition of “aggravated circumstances” to add that “aggravated circumstances” means the parent has subjected a child to prenatal abuse involving alcohol or illegal drugs, where the parent has a history of chronic unrehabilitated substance abuse and the court finds such substance abuse is likely continuing and will not likely be remedied in the reasonably foreseeable future.

<u>HAWAII</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>IDAHO</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>ILLINOIS</u>	
Statute(s) and regulation(s)	325 ILL. COMP. STAT. ANN. 5/3 (West 2022); 705 ILL. COMP. STAT. ANN. 405/2-3 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. §§ 5/3 and 405/2-3 – a child who is neglected includes any newborn infant whose blood, urine, or meconium contains any amount of a controlled substance or a metabolite of a controlled substance, with the exception of the presence of any substance which is the result of medical treatment administered to the mother or the newborn infant.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>INDIANA</u>	
Statute(s) and regulation(s)	IND. CODE ANN. §§ 31-34-1-10 to 31-34-1-13 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 31-34-1-10 – a child is a child in need of services if the child is born with fetal alcohol syndrome, neonatal abstinence syndrome, or any amount, including a trace amount, of a controlled substance, a legend drug, or a metabolite of a controlled substance or legend drug in the child’s body, including the child’s blood, urine, umbilical cord tissue, or meconium and the child needs care, treatment, or rehabilitation that the child is not receiving or is unlikely to be provided or accepted without the coercive intervention of the court.</p> <p>§ 31-34-1-11 – a child is a child in need of services if the child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal, or is at a substantial risk of a life threatening condition that arises or is substantially aggravated because the child’s mother used alcohol, a controlled substance, or a legend drug during pregnancy; and the child needs care, treatment, or rehabilitation that the child is not receiving or is unlikely to be provided or accepted without the coercive intervention of the court.</p> <p>§ 31-34-1-12 – a child is not a child in need of services if a drug detected in the body of the child or the condition described was caused by a legend drug and, during pregnancy, the child’s mother possessed a valid prescription for the legend drug, was not in violation of the Indiana legend drug act, and made a good faith attempt to use the legend drug according to the prescription instructions.</p> <p>§ 31-34-1-13 - a child is not a child in need of services if a drug detected in the body of the child or the condition described was caused by a controlled substance and, during pregnancy, the child’s mother possessed a valid prescription for the controlled substance and made a good faith attempt to use the controlled substance according to the prescription instructions.</p>

<u>INDIANA</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>IOWA</u>	
Statute(s) and regulation(s)	IOWA CODE ANN. §§ 232.68 and 232.77 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 232.68 – “child abuse” or “abuse” means an illegal drug is present in a child’s body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>§ 232.77 – if a health practitioner discovers in a child physical or behavioral symptoms of the effects of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, or combinations or derivatives thereof, which were not prescribed by a health practitioner, or if the health practitioner has determined through examination of the natural mother of the child that the child was exposed in utero, the practitioner may perform or cause to be performed a medically relevant test on the child. The practitioner shall report any positive results to the department, which shall begin an assessment upon receipt of such report. A positive test result obtained prior to the birth of a child shall not be used for the criminal prosecution of a parent for acts or omissions resulting in intrauterine exposure of the child to an illegal drug.</p> <p>If a health practitioner involved in the delivery or care of a newborn or infant discovers in the newborn or infant physical or behavioral symptoms that are consistent with the effects of prenatal drug exposure or a fetal alcohol spectrum disorder, the practitioner shall report such information to the department in a manner prescribed by rule.</p>
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>KANSAS</u>	
Statute(s) and regulation(s)	KAN. STAT. ANN. §§ 65-1,163 to 65-1,165 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	<p>§ 65-1,163 provides that the secretary of health and environment shall develop a risk assessment profile to assist healthcare providers screen pregnant women for prenatal substance abuse. Any healthcare provider who identifies a pregnant woman who is at risk for prenatal substance abuse may refer such woman, with her consent, to the local health department for service coordination by providing such woman's name to the local health department or the Kansas department of health and environment within five working days. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.</p> <p>§ 65-1,164 – upon a referral pursuant to § 65-1,163, the local health department shall offer service coordination to the pregnant woman and her family. The local health department shall coordinate social services, health care, mental health services, and needed education and rehabilitation services. Service coordination shall be initiated within 72 hours of the referral.</p> <p>§ 65-1,165 – a pregnant woman referred for substance abuse treatment shall be a first priority user of substance abuse treatment available through aging and disability services. All records and reports of such pregnant woman shall be kept confidential. The secretary for aging and disability services</p>

<u>KANSAS</u>	
Miscellaneous provisions, cont'd	shall ensure that family-oriented substance abuse treatment is available. Substance abuse treatment facilities which receive public funds shall not refuse to treatment women solely because they are pregnant.
Recently proposed legislation	None.

<u>KENTUCKY</u>	
Statute(s) and regulation(s)	KY. REV. STAT. ANN. §§ 211.676 and 211.678 (West 2022); KY. REV. STAT. ANN. § 214.160 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not by itself. § 214.160 - any physician or person legally permitted to engage in attendance upon a pregnant woman may administer to each newborn infant born under that person's care a toxicology test to determine whether there is evidence of prenatal exposure to alcohol, a controlled substance, or a substance identified on the list provided by the cabinet if the person has reason to believe, based on a medical assessment, that the mother used any such substance for a nonmedical purpose during the pregnancy. The circumstances surrounding any positive toxicology finding shall be evaluated by the attending person to determine if abuse or neglect of the infant, as defined by law, shall be reported to the state's child protective services agency. An infant affected by substance abuse withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder shall be reported to the state's child protective services agency in accordance with 42 U.S.C. § 5106a.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>§ 211.676 – all cases of neonatal abstinence syndrome diagnosed among Kentucky resident births shall be reported to the department for public health by the facility where the child is diagnosed. The report shall be made at the time of diagnosis pursuant to guidance issued by the department.</p> <p>§ 214.160 – the cabinet for health and family services shall, as often as necessary, publish a list of the five most frequently abused substances, including alcohol, by pregnant women in the Commonwealth. Any physician or other person legally permitted to engage in attendance upon a pregnant woman in this state may perform a screening for alcohol or substance dependency or abuse, including a comprehensive history of such behavior.</p> <p>Any physician may administer a toxicology test to a pregnant woman under the physician's care within eight hours after delivery to determine whether there is evidence that she has ingested alcohol, a controlled substance, or a substance</p>

<u>KENTUCKY</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting, cont'd	identified on the list provided by the cabinet, or if the woman has obstetrical complications that are a medical indication of possible use of any such substance for a nonmedical purpose.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	<p>§ 211.678 – the department for public health shall annually publish de-identified statistical data on the number of reports made under § 211.676 relating to a diagnosis of neonatal abstinence syndrome. The report may segregate the data into reporting blocks no smaller than the regional or county level.</p> <p>§ 214.160 – no prenatal screening for alcohol or other substance abuse or positive toxicology finding shall be used as prosecutorial evidence.</p>
Recently proposed legislation	None.

<u>LOUISIANA</u>	
Statute(s) and regulation(s)	LA. STAT. ANN. Ch. C, Art. 603; Art. 610 (2022); LA. STAT. ANN. §§ 40:1086.11 and 40:1086.12 (2022); LA. ADMIN. CODE tit. 67, § 1135 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. Art. 603 – definition of “neglect” includes prenatal neglect, which means exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance, or in a manner not lawfully prescribed, which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>Art. 610 – if a physician has cause to believe that a newborn was exposed in utero to an unlawfully used controlled substance, the physician shall order a toxicology test upon the newborn, without the consent of the newborn’s parents or guardian, to determine whether there is evidence of prenatal neglect. If the test results are positive, the physician shall issue a report.</p> <p>If there are symptoms of withdrawal in the newborn or other observable and harmful effects in his physical appearance or functioning that a physician has cause to believe are due to the chronic or severe use of alcohol by the mother during pregnancy or are the effects of fetal alcohol spectrum disorder, the physician shall issue a report.</p> <p>§ 40:1086.11; § 1135 – if a newborn exhibits symptoms of withdrawal or other observable and harmful effects in his physical appearance or functioning that a physician believes are due to the use of a controlled substance, in a lawfully prescribed manner by the mother during pregnancy, the physician shall make a notification to the department of children and family services on a form developed by the department. Such notification shall not constitute a report of child abuse or prenatal neglect, nor shall it require prosecution for any illegal action.</p>

<u>LOUISIANA</u>	
Family care plan requirements in statute or regulation	§ 1135 – in addition to the required notification, the physician will complete the notification form and include a plan of care for the newborn and mother including a listing of educational materials provided referrals made, additional discharge instructions, and information gained from the mother regarding care of the newborn. DCFS shall monitor plans of care via the regional child welfare teams with multidisciplinary professionals to address the availability and delivery of the appropriate services for the newborn, affected caregiver, and family. DCFS shall maintain information on plans of care for the sole purpose of non-identifying data reporting as required by 42 U.S.C. 5106a(d).
Miscellaneous provisions	§ 40:1086.12 – creates the neonatal opiate withdrawal syndrome pilot project. The department shall establish an evidence-based pilot project conducted by a multi-disciplinary team to treat infants with neonatal opiate withdrawal syndrome by providing care options that are safe alternatives to the intensive care unit for eligible mother-infant dyads, which shall prioritize the co-location mother-infant dyad, maternal access to evidence-based treatment of substance use disorder, and promotion of practices that minimize harm and improve outcomes in infants.
Recently proposed legislation	None.

<u>MAINE</u>	
Statute(s) and regulation(s)	ME. REV. STAT. ANN. tit. 22, §§ 4004-B and 4011-B (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not by itself. § 4004-B – the department shall act to protect infants born identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, whether the prenatal exposure was to legal or illegal drugs, or having a fetal alcohol spectrum disorder, regardless of whether the infant is abused or neglected. The department shall: (1) receive notifications of infants who may be affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or who have a fetal alcohol spectrum disorder; (2) promptly investigate such notifications; (3) determine whether the infant is affected; (4) determine if the infant is abused or neglected and, if so, the degree of harm or threatened harm in each case; and (5) develop a plan of safe care.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 4011-B – a healthcare provider involved in the delivery or care of an infant who the provider knows or has reasonable cause to suspect has been born affected by substance use, has withdrawal symptoms that require medical monitoring or care beyond standard newborn care when those symptoms have resulted from or have likely resulted from prenatal drug exposure, whether the prenatal exposure was to legal or illegal drugs, or has a fetal alcohol spectrum disorder, shall notify the department of that condition in the infant. The notification must be made in the same manner as reports of abuse or neglect. This section, and any notification made pursuant to this section, may not be construed to establish a definition of “abuse” or “neglect.” This section, and any notification made pursuant to this section, may not be construed to require prosecution for any illegal action including, but not limited to, the act of exposing a fetus to drugs or other substances.
Family care plan requirements in statute or regulation	§ 4004-B – for each infant who the department determines to be affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or who has a fetal alcohol spectrum disorder, develop, with the assistance of any health care provider involved in the caregiver’s or the child’s medical or mental health care, a plan for the safe care

<u>MAINE</u>	
Family care plan requirements in statute or regulation, cont'd	of the infant and, in appropriate cases, refer the child or caregiver or both to a social service agency, a health care provider, or a voluntary substance use disorder prevention service.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MARYLAND</u>	
Statute(s) and regulation(s)	MD. CODE ANN. FAM. LAW § 5-704.2 (West 2022); MD. CODE REGS. 07.02.08.01 to .9999 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	<p>Yes.</p> <p>07.02.08.01 – provides that the purpose of the substance-exposed newborns program is to address the needs of infants born with and identified as being affected by prenatal exposure to controlled substances or by a fetal alcohol spectrum disorder by: (1) requiring health care practitioners who deliver or care for substance-exposed newborns to make a report to a local department of social services; (2) assessing the safety of, and risk to, substance-exposed newborns; (3) developing a plan of safe care for substance-exposed newborns if necessary; and (4) referring the family for appropriate services. The goals of the program are to: (1) provide for the safe discharge of substance-exposed newborns from the hospital; (2) assist the mother and other family members in obtaining treatment related to alcohol or drug use or any other appropriate services or resources that may be needed to address child safety; and (3) generate accurate reports to assist in the evaluation of this program.</p>
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not by itself. § 5-704.2, 07.02.08.06 – a report made under this section does not create a presumption that a child has been or will be abused or neglected.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>§ 5-704.2, 07.02.08.03 – for purposes of this section, a newborn is “substance-exposed” if the newborn (1) displays a positive toxicology screen for a controlled drug as evidence by any appropriate test after birth; (2) displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; or (3) displays the effects of a fetal alcohol spectrum disorder. A health care practitioner involved in the delivery or care of a substance-exposed newborn shall make an oral report to the local department as soon as possible and make a written report not later than 48 hours after the contact, examination, attention, treatment, or testing that prompted the report. This report is not required if the mother was using a controlled substance as prescribed. Promptly after receiving a report, the local department shall assess the risk of harm to and the safety of the newborn to determine whether any further intervention is necessary.</p>

<u>MARYLAND</u>	
Family care plan requirements in statute or regulation	§ 5-704.2, 07.02.08.05 – if the local department determines that further intervention is necessary, the local department shall develop a plan of safe care for the newborn; assess and refer the family for appropriate services, including alcohol or drug treatment; and, as necessary, develop a plan to monitor the safety of the newborn and the family’s participation in appropriate services.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MASSACHUSETTS</u>	
Statute(s) and regulation(s)	MASS. GEN. LAWS ANN. ch. 119, § 51A (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 51A – a mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from physical dependence upon an addictive drug at birth shall immediately communicate with the department orally and, within 48 hours, file a written report with the department detailing the suspected abuse or neglect.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MICHIGAN</u>	
Statute(s) and regulation(s)	MICH. COMP. LAWS ANN. § 722.623a (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 722.623a – a person who is required to report suspected child abuse or neglect under § 722.623 and who knows, or from the child’s symptoms has reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body shall report to the department in the same manner as required under § 722.623. A report is not required if the person knows that the alcohol, controlled substance, or metabolite, or the child’s symptoms, are the result of medical treatment administered to the newborn infant or his or her mother.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MINNESOTA</u>	
Statute(s) and regulation(s)	MINN. STAT. ANN. § 125A.27 (West 2022); MINN. STAT. ANN. §§ 260E.03, 260E.31, and 260E.32 (West 2022); MINN. R. 9560.0214 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	<p>Yes.</p> <p>§ 125A.27 – “interagency child find systems” means activities developed on an interagency basis with the involvement of interagency early intervention committees and other relevant community groups, including primary referral sources using rigorous standards to actively seek out, identify, and refer infants with, or at risk of, disabilities, and their families, to reduce the need for future services; the child find system must mandate referrals for a child under the age of three who is identified as directly affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, to reduce the need for future services.</p>
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 260E.03; 9560.0214 – definition of “neglect” includes prenatal exposure to a controlled substance used by the mother for nonmedical purpose as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child’s first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder. Definition of “maltreatment” includes neglect.</p> <p>§ 250E.06 – a person, including a professional or professional’s delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, correctional supervision, probation and correctional services, or law enforcement, who knows or has reason to believe a child is being maltreated shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, tribal services agency, or tribal police department.</p> <p>§ 260E.31 – a mandated reporter shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled</p>

<u>MINNESOTA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>substance for a nonmedical purpose during the pregnancy, including but not limited to THC, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive. A health care professional or social service professional is exempt from reporting if the professional is providing or collaborating with other professionals to provide the woman with prenatal care, postpartum care, or other health care services, including care of the woman's infant. If the woman does not continue to receive regular prenatal or postpartum care, after attempts to contact her, then the professional is required to report. Upon receipt of a report of prenatal exposure to a controlled substance, the local welfare agency shall immediately conduct an appropriate assessment and offer services. The local welfare agency may also take any appropriate action under chapter 253B, including seeking an emergency admission if the woman refuses recommended voluntary services or fails recommended treatment.</p>
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>§ 260E.32 – a physician shall administer a toxicology test to a pregnant woman under the physician's care or to a woman under the physician's care within eight hours after delivery to determine whether there is evidence that she has ingested a controlled substance if the woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose. If the test results are positive, the physician shall report the results as required by law. A negative test result does not eliminate the obligation to report if other evidence gives the physician reason to believe the patient has used a controlled substance for a nonmedical purpose.</p> <p>A physician shall administer to each newborn infant born under the physician's care a toxicology test to determine whether there is evidence of prenatal exposure to a controlled substance if the physician has reason to believe, based on medical assessment of the mother or the infant, that the mother used a controlled substance for a nonmedical purpose during pregnancy. If the test results are positive, the physician shall report the results as neglect. A negative test result does not eliminate the obligation to report if other medical evidence of prenatal exposure is present.</p>

<u>MINNESOTA</u>	
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MISSISSIPPI</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MISSOURI</u>	
Statute(s) and regulation(s)	MO. REV. STAT. §§ 191.737 and 191.739 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Not by itself. § 191.737 – Any physician or health care provider may refer to the children’s division families in which children may have been exposed to a controlled substance, schedules I, II, and III, or alcohol as evidenced by a written assessment, made or approved by a physician, health care provider, or by the children’s division, that documents the child as being at risk of abuse or neglect and either medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth or results of the confirmed toxicology test for controlled substances performed at birth on the mother or the child.</p> <p>Any physician or health care provider shall refer to the children’s division families in which infants are born and identified as affected substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder as evidenced by medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth or results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.</p> <p>Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of § 210.115.</p> <p>§ 191.739 – the department of social services shall provide protective services for children that meet the criteria established in § 191.737 and may provide preventive services for children that meet that criteria. No department shall cease providing services for any child exposed to substances as set forth in § 191.737 wherein a physician or health care provider has made or approved a written assessment which documents the child as being at risk of abuse or neglect until a physician or health care provider authorizes such file to be closed.</p>

<u>MISSOURI</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MONTANA</u>	
Statute(s) and regulation(s)	MONT. CODE ANN. § 41-3-201 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	No, but § 41-3-201 requires certain medical professionals involved in the delivery or care of an infant to report to the department any infant known to the professional to be affected by a dangerous drug.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEBRASKA</u>	
Statute(s) and regulation(s)	92 NEB. ADMIN. CODE § 52-006 (West 2022); 395 NEB. ADMIN. CODE § 2-003 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 52-006 – school districts and approved cooperatives, as part of the child find system, must ensure that all infants and toddlers with disabilities within the district or approved cooperative who are eligible for early intervention services are identified, located, and evaluated, including infants and toddlers with disabilities who are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. A child under the age of three who is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure must be referred to the early intervention program.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 2-003 – if a report made by a hospital or other medical facility includes information that a newborn infant has been affected by substance use, withdrawal symptoms from prenatal drug exposure, or fetal alcohol spectrum disorder, the summary provided by the department may include any additional information the department deems necessary for the development of a plan of safe care for the child.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEVADA</u>	
Statute(s) and regulation(s)	NEV. REV. STAT. ANN. §§ 432B.170, 432B.220, 432B.260, and 432B.310 (West 2022); NEV. ADMIN. CODE §§ 449.939 to 449.948 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Not by itself. § 432B.220 – any person licensed or certified pursuant to certain specified chapters who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training, or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.</p> <p>§ 432B.260 – except as otherwise provided, an investigation of a report is not warranted if the alleged effect of a fetal alcohol spectrum disorder or prenatal substance use disorder on or the withdrawal symptoms resulting from any prenatal substance exposure of the newborn infant could be eliminated if the child and the family of the child are referred to or participate in social or health services offered in the community, or both.</p> <p>§ 432B.310 – an agency which provides child welfare services shall not report to the central registry any information concerning a child identified as being affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or as having withdrawal symptoms resulting from prenatal substance exposure unless the agency determines that a person has abused or neglected the child after the child was born.</p>

<u>NEVADA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	§ 432B.330 – a child may be in need of protection if the child is identified as being affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or as having withdrawal symptoms resulting from prenatal substance exposure.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	<p>§ 449.941 – definition of “CARA Plan of Care” which means a plan that is established for the care of an infant who has a fetal alcohol spectrum disorder, has been affected by a prenatal substance use disorder, or is experiencing symptoms of withdrawal from a substance as a result of exposure to the substance in utero.</p> <p>§ 449.947 – a provider of health care who delivers or provides medical services to an infant in a medical facility and who, in his or her professional capacity, knows or has reasonable cause to believe that the infant was born with a fetal alcohol spectrum disorder, is affected by a prenatal substance use disorder, or is experiencing symptoms of withdrawal from a substance as a result of exposure to the substance in utero shall ensure that a CARA plan of care is established for the infant before the infant is discharged from the medical facility. The plan of care must be completed using the form prescribed by the division and include, without limitation: (1) measures to ensure the immediate safety of the infant; (2) measures to address the needs of the infant and his or her family or caregiver for substance use disorder treatment and health care; (3) measures to ensure that the infant and his or her family or caregiver receive any necessary services including, without limitation, referrals to appropriate providers of such services; and (4) any other information necessary to ensure that the needs of the infant are met. When the infant is discharged, the medical facility shall provide a copy of the plan of care to each parent or legal guardian to whom the plan of care pertains, or both, if applicable, and to the division, within 24 hours after discharge.</p> <p>§ 449.948 – the division shall monitor the implementation of each plan of care to ensure that the infant to whom the plan</p>

<u>NEVADA</u>	
Family care plan requirements in statute or regulation, cont'd	pertains and his or her family or caregiver are receiving appropriate services, and provide a copy of the plan of care to an agency which provides child welfare services upon request.
Miscellaneous provisions	§ 432B.170 – nothing in the provisions of this chapter or §§ 432-097 to 432.130, inclusive, prohibits an agency which provides child welfare services from sharing information with other state or local agencies if the purpose for sharing the information is for the development of a plan for the care, treatment, or supervision of an infant who is born and has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure, and the other agency has standards for confidentiality equivalent to those of the agency which provides child welfare services, and proper safeguards are taken to ensure the confidentiality of the information.
Recently proposed legislation	None.

<u>NEW HAMPSHIRE</u>	
Statute(s) and regulation(s)	N.H. REV. STAT. ANN. §§ 132:10-e and 132:10-f (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	No. However, § 132:10-f provides that if a healthcare provider suspects that an infant has been abused or neglected, the provider shall report such to the department of health and human services and, if the infant has a plan of safe care, include a copy of the plan with the report.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 132:10-e – when an infant is born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder, the health care provider shall develop a plan of safe care, in cooperation with the infant’s parents or guardians and the department of health and human services, division of public health services, as appropriate, to ensure the safety and well-being of the infant, to address the health and substance use treatment needs of the infant and affected family members or caregivers, and to ensure that appropriate referrals are made and services are delivered to the infant and affected family members or caregivers. The plan shall take into account whether the infant’s prenatal drug exposure occurred as the result of medication assisted treatment, or medication prescribed for the mother by a healthcare provider, and whether the infant’s mother is or will be actively engaged in ongoing substance use disorder treatment following discharge that would mitigate the future risk of harm to the infant. A copy of the plan of safe care shall be included in the instructions for the infant upon discharge from the hospital or from the healthcare provider involved in the development of the plan of safe care. The plan of safe care shall not be submitted to the department of health and human services unless it is pursuant to § 312:10-f or the department makes an official request for a copy of the plan in compliance with confidentiality requirements.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEW JERSEY</u>	
Statute(s) and regulation(s)	N.J. ADMIN. CODE §§ 3A:26-1.1 to 1.3 (2022); N.J. ADMIN. CODE § 8:43G-2.13 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 3A:26-1.2 defines “substance-affected infant” to mean an infant: (1) whose mother had a positive toxicology screen for a controlled substance or metabolite thereof during pregnancy or at the time of delivery; (2) who has a positive toxicology screen for a controlled substance after birth that is reasonably attributable to maternal substance use during pregnancy; (3) who displays the effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure; or (4) who displays the effects of a fetal alcohol spectrum disorder.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Not by itself. § 3A:26-1.1 provides that the division of child protection and permanency shall receive reports of substance-affected infants that ambulatory care facilities submit pursuant to § 8:43A-28.7 and that hospitals submit to § 8:43G-2.13.</p> <p>Upon receipt of a report, the division shall first determine if the report is an allegation of child abuse or neglect and, if so, respond according to law. If the report is not an allegation of abuse or neglect, the division representative shall offer services to the parent of each substance-affected infant on a voluntary basis. If the parent accepts, the division shall provide services in accordance with N.J. ADMIN. CODE §§ 3A:11-1.6(b) and 1.7.</p> <p>§ 3A:26-1.3 provides that reports made pursuant to § 3A:26-1.1 must include the name of the infant and the infant’s mother and father, if known; the home addresses of the infant’s mother and father, if known; the types of substances affecting the infant and the harm, if any, caused to the infant resulting from his or her exposure to the substances; and circumstances known to the reporter that would affect an evaluation of the situation including, but not limited to, awareness of medications prescribed to the mother of the infant.</p> <p>§ 8:43A-28.7 – ambulatory care facilities shall require that birth centers establish and implement written policies and procedures for the reporting of all substance-affected infants to the division of child protection and permanency in accordance with law.</p>

<u>NEW JERSEY</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	§ 8:43G-2.13 – hospitals shall establish and implement written policies and procedures, reviewed by the department and revised as required by the department, for reporting all diagnosed and/or suspected cases of child abuse and/or neglect and for reporting substance-affected infants.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEW MEXICO</u>	
Statute(s) and regulation(s)	N.M. STAT. ANN. §§ 27-2-12.24, 32A-1-4, 32A-3A-13, and 32A-4-3 (West 2022); N.M. CODE R. §§ 8.10.5.1 to 8.10.5.13 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	<p>Yes.</p> <p>§ 32A-3A-13 - by January 1, 2020, the department, in consultation with Medicaid managed care organizations, private insurers, the office of superintendent of insurance, the human services department, and the department of health, shall develop rules to guide hospitals, birthing centers, medical providers, Medicaid managed care organizations and private insurers in the care of newborns who exhibit physical, neurological, or behavioral symptoms consistent with prenatal drug exposure, withdrawal symptoms from prenatal drug exposure, or fetal alcohol spectrum disorder.</p> <p>Rules shall include guidelines to hospitals, birthing centers, medical providers, Medicaid managed care organizations, and private insurers regarding: (1) definitions and evidence-based screening tools, based on standards of professional practice, to be used by health care providers to identify a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder; and (2) collection and reporting of data to meet federal and state reporting requirements, including information pertaining to a child born and diagnosed by a health care professional as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.</p>
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>No. § 32A-3A-13 – reports made pursuant to this section shall be collected by the department as distinct and separate from any child abuse report as captured and held or investigated by the department, such that the reporting of a plan of care shall not constitute a report of suspected child abuse and neglect and shall not initiate investigation by the department or a report to law enforcement.</p> <p>The requirements of this section shall not be construed to relieve a person of the requirement to report to the department knowledge of or a reasonable suspicion that a child is an abused or neglected child based on criteria as defined by law.</p>

<u>NEW MEXICO</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>§ 32A-4-3 – a finding that a pregnant woman is using or abusing drugs made pursuant to an interview, self-report, clinical observation, or routine toxicology screen shall not alone for a sufficient basis to report child abuse or neglect to the department. a volunteer, contractor, or staff of a hospital or freestanding birthing center shall not make a report based solely on that finding and shall make a notification pursuant to this section. Nothing in this subsection shall be construed to prevent a person from reporting to the department a reasonable suspicion that a child is an abused or neglected child based on other criteria as defined by law, or a combination of criteria that includes a finding pursuant to this subsection.</p> <p>§ 8.10.5.8 – when a newborn in New Mexico has been identified with substance exposure, as evidenced by toxicology results of the newborn or mother, or when a caregiver discloses substance use during the pregnancy, written notification shall be provided to the division and department of health by the newborn's healthcare provider prior to the newborn's discharge from the healthcare facility, or as soon as the exposure is identified if it occurs following the newborn's discharge. The notification of newborn substance exposure is documented in one of the following ways: (1) submission of a CARA plan of care for the newborn and family; or (2) submission of the notification of CARA newborn status form which documents that: (a) substance exposure was identified by cord/meconium toxicology screening and the newborn was discharged from the healthcare facility before the family was informed; (b) the newborn with substance exposure has transferred to a healthcare facility for a higher level of care; or (c) the caregiver of the newborn with substance exposure has refused a CARA plan of care. Families shall be informed that they may request a referral for services at a later time, even if they have declined these services, by communicating with their health insurance care coordinator or the CARA navigator, whose contact information shall be provided by the healthcare provider. The plan of care template and the notification of newborn status form shall be accessible by healthcare providers on the CARA provider resources webpage or via the CARA portal and NM health families, or by request.</p>

<u>NEW MEXICO</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	<p>§ 8.10.5.10 – medical professionals shall (1) participate in CARA training on definitions and evidence-based validated screening tools that shall be used to identify children exposed to substances in utero; (2) complete the CARA online modules on the best practices regarding substance exposed infants and substance use disorder that providers may receive continuing education credits for completing; (3) notify staff who complete a plan of care when an exposure has been identified by them; and (4) obtain the substance use history and provide education on treatment options.</p>
Family care plan requirements in statute or regulation	<p>§ 27-2-12.24 – by January 1, 2020, the secretary shall require medical assistance plans to establish, in consultation with the department, hospitals, birthing centers, the children, youth and families department, and the department of health, a process for the creation and implementation of a plan of care for a substance exposed newborn and the relatives, parents, guardians, or caretakers of a substance exposed newborn as provided for in the Children’s Code. As used in this section, “plan of care” means a plan created by a healthcare professional pursuant to the Children’s Code that is intended to ensure the safety and well-being of a substance exposed newly born child by addressing the treatment needs of the child and any of the child’s parents, relatives, guardians, family members, or caregivers to the extent those treatment needs are relevant to the safety of the child.</p> <p>§ 32A-1-4 – definition of “plan of care,” which means a plan created by a healthcare professional intended to ensure the safety and well-being of a substance exposed newborn by addressing the treatment needs of the child and any of the child’s parents, relatives, guardians, family members, or caregivers to the extent those treatment needs are relative to the safety of the child.</p> <p>§ 32A-3A-13 – by January 1, 2020, the department, in consultation with Medicaid managed care organizations, private insurers, the office of superintendent of insurance, the human services department, and the department of health, shall develop rules to guide hospitals, birthing centers, medical providers, Medicaid managed care organizations and private insurers in the care of newborns who exhibit physical, neurological, or behavioral symptoms consistent with prenatal drug exposure, withdrawal</p>

<u>NEW MEXICO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>symptoms from prenatal drug exposure, or fetal alcohol spectrum disorder.</p> <p>Rules shall include guidelines to hospitals, birthing centers, medical providers, Medicaid managed care organizations, and private insurers regarding:</p> <p>(1) participation in the discharge planning process, including the creation of a written plan of care that shall be sent to: (a) the child's primary care physician; (b) a Medicaid managed care organization insurance plan care coordinator who will monitor the implementation of the plan of care after discharge, if the child is insured, or to a care coordinator in the children's medical services of the family health bureau of the public health division of the department of health who will monitor the implementation of the plan of care after discharge, if the child is uninsured; and (c) the child's parent, relative, guardian, or caretaker who is present at discharge who shall receive a copy upon discharge. The plan of care shall be signed by an appropriate representative of the discharging hospital and the child's parent, relative, guardian, or caretaker who is present at discharge;</p> <p>(2) collection and reporting of data to meet federal and state reporting requirements, including (a) by hospitals and birthing centers to the department when a plan of care has been developed and a family has been referred for a plan of care; and (b) data collected by hospitals and birthing centers for use by the children's medical services of the family health bureau of the public health division of the department of health in epidemiological reports and to support and monitor a plan of care. Information reported pursuant to this subparagraph shall be coordinated with communication to insurance carrier care coordinators to facilitate access to services for children and parents, relatives, guardians, or caregivers identified in a plan of care; and</p> <p>(3) identification of appropriate agencies to be included as supports and services in the plan of care, based on an assessment of the needs of the child and the child's relatives, parents, guardians, or caretakers, performed by a discharge planner prior to the child's discharge from the hospital or birthing center, which may include public health agencies, maternal and child health agencies, home visitation programs, substance use disorder prevention and treatment providers, mental health providers, public and private</p>

<u>NEW MEXICO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>children and youth agencies, early intervention and developmental services, courts, local education agencies, managed care organizations, or hospitals and medical providers.</p> <p>The department shall work in consultation with the department of health to create and distribute training materials to support and educate discharge planners or social workers on how to assess whether to create a plan of care when a referral to the department is not required and the creation and deployment of a plan of care.</p> <p>§ 32A-4-3 – a volunteer, contractor, or staff of a hospital or freestanding birthing center shall complete a written plan of care for a substance exposed newborn as provided for by department rule and the Children’s Code and provide notification to the department. Notification by a health care provider pursuant to this paragraph shall not be construed as a report of child abuse or neglect. As used in this section, “notification” means informing the department that a substance exposed newborn was born and providing a copy of the plan of care that was created for the child; provided that notification shall comply with federal guidelines and shall not constitute a report of child abuse or neglect.</p> <p>§ 8.10.5.9 – a plan of care with services is to be offered prior to a newborn’s discharge from the hospital when substance exposure has been identified. The purpose of a plan of care is to ensure continuity and engagement of support services for the newborn and caregivers. A plan of care is the document completed by a healthcare professional with the family or designated caregiver(s) of the newborn when substance exposure has been identified. Plans of care are jointly created by the healthcare professional and the family to support them to obtain resources and services that sustain family relationships and support the health and well-being of the infant and family members. The implementation of services in the plan of care shall be modified and updated as often as required to address changes in the needs and circumstances of the family. All services in the plan are voluntary and at the option of the family.</p>

<u>NEW MEXICO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>All plans of care must include, among other things, the following information:</p> <p>(1) in-utero exposures: if a newborn is exposed to any substances during pregnancy, all exposures shall be documented in the plan of care and on the notification of CARA newborn status form when applicable. Documentation of exposures include exposures occurring during the timeframe in which the mother may not have known she was pregnant, and all substance exposures, including, but not limited to, illicit and prescription drugs, alcohol, marijuana (medical or recreational), and medication assisted therapy such as methadone and buprenorphine;</p> <p>(2) substance use assessment: the parents, domestic partners, and key household members shall also be assessed for substance use disorders. If it is determined they have a substance use disorder, it shall be documented in the plan of care. If there is a substance use disorder present, the parents, domestic partners, and key household members shall be offered services to address treatment and recovery goals of each individual. A copy of the plan of care will be provided to individuals for whom such referrals are made; and</p> <p>(3) services and referrals: the plan of care shall also include the services for which the family agrees to be referred as well as the services the family is already participating in. If the family declines services in their community, the healthcare professional clearly documents this within the plan of care. Families shall be informed that they may request a referral for services at a later time, even if they have declined these services during the initial development of the plan of care, by communicating with their health insurance care coordinator or the CARA navigator(s) whose contact information shall be included on the plan of care.</p> <p>A plan of care shall be completed by the hospital staff with the parent or designated caregiver prior to the newborn's discharge from the hospital. In the case of births that occur without a hospital admission, or when substance exposure has been identified after the newborn's discharge from the hospital, a plan of care may be created with the parent or designated caregiver by the infant's healthcare provider, or by the assigned insurance care coordinator or CARA navigator. The plan of care shall be considered active upon the date of signature of the parent/designated caregiver.</p>

<u>NEW MEXICO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>Copies of the plan of care shall be provided to the caregiver, relatives, guardian, fictive kin or resource family of the newborn, the parents, designated CARA navigators at department of health and children, youth and families, the care coordinator, newborn's primary care provider, and the referred supportive service providers.</p> <p>The plan of care shall remain in effect for at least the first year of the child's life and shall remain active if continued services are needed for the child or caregivers after the first year. The delivery of services and family engagement shall be monitored at the frequency and intensity needed to ensure the safety and well-being of the infant, and to support progress toward achieving the parents' or designated caregivers' expressed objectives for their plan of care. At one year from the child's birth, a re-assessment of the plan of care shall occur and, if necessary, the plan of care may be extended for a period of time to be determined jointly by the family and assigned care coordinator, by a designated provider, or CARA navigator.</p> <p>A plan of care may be modified if (a) there is a change in caregivers during the active plan of care; (b) a caregiver moves to a different city or town; (c) reunification of the child with their parents occurs during the first year; (d) the needs of the child have changed; (e) a child comes into children, youth and families custody, and the caregiver needs to continue following the plan of care; and (f) the needs of the caregiver change.</p> <p>Late identification is when substance use or newborn exposure to substances is not known or identified until the newborn has already been discharged. If late identification occurs, the notification of CARA newborn status shall be utilized to notify the CARA navigators. If the hospital notifies the caregiver of the positive result on the newborn, the hospital shall explain that the CARA navigators shall be notified, and that a CARA navigator shall contact the caregiver to offer a plan of care for the newborn. If the care coordinator or another healthcare provider is informed of an exposure following the newborn's discharge from the hospital or birthing facility, they shall inquire if the caregiver has a plan of care. If not, they shall inform the caregiver of</p>

<u>NEW MEXICO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>the newborn that the CARA navigators may be notified using the notification of CARA newborn status and may be contacting the caregiver to offer a plan of care for the child.</p> <p>§ 8.10.5.10 – sets out the requirements for the protective services division statewide central intake for calls that involve a substance exposed newborn. Discusses how CARA navigators are assigned and their duties regarding oversight of the CARA program and ensure plans of care are implemented and shall collaborate to ensure continuity of care and implementation of the CARA program.</p> <p>A plan of care shall be offered with services to every family of a newborn exposed to substances, which includes medication assisted therapy and legal substances such as alcohol, regardless of families declining services or care coordination. The plan of care shall be integrated into the discharge plan for the mother and newborn. Referrals for services that are accepted are to be sent from the hospital prior to discharge as part of the plan of care process.</p> <p>Sets out the requirements for managed care organizations, private insurers, children's medical services, and care coordinators related to plans of care.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEW YORK</u>	
Statute(s) and regulation(s)	N.Y. COMP. CODES R. & REGS. tit. 14, § 800.5 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 800.5 – all certified, licensed, or otherwise authorized substance use disorder treatment programs shall offer development of a plan of safe care to any pregnant patients in accordance with guidance issued by the Office of Alcoholism and Substance Abuse Services.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NORTH CAROLINA</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NORTH DAKOTA</u>	
Statute(s) and regulation(s)	N.D. CENT. CODE ANN. §§ 50-25.1-02, 50-25.1-16, 50-25.1-17, 50-25.1-18, 50-25.1-20, and 50-25.1-21 (West 2022); N.D. ADMIN. CODE 10-01-01-01 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 50-25.1-02 – definitions of “neglected child,” which means a child who, due to the action or inaction of a person responsible for the child’s welfare, was subject to prenatal exposure to chronic or severe use of alcohol or any controlled substance in a manner not lawfully prescribed by a practitioner; “prenatal exposure to a controlled substance,” which means use of a controlled substance by a pregnant woman for nonmedical purpose during pregnancy as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects or developmental delays during the child’s first year of life that medically indicate prenatal exposure to a controlled substance; “substance exposed newborn,” which means an infant younger than 28 days of age at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder.</p> <p>§ 50-25.1-03.1 – any individual or official required to report under this chapter may cause to be performed laboratory tests and other medical tests of the child without the consent of the child’s parents or guardian.</p> <p>§ 50-25.1-16 – a mandatory reporter who has knowledge of or reasonable cause to suspect that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy shall report the circumstances to the department or authorized agent if the knowledge or suspicion is derived from information received by that individual in that individual’s official or professional capacity. An individual may make a voluntary report if the individual has knowledge of or reasonable cause to suspect that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy.</p>

<u>NORTH DAKOTA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>If a report alleges a pregnant woman's use of a controlled substance for a nonmedical purpose, the department or authorized agent shall immediately initiate an appropriate assessment and offer services indicated under the circumstances. Services may include a referral for an addiction assessment, a referral for substance use disorder if recommended, or a referral for prenatal care. The department or authorized agent may also take any appropriate action under law. A report and assessment under this section is not required if the pregnant woman is not required if the pregnant woman voluntarily enters treatment in a licensed treatment program. If the pregnant woman does not complete voluntary treatment or fails to follow treatment recommendations, a mandatory reporter who has knowledge of the failure to complete voluntary treatment or failure to follow treatment recommendations shall make a report as required by this section. A report under this section must be made as described in § 50-25.1-04 and must be sufficient to identify the woman, the nature and extent of use, if known, and the name and address of the individual making the report.</p> <p>§ 50-25.1-17 – if a woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose, upon the consent of the pregnant woman, or without consent if a specimen is otherwise available, a physician shall administer a toxicology test to a pregnant woman under the physician's care or to a woman under the physician's care within eight hours after delivery to determine whether there is evidence that she has ingested a controlled substance. If the test results are positive, the physician shall report the results under § 50-25.1-03.1. A negative test result or the pregnant woman's refusal to consent to a test does not eliminate the obligation to report under § 50-25.1-03 if other evidence gives the physician reason to believe the patient has used a controlled substance for a nonmedical purpose.</p> <p>If a physician has reason to believe based on a medical assessment of the mother or the infant that the mother used a controlled substance for a nonmedical purpose during the pregnancy, the physician shall administer, without the consent of the child's parents or guardian, a toxicology test</p>

<u>NORTH DAKOTA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>to the newborn infant to determine whether there is evidence of prenatal exposure to a controlled substance. If the test results are positive, the physician shall report the results as neglect under § 50-25.1-03. A negative result does not eliminate the obligation to report if other medical evidence of prenatal exposure to a controlled substance is present.</p> <p>§ 50-25.1-18 – a mandatory reporter who has knowledge of or reasonable cause to suspect that a woman is pregnant and has abused alcohol after the woman knows of the pregnancy may (1) arrange for an addiction assessment conducted by a licensed treatment program and confirm that the recommendations indicated by the assessment are followed; or (2) immediately report the circumstances to the department or authorized agent if the knowledge or suspicion is derived from information received by that individual in that individual's official or professional capacity. An individual may make a voluntary report if the individual has knowledge of or reasonable cause to suspect that a woman is pregnant and has abused alcohol during the pregnancy.</p> <p>If the woman is referred for an addiction assessment and fails to obtain an assessment or refuses to comply with the recommendations of the assessment, a mandatory reporter who has knowledge of the failure to obtain the assessment or refusal to comply with recommendations of the assessment shall make a report to the department or authorized agent.</p> <p>If a report alleges a pregnant woman has abused alcohol, the department or authorized agent shall immediately initiate an appropriate assessment and offer services indicated under the circumstances. Services offered may include a referral for an addiction assessment, a referral for substance use disorder treatment, if recommended, or a referral for prenatal care. The department or authorized agent may also take any appropriate action under law. A report and assessment under this section is not required if the pregnant woman voluntarily enters treatment in a licensed treatment program. If the pregnant woman does not complete voluntary treatment or fails to follow treatment recommendations, a mandatory reporter who has knowledge of the failure shall make a report as required by this section.</p>

<u>NORTH DAKOTA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	§ 50-25.1-20 – if an alternative response assessment is initiated as a result of a report of child abuse or neglect, a decision that a child is confirmed abused or neglected may not be made if the person responsible for the child's welfare complies with the resulting referred services and plan of safe care for the substance exposed newborn. The department or authorized agent shall determine whether a person responsible for the child's welfare has complied with the referred services and plan of safe care for the substance exposed newborn and, if such person has not complied with the referred services and plan of safe care, an assessment of the initial report of child abuse or neglect may be completed.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 50-25.1-21 – in response to an alternative response assessment, the department: (1) shall provide referral services to, and monitor support services for, the person responsible for the child's welfare, the substance exposed newborn, and other children under the same care as may be necessary for their well-being and safety; (2) shall develop a plan of safe care for the substance exposed newborn; and (3) may take any other appropriate action.
Miscellaneous provisions	10-01-01-01 – organization of the office of the attorney general; the criminal and regulatory division is responsible for the administration and enforcement of certain laws. The attorneys assigned to this division, among other things, represent the attorney general's office with the state child protection team and the task force on substance exposed newborns.
Recently proposed legislation	None.

<u>OHIO</u>	
Statute(s) and regulation(s)	OHIO REV. CODE ANN. §§ 5103.60 to 5103.6018 (West 2022); OHIO ADMIN. CODE 5101:2-1-01 (2022); OHIO ADMIN. CODE 5101:2-36-01, 2-36-03, 2-36-04, 2-36-06, 2-36-20 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	<p>Yes.</p> <p>5101:2-1-01 – definitions of: “substance affected infant,” which means a child under the age of 12 months who has any detectable physical, developmental, cognitive, or emotional delay or harm which is associated with a parent, guardian, or custodian’s abuse of a legal or illegal substance, excluding the use of a substance by the parent, guardian, or custodian as prescribed; and “substance exposed infant,” which means a child under the age of 12 months who has been subjected to legal or illegal substance abuse while in utero.</p>
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes, though cases can be screened out if a family care plan has been developed.</p> <p>5101:2-36-01 – the public children services agency shall categorize the information received pursuant to a report of alleged abuse or neglect into one of the listed intake categories, including child abuse and/or neglect report, which shall include physical abuse and any report alleging either: (1) an identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure; or (2) an infant diagnosed with a fetal alcohol spectrum disorder.</p> <p>5101:2-36-03, -04, and -20 – the public children services agency shall conduct an assessment/investigation or a specialized assessment/investigation and complete the report disposition and arrive at a final case decision by completing the assessment/investigation no later than 45 days from the date the agency screened in the referral as a child abuse and neglect report. Within two working days of completion of the assessment/investigation, the agency shall, among other things, (1) refer any infant who has been born and identified as affected by legal or illegal substance abuse or withdrawal symptoms or fetal alcohol spectrum disorder resulting from prenatal drug exposure to “Help Me Grow”; and (2) notify all participants involved in the plan of safe care of the final case decision. The final decision includes whether the case</p>

<u>OHIO</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>will be transferred for ongoing agency services, closed and referral made to community services, or closed.</p> <p>5101:2-36-06 – the public children services agency shall screen in a report of child abuse and/or neglect if, during the assessment/investigation of a deserted child, the child's condition reasonably indicates abuse and/or neglect, including an infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure or an infant diagnosed with a fetal alcohol spectrum disorder.</p>
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	<p>§ 5103.6010 – a residential infant care center shall develop a plan of safe care for an infant born substance exposed, as follows: (1) assist with the health and substance use disorder treatment needs of the infant and affected family or caregiver; and (2) develop and implement a program to monitor, support, and connect affected families or caregivers through the provision of and referral to appropriate services for the infant and affected family or caregiver.</p> <p>5101:2-1-01 – definition of “plan of safe care,” which means an arrangement that addresses the immediate safety of the substance exposed and/or substance affected infant, the treatment needs of the infant, the health and substance use disorder treatment needs of the affected family or caregiver. The plan is developed with the parents or other caregivers, as well as the collaborating professional partners and agencies involved in caring for the infant and family. The plan includes, but is not limited to: (1) basic identifying information of the infant and caregivers; (2) hospital or medical facility information; (3) medical information on the infant; and (4) health and substance use of mother, father, and/or caregiver.</p> <p>5101:2-36-01 – when a public children services agency receives referral information regarding an infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure or an infant diagnosed with fetal alcohol spectrum</p>

<u>OHIO</u>	
Family care plan requirements in statute or regulation, cont'd	<p>disorder, the agency shall attempt to gather the following regarding the plan of safe care: identifying information for the child, parents, guardians, and caregivers; description of the interaction between the mother/caregiver and infant; hospital or medical facility information; medical information on the parents, guardians, caregivers, infant; information regarding any known legal or illegal substance abuse, which includes the history of legal or illegal substance abuse by parents, guardians, caregivers, and household members; information regarding support systems for the family; and information on the managed care plan and insurance information. The agency shall not screen out any referral if the plan of safe care information is not obtained, the plan of safe care has not been developed, or the plan of safe care is not adequate to address the safety of the infant.</p> <p>5101:2-36-03, -04, and -20 – for all reports involving an infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure, the public children services agency shall: (1) ensure the plan of safe care has been developed; (2) ensure the plan of safe care addresses the safety needs of the infant; and (3) ensure the plan of safe care addresses the health and substance use disorder treatment needs of the affected family or caregiver.</p>
Miscellaneous provisions	<p>§ 5103.608 – an infant is eligible to be placed in a residential infant care center if: (1) the infant was born substance exposed and requires additional care; (2) the infant's parent or caregiver requires additional education and support services regarding care for the infant; or (3) a public children services agency or private child placing agency requires additional time to determine placement of the infant.</p> <p>§ 5103.609 – a residential infant care center may provide residential care for up to 90 consecutive days to an infant placed by any of the following with legal custody of the infant: a parent, guardian, or legal custodian; a public children services agency; or a private child placing agency.</p> <p>§ 5103.6010 – a residential infant care center shall do the following, among other things: (1) develop and implement a program for parents and caregivers that, either individually or in a group setting, teaches parenting skills, bonding, and</p>

<u>OHIO</u>	
Miscellaneous provisions, cont'd	caring for the infant's special needs; (2) require the center's peer supporter, family advocate, licensed social worker, licensed independent social worker, licensed professional counselor, or licensed professional clinical counselor to do the following: (a) provide wraparound services to affected family and caregivers; (b) coordinate and cooperate with any transferring hospital, public children services agency, and private child placing agency; (c) refer affected families and caregivers to appropriate community agencies and services for support and aftercare; and (d) follow up with affected families and caregivers following the infant's discharge; and (3) encourage employee-supervised dyad care and permit one of the infant's parents or caregivers to room-in with the infant for bonding and education.
Recently proposed legislation	None.

<u>OKLAHOMA</u>	
Statute(s) and regulation(s)	OKLA. STAT. ANN. tit. 10A, §§ 1-1-105, 1-2-101, and 1-2-102 (West 2022); OKLA. STAT. ANN. tit. 63, § 1-550.3 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 1-1-105 and 340:75-3-120 – definition of “deprived child,” which means a child who, among other things, is a child in need of special care and treatment because of the child’s physical or mental condition, and the child’s parents, legal guardian, or other custodian is unable or willfully fails to provide such special care and treatment. As used in this definition, a child in need of special care and treatment includes, but is not limited to, a child who at birth tests positive for alcohol or a controlled dangerous substance and who, pursuant to a drug or alcohol screen of the child and an assessment of the parent, is determined to be at risk of harm or threatened harm to the health or safety of a child.</p> <p>340:75-3-120 – definition of “drug-endangered child,” which means a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts.</p> <p>§ 1-2-101 and 340:75-3-120 – every physician, surgeon, or other healthcare professional including doctors of medicine, licensed osteopathic physicians, residents, and interns, or any other healthcare professional or midwife involved in the prenatal care of expectant mothers or the delivery or care of infants shall promptly report to the department instances in which an infant tests positive for alcohol or a controlled dangerous substance, including infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.</p>
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.

<u>OKLAHOMA</u>	
Family care plan requirements in statute or regulation	<p>§ 1-1-105 and 340:75-3-120 – definition of “plan of safe care,” which means a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder upon release from the care of a healthcare provider that addresses the health and substance use treatment needs of the infant and mother or caregiver.</p> <p>§ 1-2-102 – whenever the department determines that an infant has been diagnosed with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, but the referral is not accepted for investigation, the department shall develop a plan of care that addresses both the infant and affected family member or caregiver. The plan of safe care shall address, at a minimum, the health and substance use treatment needs of the infant and affected family member or caregiver.</p> <p>340:75-3-120 – whenever the department determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, department develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.</p>
Miscellaneous provisions	<p>§ 1-550.3 – the department of human services shall establish and maintain an up-to-date record of infants born exposed to alcohol and other harmful substances, which shall include data necessary for surveys and scientific research, and other data which is necessary and proper to further the recognition, prevention, and treatment of infants born addicted to or prenatally exposed to harmful substances and shall be based upon information collected by the department as a result of investigations made pursuant to title 10. “Harmful substances” means an intoxicating liquor or a controlled dangerous substance.</p> <p>The record of infants born exposed to alcohol and other harmful substances shall include, but not be limited to, the following: (1) whether the birth hospital was public or private; (2) results of the toxicology report on an infant and its mother and, if positive, the type of drug or drugs involved; (3) the date of birth, birth weight, gestational age, and race of the infant; (4) the county of residence; (5) the date and county of report; (6) demographic information on</p>

<u>OKLAHOMA</u>	
Miscellaneous provisions, cont'd	the mother including age, race, educational level, marital status, income level, whether prenatal care was received and the type of prenatal care received; (7) type of treatment, whether the mother was referred for inpatient or outpatient; and (8) whether the child was recommended for removal from custody of the parent.
Recently proposed legislation	H.B. 3494, 58 th Leg., 2 nd Reg. Sess. (Okla. 2022) (referred to committee). Bill amends § 1-1-105, definition of “drug-endangered child” to include neonatal abstinence syndrome from any substance other than medications administered as part of a formal opioid disorder treatment program such as buprenorphine or methadone. Further amends § 1-2-101 to provide that mandatory reporting is not necessary for children born with neonatal abstinence syndrome as the result of formal opioid use disorder treatment program that uses either buprenorphine or methadone.

<u>OREGON</u>	
Statute(s) and regulation(s)	OR. ADMIN. R. 413-015-0115, 413-015-0212, 413-015-0415, 413-080-0050, 413-080-0065 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. 413-015-0115 and 413-080-0050 – definition of “substance affected infant,” which means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth and subsequent assessment by a health care provider identifies signs of substance withdrawal, a fetal alcohol spectrum disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm that is associated with prenatal substance exposure. Prenatal substance exposure is determined by a positive toxicology screen from the infant or the mother at delivery or credible information the mother had an active untreated substance use disorder, during the pregnancy or at the time of birth.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not by itself. 413-015-0212 – when a screener receives a report that a child is identified as a substance affected infant, the screener must ask the reporter whether a plan of care has been developed and ask the reporter whether the substance affected infant and family were referred to services. 413-015-0214 – when the screener receives notification that a child is identified as a substance affected infant, the screener must document the information in a screening report form as a notification unless certain exceptions apply.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	413-015-0115 and 413-080-0050 – definition of “plan of care,” which means a written plan for a substance affected infant and the infant’s family, focused on meeting health needs and substance disorder treatment needs and developed in collaboration with the family, the healthcare provider, community agencies, and child welfare when appropriate. 413-015-0415 – when a healthcare provider involved in the delivery or care of an infant identifies the child as a substance affected infant, the CPS worker must ensure a plan of care is developed, ensure the substance affected infant and family are referred to services identified in the plan of care, and document the plan of care and referrals made in Child Welfare’s electronic information system.

<u>OREGON</u>	
Family care plan requirements in statute or regulation, cont'd	413-080-0065 – when a child on an open case is identified as a substance affected infant, the caseworker must ensure a plan of care is developed, ensure the substance affected infant and family are referred to services identified in the plan of care, and document the plan of care and referrals made in the department's electronic information system.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>PENNSYLVANIA</u>	
Statute(s) and regulation(s)	23 PA. STAT. AND CONS. STAT. ANN. § 6386 (West 2022); 72 PA. STAT. §§ 101-I to 110-I (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	<p>Yes.</p> <p>§ 6386 – the department, in collaboration with the department of health and the department of drug and alcohol programs, shall develop written protocols that include, but are not limited to: (1) definitions and evidence-based screening tools, based on standards of professional practice, to be utilized by healthcare providers to identify a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder; (2) notification to the department that a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder has been born and identified; ongoing involvement of the county agency after taking into consideration the individual needs of the child and the child’s parents and immediate caregivers may not be required; (3) collection of data to meet federal and state reporting requirements; (4) identification, informed by an assessment, of the most appropriate lead agency responsible for developing, implementing, and monitoring a plan of safe care; (5) engagement of the child’s parents and immediate caregivers in order to identify the need for access to treatment for any substance use disorder or other physical or behavioral health condition that may impact the safety, early childhood development, and well-being of the child.</p>
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>No. § 6386 – for the purpose of assessing a child and the child’s family for a plan of safe care, a healthcare provider shall immediately give notice or cause notice to be given to the department if the provider is involved in the delivery or care of a child under one year of age and the healthcare provider has determined, based on standards of professional practice, the child was born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder. The notification by a healthcare provider to the department and any transmittal to the county agency by the department shall not constitute a child abuse report.</p>

<u>PENNSYLVANIA</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 6386 – the department, in collaboration with the department of health and the department of drug and alcohol programs, shall develop written protocols that include identification, informed by an assessment of the needs of the child and the child’s parents and immediate caregivers, of the most appropriate lead agency responsible for developing, implementing, and monitoring a plan of safe care, informed by a multi-disciplinary team meeting that is held prior to the child’s discharge from the healthcare facility, which may include public health agencies, maternal and child health agencies, home visitation programs, substance use disorder prevention and treatment providers, mental health providers, public and private children and youth agencies, early intervention and developmental services, courts, local education agencies, managed care organizations and private insurers, and hospitals and medical providers.
Miscellaneous provisions	<p>§ 103-I – establishes a task force on the opioid abuse epidemic’s impact on children, which shall focus on improving the safety, well-being, and permanency of substance exposed infants and other young children affected by their parents’ substance abuse disorders.</p> <p>§ 104-I – related to the opioid abuse child impact task force; the task force is responsible for, among other things, identifying strategies and making short-term and long-term recommendations to prioritize the prevention of substance exposed infants; improving outcomes for pregnant and parenting women who are striving to recover from addiction; promoting the health, safety, and permanency of substance exposed infants and other young children at risk of child abuse and neglect or placement in foster care due to parental alcohol and drug use; and ensuring the Commonwealth is compliant with CAPTA related to identifying substance exposed infants and is developing multidisciplinary plans of safe care for these infants.</p>

<u>PENNSYLVANIA</u>	
Miscellaneous provisions, cont'd	<p>§ 106-I – the task force has the following duties: (1) to examine and analyze the existing practices, processes, procedures, and laws relating to the diagnosis and treatment of substance exposed infants; (2) to review and analyze the existing practices, processes, procedures, and laws relating to the safety, well-being, permanency, and placement of children at risk due to their parents' substance abuse disorders; (3) to hold public hearings for the taking of testimony and the requesting of documents; (4) to make relevant recommendations for improving the safety, well-being, and permanency of substance exposed infants and other children adversely affected by their parents' substance abuse disorders; and (5) to issue a report in accordance with law.</p> <p>§ 109-I – the task force shall prepare and submit, two months prior to the expiration date of this article, a final report on its activities, findings, and recommendations to the governor, the senate, and the house of representatives. The task force may file status reports and updates as it deems appropriate. a report under this section shall be adopted at a public meeting and shall be available to the public.</p>
Recently proposed legislation	None.

<u>RHODE ISLAND</u>	
Statute(s) and regulation(s)	R.I. GEN. LAWS ANN. § 40-11-6 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 40-11-6 requires any physician, duly certified registered nurse practitioner, or other healthcare provider that is involved in the delivery or care of infants born with, or identified as being affected by, substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder, to report the incident or cause a report thereof to be made to the department.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	No.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>SOUTH CAROLINA</u>	
Statute(s) and regulation(s)	S.C. Code Ann. §§ 63-7-1660 and 63-7-1940 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 63-7-1660 – it is presumed that a newborn child is an abused or neglected child and that the child cannot be protected from further harm without being removed from the custody of the mother upon proof that: (1) a blood or urine test of the child at birth or a blood or urine test of the mother at birth shows the presence of any amount of a controlled substance or a metabolite of a controlled substance unless the presence of the substance or the metabolite is the result of medical treatment administered to the mother of the infant or the infant; or (2) the child has a medical diagnosis of fetal alcohol syndrome and a blood or urine test of another child of the mother or a blood or urine test of the mother at the birth of another child showed the presence of any amount of a controlled substance or a metabolite of a controlled substance unless the presence of the substance or metabolite thereof was the result of medical treatment administered to the mother of the infant or the infant, or another child of the mother has the medical diagnosis of fetal alcohol syndrome.</p> <p>This presumption may be rebutted by proof that the father or another adult who will assume the role of parent is available and suitable to provide care for the child in the home of the mother.</p> <p>§ 63-7-1940 – at a hearing at which the court orders that a child be taken or retained in custody or finds that the child was abused or neglected, the court shall order, without possibility of waiver by the department, that a person's name be entered in the Central Registry of Child Abuse and Neglect if the court finds that there is a preponderance of evidence that the person gave birth to the infant and the infant tested positive for the presence of any amount of controlled substance, prescription drugs not prescribed to the mother, metabolite of a controlled substance, or the infant has a medical diagnosis of neonatal abstinence syndrome, unless the presence of the substance or metabolite is the result of a medical treatment administered to the mother of the infant during birth or to the infant.</p>

<u>SOUTH CAROLINA</u>	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>SOUTH DAKOTA</u>	
Statute(s) and regulation(s)	S.D. CODIFIED LAWS §§ 26-8A-35 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 26-8A-2 – definition of “abused or neglected child” includes a child who was subject to prenatal exposure to abusive use of alcohol, marijuana, or any controlled drug or substance not lawfully prescribed by a practitioner.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 26-8A-35 – if a healthcare practitioner has reason to believe based on a medical assessment of a mother or a newborn infant that the mother used a controlled substance for a nonmedical purpose during the pregnancy, the practitioner may administer, with or without the consent of the newborn infant’s parent or guardian, a toxicology test to the newborn infant under the practitioner’s care to determine whether there is evidence of prenatal exposure to a controlled substance. If the test results are positive, the healthcare practitioner shall report the results pursuant to § 26-8A-8.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>TENNESSEE</u>	
Statute(s) and regulation(s)	TENN. CODE ANN. §§ 33-10-104, 39-15-401, and 71-5-156 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>§ 33-10-104 – if, during prenatal care, the attending obstetrical provider determines no later than the twentieth week of pregnancy that the patient has used prescription drugs which may place the fetus in jeopardy, and drug abuse or drug dependence treatment is indicated, the provider shall encourage counseling, drug abuse or drug dependence treatment and other assistance to the patient. If the patient initiates drug abuse or drug dependence treatment based upon a clinical assessment prior to her next regularly scheduled prenatal visit and maintains compliance with both drug abuse or drug dependence treatment based on a clinical assessment as well as prenatal care throughout the remaining term of the pregnancy, then the department of children’s services shall not file any petition to terminate the mother’s parental rights or otherwise seek protection of the newborn solely because of the patient’s use of prescription drugs for nonmedical purposes during the term of her pregnancy. Notwithstanding this provision, nothing shall prevent the department of children’s services from filing any petition to terminate the mother’s parental rights or seek protection of the newborn should the department determine that the newborn’s mother, or any other adult caring for the newborn, is unfit to properly care for such child.</p> <p>§ 39-15-401 – any person who negligently, by act or omission, engages in conduct that places a child in imminent danger of death, bodily injury, or physical or mental impairment, commits a Class A misdemeanor; except that, if the abused child is eight years of age or less, the penalty is a Class D felony. For purposes of this subsection, a person engages in conduct that places a child in imminent danger of death, bodily injury, or physical or mental impairment if the person’s conduct related to the controlled substance methamphetamine or any other controlled substance listed in this title, except a Schedule VI controlled substance, exposes the child to the controlled substance and an analysis of a specimen of the child’s blood, hair, fingernail, urine, or other</p>

<u>TENNESSEE</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	bodily substance indicates the presence of methamphetamine or any other controlled substance listed in this title, except a Schedule VI substance, in the child's body.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	§ 71-5-156 – in order to address issues raised by births of children with neonatal abstinence syndrome and the use of opioids by women of childbearing age in the TennCare program, the bureau of TennCare is directed to promptly fully review these issues and to develop an appropriate and accountable policy response that includes both primary and secondary prevention. Each managed care organization that participates in the TennCare program shall provide the overall medical loss ratio with respect to the program and calculate the medical loss ratio with respect to expenditures associated with neonatal abstinence syndrome and the use of opioids by women of childbearing age enrolled in the TennCare program. The bureau of TennCare shall report concerning the progress and implementation of the program to the appropriate committees beginning September 1, 2017 and quarterly thereafter.
Recently proposed legislation	None.

<u>TEXAS</u>	
Statute(s) and regulation(s)	TEX. GOV'T CODE ANN. § 531.02143 (West 2022); TEX. HEALTH & SAFETY CODE ANN. § 34.01581 (West 2022); 40 Tex. Admin. Code §§ 707.455 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 707.455 – physical abuse is a subset of the statutory definitions of abuse that appear in Family Code § 261.001(1) and includes physical injury that results in substantial harm to the child.</p> <p>“Physical injury that results in substantial harm to the child” means real and significant physical injury or damage to a child that includes any of the following conditions that occur in an infant under the age of one because of the mother’s prenatal use of alcohol or a controlled substance that was not lawfully prescribed by a medical practitioner, was lawfully prescribed as a result of the mother seeking out multiple healthcare providers as a means of exceeding ordinary dosages, or was not being used in accordance with a lawfully issued prescription, if the mother knew or reasonably should have known she was pregnant: (1) a physician’s written diagnosis of physical manifestations of fetal alcohol syndrome or fetal alcohol effect, which includes alcohol-related birth defects and alcohol related neurodevelopmental disorder; (2) a physician’s written opinion that the newborn was harmed from in utero exposure to alcohol or a controlled substance; or (3) a physician’s diagnosis of neonatal abstinence syndrome.</p> <p>§ 707.467 – neglectful supervision is a subset of the statutory definitions of neglect that appear in Family Code § 261.001(4) and includes placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child’s level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child. In the case of prenatal use of alcohol or a controlled substance that was not lawfully prescribed by a medical practitioner, was lawfully prescribed as a result of the mother seeking out multiple health care providers as a means of exceeding ordinary dosages, or was</p>

<u>TEXAS</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	not being used in accordance with a lawfully issued prescription, the mother is responsible for neglectful supervision under this provision if: (1) the mother knew or reasonably should have known she was pregnant; and (2) it appears that the mother's use endangered the physical and emotional well-being of the infant. It is not necessary that the infant actually suffers from an injury. For the purpose of this subsection, "endangered" means that the mother's prenatal use exposed the infant to loss or injury or jeopardized the infant's emotional or physical health. "Endangered" includes but is not limited to a consideration of the following factors: evidence the mother extensively used alcohol or regularly or extensively used a controlled substance over the course of the pregnancy or in close proximity to the child's expected birth date, evidence that the mother has an alcohol or drug addiction, or evidence that the infant was at a substantial risk of immediate harm from the mother's use of alcohol or a controlled substance.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	<p>§ 531.02143 – the commission shall collect hospital discharge data for Medicaid recipients regarding treatment of a newborn child for prenatal exposure to alcohol or a controlled substance and shall provide the data collected to the department of family and protective services.</p> <p>§ 34.01581 – the department, in collaboration with the review committee, shall develop and implement initiatives to: (1) improve screening procedures to better identify and care for women with opioid use disorder; (2) improve continuity of care for women with opioid use disorder by ensuring that health care providers refer the women to appropriate treatment and verify the women receive the treatment; (3) optimize health care provided to pregnant women with opioid use disorder; (4) optimize health care provided to newborns with neonatal abstinence syndrome by encouraging maternal engagement; (5) increase access to medication assisted treatment for women with opioid use</p>

<u>TEXAS</u>	
Miscellaneous provisions, cont'd	disorder during pregnancy and the postpartum period; and (6) prevent opioid use disorder by reducing the number of opioid drugs prescribed before, during, and following a delivery.
Recently proposed legislation	None.

<u>UTAH</u>	
Statute(s) and regulation(s)	UTAH CODE ANN. §§ 80-2-603 and 80-3-406 (West 2022); UTAH ADMIN. CODE R512-80-2 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 80-2-603 – a healthcare provider who attends the birth of a newborn child or cares for a newborn child and determines the following shall report the determination to the division as soon as possible: (1) the newborn child is adversely affected by the child’s mother’s substance abuse during pregnancy, has fetal alcohol syndrome or fetal alcohol spectrum disorder, or demonstrates drug or alcohol withdrawal symptoms; or (2) the parent of the newborn child or a person responsible for the child’s care demonstrates functional impairment or an inability to care for the child as a result of the parent’s or person’s substance abuse.</p> <p>§ 80-3-406 – there is a presumption that reunification services should not be provided to a parent if the juvenile court finds, by clear and convincing evidence, that, except as otherwise provided, with respect to a parent who is the minor’s birth mother, the minor has fetal alcohol syndrome, fetal alcohol spectrum disorder, or was exposed to an illegal or prescription drug that was abused by the minor’s mother while the minor was in utero, if the minor was taken into division custody for that reason, unless the mother agrees to enroll in, is currently enrolled in, or has recently and successfully completed a substance use disorder treatment program approved by the department. the juvenile court may disregard this requirement if the court finds, under the circumstances of the case, that the substance use disorder treatment is not warranted.</p> <p>R512-80-2 – “abuse” includes fetal exposure to alcohol or other harmful substances. “Fetal exposure to alcohol or other harmful substances,” means a condition in which a newborn is adversely affected by the child’s mother’s substance abuse during pregnancy, has fetal alcohol syndrome or fetal alcohol spectrum disorder, or demonstrates drug or alcohol withdrawal symptoms. Newborn withdrawal symptoms due to medications taken by the mother as legally prescribed,</p>

<u>UTAH</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	without indication of misuse, are expected and do not constitute fetal exposure.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>VERMONT</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Not in statute or regulation.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>VIRGINIA</u>	
Statute(s) and regulation(s)	VA. CODE ANN. § 32.1-73.12 (West 2022); VA. CODE ANN. §§ 63.2-1506 and 63.2-1509 (West 2022); 22 VA. ADMIN. CODE § 40-705-40 (2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 63.2-1509 – for purposes of mandatory reporting, “reason to suspect that a child is abused or neglected” shall, due to the special medical needs of infants affected by substance exposure, include (i) a finding by a healthcare provider within six weeks of the birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure; (ii) a diagnosis made by a healthcare provider within four years following a child’s birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy; or (iii) a diagnosis made by a healthcare provider within four years following a child’s birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When “reason to suspect” for purposes of mandatory reporting is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report. Such reports shall not constitute a per se finding of child abuse or neglect. If a healthcare provider in a licensed hospital makes any finding or diagnosis set forth in clause (i), (ii), or (iii), the hospital shall require the development of a written discharge plan under protocols established by the hospital pursuant to law.</p> <p>§ 63.2-1506 – a family assessment requires the collection of information necessary to determine, among other things, whether the mother of a child who was exposed in utero to a controlled substance sought substance abuse counseling or treatment prior to the child’s birth.</p> <p>40-705-40 – pursuant to § 63.2-1509, certain medical facts indicating that a newborn may have been exposed to a controlled substance prior to birth constitute a reason to suspect that a child is abused or neglected and must be reported. Such facts shall include (i) a finding made by a</p>

<u>VIRGINIA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>healthcare provider within six weeks of the birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure; (ii) a diagnosis made by a healthcare provider within four years following a child's birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy; or (iii) a diagnosis made by a healthcare provider within four years following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report. Such reports shall not constitute a per se finding of child abuse or neglect. If a healthcare provider in a licensed hospital makes any medical finding or diagnosis set forth in clause (i), (ii), or (iii) of this subdivision, the hospital shall require the development of a written discharge plan under protocols established by law.</p> <p>For purposes of this regulation, "affected by substance abuse" is a determination by a healthcare professional and may be determined by clinical indicators that include maternal and infant presentation at birth; substance use and medical histories; and including toxicology study results of the infant that are positive for illegal substances or indicate abuse of controlled substances.</p> <p>When a valid report or complaint is made pursuant to this subdivision, the local department must immediately assess the child's circumstances and any threat to the child's health and safety and conduct an initial safety assessment. The local department may petition a juvenile and domestic relations district court for any necessary services or court orders needed to ensure the safety and health of the child. When a valid report or complaint is based on one of the factors in this subdivision, the local department shall conduct a family assessment, unless an investigation is required or necessary to protect the safety of the child. The local department shall determine whether the mother of an infant who was exposed to a controlled substance sought substance abuse counseling or treatment prior to the child's birth. For purposes of this regulation, substance abuse counseling or treatment includes</p>

<u>VIRGINIA</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>education about the impact of alcohol and drugs, legal or illegal, on the infant and on the maternal-child relationship, and education about relapse prevention. The substance abuse counseling or treatment should attempt to serve the purposes of treating the substance use disorder, strengthening the maternal relationship with the infant and siblings, and achieving and maintaining a sober, drug-free lifestyle.</p> <p>Facts solely indicating that the infant may have been exposed to controlled substances prior to birth are not sufficient to render a founded disposition of abuse or neglect in an investigation.</p>
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	<p>§ 63.2-1506 – if a report or complaint is based upon one of the factors specified in clause (i), (ii), or (iii) of § 63.2-1509, the local department shall conduct a family assessment, unless an investigation is required pursuant to this subsection or other provision of law or is necessary to protect the safety of the child, and develop a plan of safe care in accordance with federal law, regardless of whether the local department makes a finding of abuse or neglect.</p> <p>40-705-40 – pursuant to § 63.2-1506, the local department shall develop a plan of safe care.</p>
Miscellaneous provisions	<p>§ 32.1-73.12 – the department shall serve as the lead agency with responsibility for the development, coordination, and implementation of a plan for services for substance-exposed infants in the commonwealth. Such plan shall support a trauma-informed approach to identification and treatment of substance-exposed infants and their caregivers and shall include options for improving screening and identification of substance-using pregnant women; use of multidisciplinary approaches to intervention and service delivery during the prenatal period and following the birth of the substance-exposed child; and referral among providers serving substance-exposed infants and their families and caregivers. In carrying out its duties, the department shall work cooperatively with the department of social services, the department of behavioral health and developmental services, community services boards and behavioral health authorities,</p>

<u>VIRGINIA</u>	
Miscellaneous provisions, cont'd	local departments of health, the Virginia Chapter of the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, Virginia Section, and such other stakeholders as may be appropriate. The department shall report annually on December 1 to the general assembly regarding implementation of the plan.
Recently proposed legislation	None.

<u>WASHINGTON</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>WEST VIRGINIA</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>WISCONSIN</u>	
Statute(s) and regulation(s)	WIS. STAT. ANN. § 46.238 (West 2022); WIS. STAT. ANN. §§ 48.02, 48.193, and 48.981 (West 2022); WIS. STAT. ANN. §§ 146.0255 and 146.0257 (West 2022)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	<p>Yes.</p> <p>§ 46.238 – if an agency receives a report under § 146.0255 or § 146.0257 and that agency is a county department or a licensed child welfare agency under contract with a county department, the agency shall offer to provide appropriate services and treatment to the infant and the infant’s mother or to the unborn child and the expectant mother of the unborn child or the agency shall make arrangements for the provision of appropriate services and treatment. If an agency receives a report and that agency is the department or a licensed child welfare agency under contract with the department, the agency shall refer the report to the county department and that county department shall offer to provide, or make arrangements for the provision of, those services and that treatment.</p> <p>§ 48.193 – an adult expectant mother of an unborn child may be taken into custody under: (1) a warrant; (2) a capias issued by a judge; (3) an order of the judge if made upon a showing satisfactory to the judge that, due to the adult expectant mother’s habitual lack of self-control in the use of alcohol beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree, there is a substantial risk that the physical health of the unborn child, and of the child when born, will be seriously affected or endangered unless the adult expectant mother is taken into custody and that the adult expectant mother is refusing or has refused to accept any alcohol or other drug abuse services offered to her or is not making or has not made a good faith effort to participate in any alcohol or other drug abuse services offered to her; or (4) circumstances in which a law enforcement officer believes on reasonable grounds that any of the following conditions exist: (a) a capias or warrant for the adult expectant mother has been issued in this or another state; (b) there is a substantial risk that the physical health of the unborn child, and of the child when born, will be seriously affected or endangered due to the adult expectant mother’s habitual lack of self-control in the use of alcohol beverages, controlled substances, or controlled substance</p>

<u>WISCONSIN</u>	
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?, cont'd	analog, exhibited to a severe degree, unless the adult expectant mother is taken into custody; or (c) the adult expectant mother has violated the conditions of an order or the conditions of an order for temporary physical custody by an intake worker. Taking into custody is not an arrest except for the purpose of determining whether the taking into custody or the obtaining of any evidence is lawful.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	<p>Yes. § 48.02 – “abuse,” when used in referring to an unborn child, means serious physical harm inflicted on the unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother of the unborn child in the use of alcohol beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree. “Unborn child” means a human being from the time of fertilization to the time of birth.</p> <p>§ 48.981 – listed mandatory reporters are required to report the facts and circumstances indicating unborn child abuse to a county child welfare department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department.</p> <p>§ 146.0255 – any hospital employee who provides health care, social worker, or intake worker may refer an infant or an expectant mother of an unborn child to a physician for testing of the bodily fluids of the infant or expectant mother for controlled substances or controlled substance analogs if the hospital employee who provides health care, social worker, or intake worker suspects that the infant or expectant mother has controlled substances or controlled substance analogs in the bodily fluids of the infant or expectant mother because of the use of controlled substances or controlled substance analogs by the mother while she was pregnant with the infant or by the expectant mother while pregnant with the unborn child. The physician may test the infant or expectant mother if the physician determines that there is a serious risk that there are controlled substances or controlled substance analogs in the bodily fluids of the infant or expectant mother and that the health of the infant, the unborn child, or the child when born may be adversely affected. If the results of the test indicate that the infant does have controlled substances or controlled substance analogs in the</p>

<u>WISCONSIN</u>	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?, cont'd	<p>infant's bodily fluids, the physician shall report the occurrence of that condition in the infant to the agency that is responsible for conducting child abuse and neglect investigations, and that agency shall offer to provide, or arrange or refer for the provision of, services and treatment for the child and the child's mother. If the results indicate that an expectant mother does have controlled substances or controlled substance analogs in her bodily fluids, the physician may report the occurrence of that condition to the agency that is responsible for conducting unborn child abuse investigations, and that agency shall offer to provide, or arrange or refer for the provision of, services and treatment for the unborn child and expectant mother. No physician may test an expectant mother without first receiving her informed consent to the testing.</p> <p>§ 146.0257 – if a hospital employee who provides health care, social worker, or intake worker suspects that an infant has a fetal alcohol spectrum disorder, the hospital employee, social worker, or intake worker shall refer the infant to a physician for an evaluation to diagnose whether the infant has that disorder. If a physician determines that there is a serious risk that an infant has a fetal alcohol spectrum disorder, the physician shall evaluate the infant to diagnose whether the infant has that disorder. If a physician diagnoses that an infant has a fetal alcohol spectrum disorder, the physician shall report that diagnosis to the agency that is responsible for conducting child abuse and neglect investigations, and that agency shall offer to provide, or arrange or refer for the provision of, services and treatment for the infant and the infant's mother.</p>
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>WYOMING</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 85, 66 th Leg. (Wy. 2022) (failed in Senate). Bill would amend § 6-4-405 related to endangering children to provide that no person, while pregnant, shall knowingly consume methamphetamine or a Schedule I or II controlled substance that is a narcotic drug unless prescribed by a licensed healthcare professional. For a first offense, the court shall initially order probation, an addiction severity index assessment, an American Society of Addiction Medicine placement evaluation, and appropriate treatment pursuant to those results. The court may also enter a deferred sentence.

<u>GUAM</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>PUERTO RICO</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>U.S. VIRGIN ISLANDS</u>	
Statute(s) and regulation(s)	N/A
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	No.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not addressed in statute or regulation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.



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