LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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

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LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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

TABLE OF CONTENTS

Return to Table of Contents

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 2021 to 2022.[1] Additionally, alcohol use among pregnant individuals increased for the same time period, from 199,000 in 2021, including 117,000 individuals that reported binge or heavy alcohol use, to 233,000, including 148,000 that reported binge or heavy alcohol use, in 2022.[2] 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."[3] Further, individuals "with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences."[4] Early treatment and intervention services for pregnant and postpartum individuals and infants born affected by parental substance use disorder is imperative.[5] 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 in 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 9, LAPPA provides jurisdiction-by-jurisdiction tables describing aspects of each law or regulation in effect as of June 2024, including:

- Statutory or regulatory citations of substance use during pregnancy and child abuse or neglect laws or regulations, if any, and the date of the most recent substantive amendments to such laws or regulations;
- 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;

[1] *2022 National Survey on Drug Use and Health,* Table 8.28A, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (SAMHSA), U.S. DEP'T OF HEALTH & HUM. SERVS. (Nov. 13, 2023), 2022 NSDUH Detailed Tables | CBHSQ Data (samhsa.gov), reflecting that use of "illicit drugs" by pregnant individuals aged 15-44 increased from 158,000 in 2021 to 204,000 in 2022, the most recent year for which there is data. "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] *Id*. at Table 8.30A.

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

[4] *Id*.

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

Return to Table of Contents

- Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting requirements;
- Family care plan requirements in statute or regulation;
- Whether there are any specific treatment provisions in statute or regulation for pregnant individuals with substance use disorder;
- Miscellaneous provisions; and
- Recently proposed legislation, if any.

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.[6] 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.

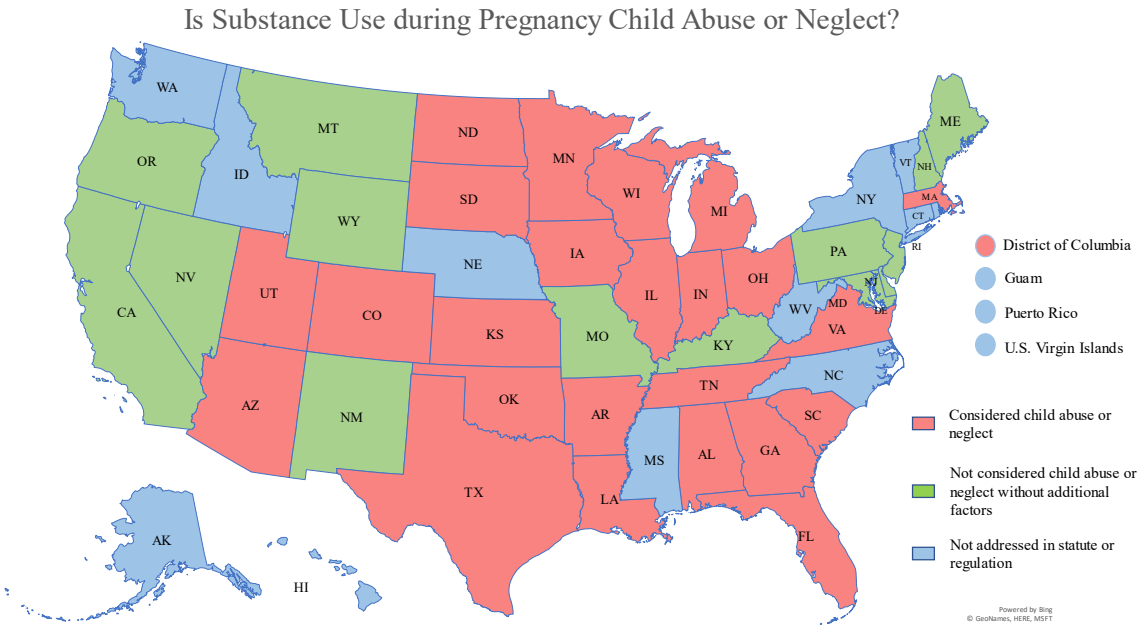
- As of June 2024, 24 states (Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin) and the District of Columbia 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.

- An additional 14 states (California, Delaware, Kentucky, Maine, Maryland, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Pennsylvania, and Wyoming) do not consider substance use during pregnancy to be child abuse or neglect by itself and require additional evidence of harm to the child.

- Twelve states (Alaska, Connecticut, Hawaii, Idaho, Mississippi, Nebraska, New York, North Carolina, Rhode Island, Vermont, Washington, and West Virginia), Guam, Puerto Rico, and the U.S. Virgin Islands do not include substance use during pregnancy in their child abuse or neglect laws.

[6] 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.

Return to Table of Contents



- 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 2024), 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 2024) 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 2024).

- 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 2024)). 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,

Return to Table of Contents

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.[7] Additionally, officials in Monroe County, Mississippi have also been arresting and prosecuting pregnant individuals who used drugs while pregnant.[8]

- 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 2024) 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 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 2024) 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

[7] 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.

[8] Anna Wolfe, *They Were Prosecuted for Using Drugs while Pregnant. But It May Not Have Been a Crime*, MISS. TODAY (Nov. 16, 2023), These Mississippi Women Used Drugs While Pregnant. Was It Illegal? - Mississippi Today.

Return to Table of Contents

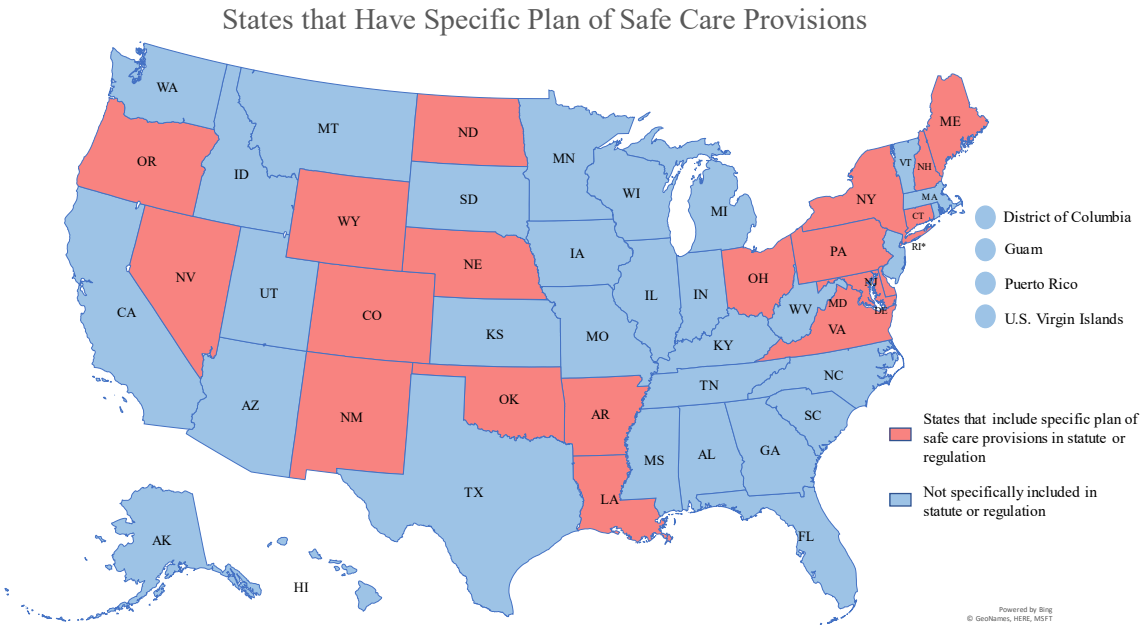
an infant's health or safety; (3) a newborn has a positive confirmed toxicology result (urine, meconium, or cord) for an illegal substance or non-prescribed medication; (4) a newborn develops signs or symptoms of withdrawal as the result of exposure to an illegal substance, use of non-prescribed medications, 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.[9] 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.[10]

- 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 diagnosed with fetal alcohol spectrum disorder, or the infant has known prenatal alcohol exposure when there are safety concerns for the infant.[11]

- The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that states receiving grants for the purpose of improving state child protective services systems have a law or program that includes the development of plans of safe care or family care plans for infants born and identified as being affected by substance use or withdrawal symptoms or a fetal alcohol spectrum disorder.[12] Nineteen states (Arkansas, Colorado, Connecticut, Delaware, Louisiana, Maine, Maryland, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Virginia, and Wyoming) include specific provisions related to plans of safe care in statute or regulation. This does not mean that the remaining states do not have policies or programs in place for plans of safe care, merely that they are not specifically included in statute or regulation.

[9] AGENCY OF HUM. SERVS., DEP'T FOR CHILDREN & FAMILIES, FREQUENTLY ASKED QUESTIONS: VERMONT CAPTA NOTIFICATIONS.
[10] *Id*.
[11] *Role of Healthcare Providers*, WASH. STATE DEP'T OF CHILDREN, YOUTH & FAMILIES, Role of Healthcare Providers | Washington State Department of Children, Youth, and Families.
[12] 42 U.S.C.A. § 5106a.

Return to Table of Contents



- Finally, 29 states (Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Tennessee, Utah, Virginia, West Virginia, and Wisconsin), the District of Columbia, and Guam include substance use disorder treatment provisions in statute or regulation specific to pregnant individuals. These provisions typically include a requirement that treatment programs provide priority access to treatment for pregnant and/or postpartum individuals.

Return to Table of Contents

ALABAMA	
Statute(s) and regulation(s)	• ALA. CODE § 26-15-2 (2024) (definitions) • ALA. CODE §§ 26-15-3.2 and 26-15-3.3 (2024) (included within "Child Abuse Generally") • ALA. ADMIN. CODE r. 580-9-44-.29 (2024) (Level I-O: Opioid Maintenance Therapy) • ALA. ADMIN. CODE r. 660-5-34-.02 (2023) (protective services as specialized social services) • ALA. ADMIN. CODE r. 660-5-34-.04 (2023) (intake in protective services)
Effective date(s) of most recent substantive amendment(s)	• June 9, 2006 (§§ 26-15-2 and 26-15-3.2) • June 8, 2007 (r. 660-5-34-.04) • May 9, 2008 (r. 660-5-34-.02) • May 12, 2016 (§ 26-15-3.3) • March 17, 2023 (r. 580-9-44-.29)
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 included in the statutory definition of "child abuse" or "neglect"; however, pursuant to rule 660-5-34-.02, for purposes of screening and accepting reports of child abuse or neglect received by the department of human resources, "physical abuse" includes fetal alcohol syndrome or drug withdrawal at birth "due to the mother's substance use or misuse." Additionally, pursuant to the terms of such rule, a positive test for alcohol and/or drugs at birth as determined by a medical professional is considered abuse or neglect. Further, 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. § 26-15-3.2 (chemical endangerment of exposing a child to an environment in which controlled substances are produced or distributed) – 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;

Return to Table of Contents

ALABAMA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	(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. § 26-15-3.3 (mother of unborn child taking, with good faith belief, controlled substance pursuant to a lawful prescription) – 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.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	ALA. ADMIN. CODE r. 580-9-44-.29 provides that an opioid maintenance therapy program shall have admission criteria that specifies that pregnant women are a target population. Additionally, the program shall develop, maintain, and

Return to Table of Contents

ALABAMA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	document implementation of written policies and procedures to address the needs of women which include, at a minimum, an acknowledgment by policy and practice that pregnant women are the number one treatment priority and cannot be denied treatment access solely because of pregnancy. If a program is unable to provide services for a pregnant woman, it shall immediately contact the state opioid treatment authority for assistance with placement. The program shall also describe in writing and document implementation of the process used to provide pregnant clients with access or referral to prenatal care, pregnancy and parenting education, and postpartum follow-up. If the pregnant person refuses an appropriate referral for prenatal services, the program shall provide the client with basic prenatal instruction. If the pregnant person consents to referral or is already under treatment with an OB/GYN for the pregnancy, the program shall obtain consent to communicate with the treating physician regarding the individual's opioid treatment. Further, the program shall provide written documentation of implementation of the following procedures for the care of pregnant women: (1) Clients who become pregnant during treatment shall be maintained on the pre-pregnancy dosage and shall apply the same dosing principles as used with any other non-pregnant person served; (2) The initial methadone dose and subsequent induction and maintenance dosing strategy for a person who is newly admitted and pregnant shall reflect the same effective dosing protocols used for all other persons served; and (3) The methadone dose shall be monitored carefully, especially during the third trimester, and adjusted as needed. It also sets forth the requirements if a pregnant person elects to withdraw from methadone treatment while pregnant. Also, rule 660-5-34-.04 provides that a report of alleged child abuse or neglect will not be accepted on an unborn child; however, other department or community services may be provided to the family of the unborn child.

Return to Table of Contents

ALABAMA	
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

ALASKA	
Statute(s) and regulation(s)	• ALASKA STAT. ANN. § 47.17.024 (West 2024) (duties of practitioners of the healing arts) • ALASKA STAT. ANN. § 47.37.045 (West 2024) (community action against substance abuse grants)
Effective date(s) of most recent substantive amendment(s)	• May 4, 2006 (§ 47.17.024) • October 15, 2007 (§ 47.37.045)
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 explicitly 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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 47.37.045 – provides that the department of health shall award and administer community action against substance abuse grants. Further provides that the department shall grant priority to a proposed program or project if such program or project provides prompt substance abuse treatment for a pregnant woman by advancing the woman on a waiting list for the program or project and by streamlining paperwork for admission of the woman to the program.
Recently proposed legislation	None.

Return to Table of Contents

ARIZONA	
Statute(s) and regulation(s)	• ARIZ. REV. STAT. ANN. § 8-201 (2024) (definitions) • ARIZ. REV. STAT. ANN. § 8-481 (2024) (healthy families program; administration; consent; access to records) • ARIZ. REV. STAT. ANN. §§ 8-882 to 8-884 (2024) (collectively "Substance Abuse Treatment Assistance") • ARIZ. REV. STAT. ANN. § 36-141 (2024) (authority to contract and pay for alcohol and drug abuse services; services to pregnant women; priority) • ARIZ. ADMIN. CODE R9-4-602 (2024) (opioid poisoning-related reporting requirements)
Effective date(s) of most recent substantive amendment(s)	• May 13, 1991 (§ 36-141) • July 13, 2009 (§ 8-201) • May 29, 2014 (§ 8-481) • April 5, 2018 (R9-4-602) • September 29, 2021 (§§ 8-882 to 8-884)
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 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: (1) Clinical indicators in the prenatal period, including maternal and newborn presentation; (2) History of substance use or abuse; (3) Medical history; and (4) Results of a toxicology or other laboratory test on the mother or the newborn infant. "Neglect" also includes a 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 business days after an encounter with an individual with suspected neonatal

Return to Table of Contents

ARIZONA	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting, cont'd	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.
Treatment and other assistance provisions specific to pregnant individuals	§ 8-481 – establishes the healthy families program in the department of child safety which provides services to children under the age of five and members of their families that are designed to prevent child abuse or neglect and promote child development and wellness. Provides that the program may also provide services to pregnant women and their families. It requires that the department develop a comprehensive standardized risk assessment evaluation for newborns and their families and establish a method of disclosing to parents at the time of admission to a hospital for childbirth that they may be contacted regarding program services. It provides that one of the goals of the program is to reduce dependency on drugs and alcohol.
Miscellaneous provisions	§§ 8-882 to 8-884 – these statutes establish the substance abuse treatment assistance program, known within the Arizona Department of Child Safety as the Arizona Families F.I.R.S.T. program. The program provides treatment assistance to parents of a child named in a report to the department as being a victim of abuse or neglect whose substance use disorder is a significant barrier to maintaining, preserving, or reunifying the family. § 36-141 – provides that the director of the Arizona health care cost containment system administration is authorized to contract for the development and maintenance of alcohol and drug abuse services from monies available for such purpose with public or private agencies or organizations engaged in providing such services. In allocating any new and existing undedicated monies available to the system for alcohol and substance abuse, the director shall give priority to treatment services for pregnant abusers of alcohol and other drugs.
Recently proposed legislation	None.

Return to Table of Contents

ARKANSAS	
Statute(s) and regulation(s)	• ARK. CODE. ANN. § 12-8-509 (West 2024) (additional reporting required) • ARK. CODE. ANN. § 12-18-103 (West 2024) (definitions) • ARK. CODE. ANN. § 12-18-310 (West 2024) (referrals on children born with and affected by fetal alcohol spectrum disorder or prenatal drug exposure to an illegal drug or a legal substance) • ARK. CODE. ANN. § 12-18-622 (West 2024) (access to the controlled substance database) • ARK. CODE R. 016.04.6-3.00 (2024) (contract and grant financial provisions) • ARK. CODE R. 016.04.6-4.00 (2024) (general requirements) • ARK. CODE R. 016.04.4-37 (2024) (opioid treatment) • ARK. CODE R. 016.04.6-III (2024) (policies affecting treatment) • ARK. CODE R. 016.15.4-II-C (2024) (child abuse hotline for child maltreatment reports) • ARK. CODE R. 016.15.4-II-D (2024) (investigation of child maltreatment reports) • ARK. CODE R. 016.15.4-II-F (2024) (substance exposed infant referral and assessments) • ARK. CODE R. 016.15.4-II-J (2024) (early intervention referrals and services) • ARK. CODE R. 016.15.4, App. 10 (2024) (prenatal substance exposure plan of safe care)
Effective date(s) of most recent substantive amendment(s)	• July 31, 2009 (§§ 12-8-509 and 12-18-103) • July 22, 2015 (§ 12-18-622) • July 24, 2019 (§ 12-18-310) • January 1, 2020 (016.15.4-II-C, 016.15.4-II-F, and App. 10) • May 1, 2022 (016.15.4-II-D and 016.15.4-II-J)
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. § 12-18-103 – definition of "neglect" includes: (1) 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

Return to Table of Contents

ARKANSAS	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	(2) 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. As used in this section, "illegal substance" means a drug that is prohibited to be used or possessed without a prescription. 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. 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. This process accommodates instances where an individual is not reporting abuse or neglect but is requesting other services for the family. 016.15.4-II-D – a child maltreatment investigation that documents the presence of an illegal substance in either the bodily fluids or bodily substances in the mother or child at the time of birth resulting from the mother knowingly using any illegal substance will be found "true but exempted," and will not be placed on the child maltreatment registry. However, a protective services case will 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 will be taken into protective custody.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 12-18-310 – sets forth the mandatory reporting requirements for all healthcare providers involved in the delivery or care of an infant born with and affected by a fetal alcohol spectrum disorder, maternal substance abuse resulting in prenatal drug exposure to an illegal or legal

Return to Table of Contents

ARKANSAS	
Family care plan requirements in statute or regulation, cont'd	substance, or withdrawal symptoms resulting from such exposure and requires that a plan of safe care be developed for such infants. It requires that the plan of safe care 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 shall include content that addresses the health and substance use disorder treatment needs of the infant and the affected family or caregiver. 016.15.4-II-C6 – upon receipt of a call from a healthcare provider involved in the delivery or care of an infant born with and affected by fetal alcohol spectrum disorder, a family service worker will: (1) Contact the local county office supervisor to coordinate the assessment of the infant and implement any subsequent plan of safe care, if applicable; (2) Determine whether a plan of safe care is necessary; (3) If determined to be 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; and (4) Support the assigned family service worker regarding the implementation of the plan of safe care as appropriate. If a plan of safe care is developed, the local family service worker will open a supportive services case and oversee implementation of the plan of safe care/supportive services plan. 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: (1) Addressing the needs of substance exposed infants and the needs of their families via an investigative response; and (2) Implementing a referral process for healthcare providers involved in the delivery and care of infants

Return to Table of Contents

ARKANSAS	
Family care plan requirements in statute or regulation, cont'd	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: (a) a fetal alcohol spectrum disorder; (b) maternal substance abuse resulting in prenatal drug exposure to an illegal or legal substance; or (c) withdrawal symptoms resulting from prenatal drug exposure to an illegal or legal substance. "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 functioning as a result of the mother's use of a legal or illegal substance during pregnancy. 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. 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

Return to Table of Contents

ARKANSAS	
Family care plan requirements in statute or regulation, cont'd	children and family services through a supportive services case. 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. 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 needed and connect the child and placement provider to such programs and services. 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);

Return to Table of Contents

ARKANSAS	
Family care plan requirements in statute or regulation, cont'd	(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.
Treatment and other assistance provisions specific to pregnant individuals	Rule 016.04.4-37 provides that opioid treatment programs shall give admission priority to pregnant women. It further provides that a program shall place a pregnant woman on a maintenance regimen if the applicant has a documented narcotic dependency in the past and may be in direct jeopardy of returning to use during pregnancy. Does not require the individual to show evidence of current physiological dependence on narcotic drugs. Additionally, the rule requires that programs arrange for medical care during pregnancy by appropriate referral and verify that the client receives the care as planned. Provides that the program must inform pregnant clients of the requirements of the federal Child Abuse Prevention and Treatment Act. Finally, with regard to pregnant clients, the rule requires that programs conduct a special staffing with the entire treatment team to provide intensive case management for pregnant clients who are non-compliant with phase requirements and requires the medical director to develop specific protocols to ensure the safety of the fetus. Rule 016.04.6-3.00 requires that treatment programs shall provide treatment services within 48 hours for pregnant women who inject drugs who request admission. For those who cannot be placed in comprehensive treatment within the required time period, the program shall provide "interim services" within 48 hours of the request, until the time of admission to treatment. Rule 016.04.6-4.00 requires that treatment programs shall provide for preference in admission first to pregnant women who are injecting drug users and then for pregnant women. It provides that if treatment admission is not immediately available for a pregnant woman, the treatment program must

Return to Table of Contents

ARKANSAS	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	immediately offer "interim services," which are designed to reduce the adverse health effects of substance abuse and specifically include counseling on the effects of alcohol and drug abuse on the fetus, as well as referral for prenatal care, which is to be made within 48 hours of the request for services. If a treatment program is unable to admit a pregnant woman requesting services, the program shall immediately refer the individual to OADAP by notifying their assigned program consultant. Rule 016.04.6-III provides that the Office of Alcohol and Drug Abuse Prevention (OADAP) shall require that treatment programs funded by OADAP provide priority admission first to pregnant injecting drug users and then to pregnant substance abusers. It further provides that OADAP shall place a high priority on programming for pregnant women and women with dependent children.
Miscellaneous provisions	§ 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. § 12-18-622 – permits the department of human services and the Arkansas state police to petition a circuit court to allow an investigator to access the state prescription drug monitoring program for a record concerning a person. Provides that the circuit court may grant the petition if the department demonstrates probable cause that: (1) The person was or is in possession of one or more prescription drugs; (2) The person gave birth to a baby; and (3) The person or the baby tested positive for one or more prescription drugs at the time of the birth of the baby.
Recently proposed legislation	None.

Return to Table of Contents

CALIFORNIA	
Statute(s) and regulation(s)	• CAL. HEALTH & SAFETY CODE §§ 11757.51 to 11757.61 (West 2024) (collectively "Alcohol and Drug Affected Mothers and Infants") • CAL. HEALTH & SAFETY CODE § 11792 (West 2024) (informational materials on the care and treatment of infants under the age of six months who have been exposed to drugs or alcohol; contents; distribution) • CAL. HEALTH & SAFETY CODE § 123605 (West 2024) (assessment of needs; protocol; use; purpose) • CAL. PENAL CODE § 11165.13 (West 2024) (maternal substance abuse; positive toxicology screen at time of delivery; basis for reporting child abuse or neglect; assessment of needs) • CAL. WELF. & INST. CODE § 16604.5 (West 2024) (substance-exposed infants; in-home assessments after hospital release; funding) • Cal. Code Regs. tit. 9, § 10360 (2024) (additional requirements for pregnant patients)
Effective date(s) of most recent substantive amendment(s)	• 1995 (§ 123605) • January 1, 2001 (§ 11165.13) • January 1, 2005 (§§ 11757.51 and 11757.57) • October 4, 2011 (§ 16604.5) • July 1, 2012 (§§ 11757.59, 11757.61, and 11792) • July 1, 2013 (§ 11757.53)
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. § 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. Any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to HEALTH & SAFETY CODE § 123605. 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.

Return to Table of Contents

CALIFORNIA	
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.
Treatment and other assistance provisions specific to pregnant individuals	§ 11757.51 (legislative findings and declarations) – provides that the legislature finds that infants affected by alcohol or other drugs require neonatal intensive care and that such care is very expensive. The legislature further finds that the appropriate response to this crisis is prevention, through expanded resources for recovery from alcohol and other drug dependency by providing the services needed by mothers to address a "problem that is addictive, not chosen." Finally, it provides that the legislature finds that intervention strategies for women at risk of developing an alcohol or other drug dependency have proven effective and there are currently in operation programs that can be expanded and modified to meet the critical need in this area. § 11757.53 (Office of Perinatal Substance Abuse; powers and duties) – establishes the Office of Perinatal Substance Abuse which may do any of the following:

Return to Table of Contents

CALIFORNIA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	(1) Coordinate pilot projects and planning projects funded by the state which are related to perinatal 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. § 11757.57 (funds distributed under the chapter; designated uses; guidelines for designated special needs) – 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. § 11757.59 (funds; pilot project; guidelines for selection of counties) – 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

Return to Table of Contents

CALIFORNIA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	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. The special needs include, but are not limited to, the following: (1) Provision for medical services including, but not limited to prenatal care, pediatric follow-up care, developmental follow-up care, nutrition counseling, methadone, testing and counseling related to AIDS, and monthly visits with a physician and surgeon who specializes in treating persons with chemical dependencies; (2) Provision for nonmedical services including, but not limited to case management; weekly individual or group counseling sessions; family counseling; health education services, including perinatal chemical dependency classes, on various topics; parenting classes; adequate child care for participating women; encouragement of active participation and support by spouses, domestic partners, family members, and friends; transportation to outpatient treatment programs; follow-up services including assistance with transitioning into housing in a drug-free environment; child development services; educational and vocational services for women; and outreach which reflects the cultural and ethnic diversity of the population served. § 11757.61 (perinatal coordinating council; coordination efforts) – provides that any county that receives funds may establish a perinatal coordinating council that consists of person who are experts in the areas of alcohol and other drug treatment, client outreach and intervention with alcohol and other drug abusing women, child welfare services, maternal and child health services, and developmental services, and representatives from other community-based organizations.

Return to Table of Contents

CALIFORNIA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	Provides that the coordination efforts provided through the council may include the definition of elements of an integrated alcohol and other drug abuse recovery system for pregnant and postpartum women and their children, which should include the identification of essential support services to be included in the recovery system. Rule § 10360 provides that, within 14 calendar days that a primary counselor learns that a patient may be pregnant, the medical director of a narcotic treatment program shall review, sign, and date a confirmation of pregnancy. Additionally, within this time frame, the medical director shall document his or her acceptance of medical responsibility for the patient's prenatal care or verification that the patient is under the care of a physician, physician assistance, or nurse practitioner trained in obstetrics and/or gynecology, or a licensed midwife or certified nurse midwife. It further provides that the nature of prenatal support reflected in updated treatment plans shall include at least periodic face-to-face consultation at least monthly, drug tests at least once a week, and prenatal instruction on a list of specific topics. Provides that if a patient repeatedly refuses referrals offered by the program for prenatal care or refuses direct prenatal services offered by the program, the medical director shall document such refusals in the patient's record.
Miscellaneous provisions	§ 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 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.

Return to Table of Contents

CALIFORNIA	
Miscellaneous provisions, cont'd	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. § 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.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

COLORADO	
Statute(s) and regulation(s)	• COLO. REV. STAT. ANN. § 13-25-136 (West 2024) (criminal actions—prenatal drug and alcohol screening—admissibility of evidence) • COLO. REV. STAT. ANN. § 19-1-103 (West 2024) (definitions) • COLO. REV. STAT. ANN. § 19-1-129 (West 2024) (department—research authorized—prenatal substance exposure—newborn and family outcomes—report) • COLO. REV. STAT. ANN. § 19-3-102 (West 2024) (neglected or dependent child) • COLO. REV. STAT. ANN. § 19-3-401 (West 2024) (taking children into custody) • COLO. REV. STAT. ANN. §§ 25.5-5-309 to 25.5-5-312 (West 2024) (included within "Services with Special State Provisions") • COLO. REV. STAT. ANN. § 26.5-3-205 (West 2024) (powers and duties of the board) • COLO. REV. STAT. ANN. § 26.5-3-207 (West 2024) (disbursement of grants from the trust fund—restrictions) • COLO. REV. STAT. ANN. §§ 27-80-112 to 27-80-115 (West 2024) (included within "Programs and Services") • COLO. REV. STAT. ANN. § 27-80-121 (West 2024) (perinatal substance use data linkage project—center for research into substance use disorder prevention, treatment, and recovery support strategies—report) • COLO. REV. STAT. ANN. § 27-80-123 (West 2024) (high-risk families cash fund—creation—services provided—report—definition) • COLO. REV. STAT. ANN. §§ 27-82-201 to 27-82-204 (West 2024) (collectively Maternal and Child Health Pilot Program) • 2 COLO. CODE REGS. § 502-1:9.1 (2024) (authority and applicability) • 2 COLO. CODE REGS. § 502-1:21.220.4 (2024) (services to pregnant women) • 10 COLO. CODE REGS. § 2505-10:8.748 (2024) (prenatal plus program) • 12 COLO. CODE REGS. § 2509-1:7.000.2 (2024) (definitions) • 12 COLO. CODE REGS. § 2509-2:7.104 (2024) (intrafamilial, institutional, and third-party abuse and/or neglect assessments)

Return to Table of Contents

COLORADO	
Statute(s) and regulation(s), cont'd	• 12 COLO. CODE REGS. § 2509-2:7.107 (2024) (instruments, tools, and interview procedures)
Effective date(s) of most recent substantive amendment(s)	• July 1, 2004 (§ 19-3-401) • August 30, 2011 (§ 2505-10:8.748) • November 1, 2013 (§ 502-1:21.220.4) • May 23, 2019 (§§ 27-80-114 and 27-80-115) • June 30, 2020 (§§ 19-1-103, 19-1-129, and 19-3-102) • June 28, 2021 (§ 27-80-123) • September 7, 2021 (§ 25.5-5-312) • March 30, 2022 (§ 2509-2:7.107) • July 1, 2022 (§§ 25.5-5-309 to 25.5-5-311, 26.5-3-205, 26.5-3-207, 27-80-121, 27-80-112, 27-80-113, and 27-82-201 to 27-82-204) • August 1, 2023 (§ 13-25-136) • January 1, 2024 (§ 502-1:9.1) • March 1, 2024 (§§ 2509-1:7.000.2 and 2509-2:7.104)
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. § 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. § 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. § 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. A newborn child who is in a hospital setting must not be taken into protective custody without an order of the court

Return to Table of Contents

COLORADO	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	which must include findings that an emergency situation exists, and that the newborn child is seriously endangered. 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 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 (pregnant women—needs assessment—referral to treatment program—definition) – 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	§ 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.

Return to Table of Contents

COLORADO	
Family care plan requirements in statute or regulation, cont'd	§ 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 completed with the parent/caregiver(s), documented in the state automated case management system, and approved by the supervisor within 60 calendar days from the date the referral was received. § 2509-2:7.107 – 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. 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.
Treatment and other assistance provisions specific to pregnant individuals	See discussion of § 25.5-5-309 above. § 25.5-5-310 (treatment program for high-risk pregnant and parenting women—cooperation with private entities—definition) – defines "parenting woman" to mean a woman up to one year postpartum who is in need of substance use disorder services. Requires the listed departments to cooperate with any organizations that desire to assist the departments and the administration in the provision of services connected with the treatment program for high-risk pregnant and parenting women. Provides that such organizations may provide services that are not provided by the program which may

Return to Table of Contents

COLORADO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	include, but are not limited to, needs assessment services, preventive services, rehabilitative services, care coordination, nutrition assessment, psychosocial counseling, intensive health education, home visits, transportation, development of provider training, child care, child care navigation, and other necessary components of residential or outpatient treatment or care. Provides that healthcare practitioners and county departments of human or social services are encouraged to identify any pregnant or parenting woman and, upon such identification, refer the woman to any approved and licensed entity for a needs assessment. Any pregnant or parenting woman up to one year postpartum may also do a self-referral for a needs assessment. Permits the behavioral health administration to use state funds to provide services for pregnant and parenting women who enroll in residential treatment and recovery services. § 25.5-5-312 (treatment program for high-risk pregnant and parenting women—extended coverage—federal approval) – provides that the state department shall seek federal approval to continue providing substance use disorder treatment and recovery services for 12 months following a pregnancy to women who are eligible to receive services under the medical assistance program, who are receiving services pursuant to the treatment program for high-risk pregnant and parenting women, and who continue to participate in the program. § 27-80-112 (legislative declaration—treatment program for high-risk pregnant women—creation) – provides that the general assembly finds that the health and well-being of women in Colorado is at risk and that such women are at risk of poor birth outcomes or physical or other disabilities due to substance abuse during the prenatal period. It further finds that the early identification of such high-risk pregnant women and substance abuse treatment greatly reduce the occurrence of poor birth outcomes. It creates a treatment program for high-risk pregnant women in the behavioral health administration.

Return to Table of Contents

COLORADO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	§ 27-80-113 (substance use and addiction counseling and treatment—necessary components) – any entity that provides alcohol and substance abuse counseling and treatment for high-risk pregnant women shall also provide risk assessment services, care coordination, nutrition assessment, psychosocial counseling, intensive health education, home visits, transportation services, and other services deemed necessary by the behavioral health administration and the department of health care policy and financing. § 27-80-114 (treatment program for high-risk pregnant and parenting women—cooperation with organizations) – requires that the department of health care policy and financing cooperate with any organizations that desire to assist in the provision of services connected with the treatment program for high-risk pregnant and parenting women. Provides that such organizations may provide services that are not provided to persons pursuant to the treatment program which may include, but not be limited to, needs assessment services, preventive services, rehabilitative services, care coordination, nutrition assessment, psychosocial counseling, intensive health education, home visits, transportation, development of provider training, child care, and other necessary components of residential or outpatient treatment or care. §§ 27-82-201 to 27-82-204 create the Maternal and Child Health Pilot Program. § 27-82-201 (legislative declaration) provides that the legislature finds that facilities that provide treatment to individuals with a substance use disorder, including medication assisted treatment, and clinics that provide obstetric and gynecological (OB/GYN) healthcare services would better serve pregnant and postpartum women if such services could be coordinated and provided at the same location. Provides that it is the intent of the general assembly to fund a pilot program to integrate these healthcare services at specified facilities and clinics and require the behavioral health administration to evaluate the pilot program and report the results to the general assembly. § 27-82-203 (maternal and child health pilot program—created—eligibility of grant recipients—rules—report) – creates the maternal and child health pilot program in the

Return to Table of Contents

COLORADO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	behavioral health administration. The purpose of the program is to: (1) Provide grants to two treatment facilities to facilitate the integration of OB/GYN health care; and (2) Provide grants to four clinics to facilitate the integration of behavioral health, including substance use disorder treatment or medication assisted treatment, into OB/GYN health care at the clinics. Provides that a treatment facility that is awarded a grant shall integrate prenatal, postpartum, and other healthcare services delivered by licensed healthcare providers into the services currently provided at the treatment facility. A treatment facility that is awarded a grant may use the grant to hire clinical staff and to provide clinical updates, including training staff and upgrading and changing technology platforms to support integrated care, in order to perform OB/GYN health care within the treatment facility. A treatment facility with low patient volume may partner with other treatment facilities and clinics to provide integrated care. A clinic that is awarded a grant shall integrate behavioral healthcare services provided by social workers and other behavioral healthcare professionals, including mental health services, substance use disorder treatment, or medication assisted treatment, into the healthcare services currently provided at the clinic. A clinic may use the grant for services including training clinical staff, upgrading and changing technology platforms to support integrated care, employing behavioral healthcare providers, and coordinating and referring patients to behavioral healthcare providers outside the clinic. § 27-82-204 (funding for pilot program) – provides that the general assembly shall appropriate money from the marijuana tax cash fund to implement the pilot program. § 502-1:9.1 – provides that agencies electing to provide women's and maternal behavioral health treatment. Requires that such agencies have at least one level of care

Return to Table of Contents

COLORADO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	endorsement to provide substance use disorder treatment. Further requires that personnel have documented training, experience, and access to supervision in women-specific issues and services which may include topics including, but not limited to, trauma-informed care and stigma and substance use disorder among pregnant and parenting women/individuals and perinatal substance exposure. Provides that pregnant individuals shall be given priority admission and/or care coordination to treatment for substance use disorders. Prohibits agencies from denying services to pregnant and postpartum women due to sobriety status. Requires that agencies develop policies and procedures for service delivery to such individuals, which shall include circumstances under which pregnant and postpartum individuals may be discharged from treatment. Such individuals may not be discharged from treatment solely for failure to maintain abstinence from substance use. Requires that every attempt be made to admit pregnant individuals to treatment within 48 hours of first contact with the individual. If a pregnant individual is not admitted to treatment within 48 hours of first contact, the reason shall be clearly documented in the record. If the individual is working with a care coordinator, the care coordinator shall be informed. Requires that interim services be provided consisting of referral for prenatal care, information on the effects of alcohol and drug use on the fetus and perinatal individual, daily phone contact with the individual for those seeking residential care, and education regarding the transmission and prevention of communicable diseases. Requires that pregnant and postpartum individuals be linked to prenatal and postpartum care immediately and barriers to accessing prenatal and postpartum care including, but not limited to, transportation to care, must be addressed and documented in the record. § 501-1:21.220.4 – requires that pregnant women be given priority admission to treatment for substance use disorders by behavioral health service providers. Requires that programs develop policies and procedures for service delivery to pregnant women, including circumstances under which they may be discharged from treatment, but provides

Return to Table of Contents

COLORADO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	that they may not be discharged from treatment solely for failure to maintain abstinence from substance use. Requires that every attempt be made to admit pregnant individuals to treatment within 48 hours of first contact with the individual. If a pregnant woman is not admitted within 48 hours, the denial shall be clearly documented, the women's treatment coordinator for OBH shall be informed, and interim services shall be provided consisting of, at a minimum, referral for prenatal care, information on the effects of alcohol and drug use on the fetus, daily phone contact with the individual, and education regarding the transmission and prevention of communicable diseases. Pregnant women shall be linked to prenatal care immediately and barriers to accessing prenatal care shall be addressed, including transportation to prenatal care. § 2505-10:8.748 – creates the Prenatal Plus Program, the purpose of which is to improve maternal and infant health outcomes for pregnant and at-risk Medicaid clients. Services include psychosocial counseling and support and referral to treatment for individuals identified with a substance use disorder.
Miscellaneous provisions	§ 13-25-136 – a court shall not admit in a criminal proceeding information relating to substance use 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 person 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. § 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

Return to Table of Contents

COLORADO	
Miscellaneous provisions, cont'd	conducted pursuant to this section to the joint health committees of the general assembly. § 26.5-3-205 – powers and duties of board include the power to distribute money and make grant awards from the Colorado child abuse prevention trust fund for, among other things, programs to reduce the occurrence of prenatal substance exposure. § 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. §§ 25.5-5-311 and 27-80-115 (treatment program for high-risk pregnant and parenting women—data collection) – requires the specified department to create a data collection mechanism regarding persons receiving services pursuant to the treatment program for high-risk pregnant and parenting women that must include the collection of data on cost effectiveness, success of the program, and other data deemed appropriate. § 27-80-121 – the center for research into substance use disorder prevention, treatment, and recovery support strategies, 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. § 27-80-123 – creates the high-risk families cash fund in the state treasury which may be expended for, among other things, services to high-risk parents, including pregnant and parenting women, with substance use disorders. Provides that money expended from the fund must be used for one-time allocations to increase treatment capacity or to provide substance use disorder recovery and wraparound services, including the prenatal plus program and access to child care to high-risk families.

Return to Table of Contents

COLORADO	
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

CONNECTICUT	
Statute(s) and regulation(s)	• CONN. GEN. STAT. ANN. § 17a-54b (West 2024) (policies and procedures to secure health, safety, and well-being of infants affected at birth by drug or alcohol exposure) • CONN. GEN. STAT. ANN. § 17a-102a (West 2024) (education and training for nurses and birth hospital staff caring for high-risk newborns re responsibilities as mandated reporters of child abuse and neglect; information dissemination; development of guidelines for safe care of newborns; notification to department of children and families re symptoms consistent with prenatal substance exposure, withdrawal, or fetal alcohol spectrum disorder; definitions)
Effective date(s) of most recent substantive amendment(s)	• July 10, 2017 (§ 17a-54b) • July 1, 2018 (§ 17a-102a)
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	§ 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

Return to Table of Contents

CONNECTICUT	
Family care plan requirements in statute or regulation, cont'd	exposure, withdrawal symptoms from prenatal substance exposure, or fetal alcohol spectrum disorder. 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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

DELAWARE	
Statute(s) and regulation(s)	• DEL. CODE ANN. tit. 16, § 197 (West 2024) (Delaware Perinatal Quality Collaborative) • DEL. CODE ANN. tit. 16, §§ 901B to 906B (West 2024) (collectively "Infants with Prenatal Substance Exposure") • 16 DEL. ADMIN. CODE § 6001-14.0 (2024) (opioid treatment services)
Effective date(s) of most recent substantive amendment(s)	• November 11, 2010 (§ 6001-14.0) • June 7, 2018 (§§ 901B to 906B) • July 25, 2022 (§ 197)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 901B (purpose) – 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 (notification to division; immunity from liability) – 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	§ 901B (purpose) – healthcare providers involved in the delivery or care of an infant with prenatal substance exposure make notification to the division of such infant. § 903B (notification to division; immunity from liability) – 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.
Family care plan requirements in statute or regulation	§ 901B (purpose) – 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. § 902B (definitions) – 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

Return to Table of Contents

DELAWARE	
Family care plan requirements in statute or regulation, cont'd	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. § 905B (state response to notifications of infants with prenatal substance exposure) – 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 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. H.B. 195, Sec. 198, effective June 30, 2023 – appropriates $285,000 to the Department of Services for Children, Youth, and Their Families, Division of Family Services, to be used for the development of plans of safe care for infants with prenatal substance exposure. Provides that the funds shall be used to support 4.5 contracted staff responsible for completion of the plans.
Treatment and other assistance provisions specific to pregnant individuals	§ 6001-14.0 provides that pregnant clients are among special admission populations to opioid treatment programs and programs shall provide priority in initiating treatment to pregnant clients. Sets forth the requirements specific to pregnant clients including, but not limited to, that the program physician shall evaluate dosing of pregnant women weekly during the last trimester of pregnancy, education for the client regarding the potential impact of substance use on the fetus and attempts to encourage the client to cease use of substances other than those prescribed by a physician, and referrals made to appropriate levels of care. Additionally, it requires the program to document all attempts to assist the client with obtaining prenatal care and shall offer prenatal instruction on fetal development, care for the newborn, effects of maternal drug use on the fetus, information on parenting, and importance of sound maternal nutritional practices.

Return to Table of Contents

DELAWARE	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	The rule further provides that medical withdrawal of the opioid-addicted pregnant woman is not indicated or recommended and no pregnant client shall be involuntarily medically withdrawn from an opioid treatment medication. If a pregnant individual chooses to withdraw from treatment against medical advice, such individual shall do so under the direct supervision of the program physician in conjunction with an obstetrician who can monitor the effects on the fetus. Provides that the program physician shall request the physician, hospital, or program to which a pregnant individual is referred to provide reports of prenatal care and a summary of the delivery and treatment outcome for the client and baby. Within three months after termination of the pregnancy, the program physician shall evaluate the individual's treatment status and document whether she should remain in the comprehensive maintenance program or be detoxified.
Miscellaneous provisions	§ 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. § 906B (data and reports) – 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.

Return to Table of Contents

DELAWARE	
Miscellaneous provisions, cont'd	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.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

DISTRICT OF COLUMBIA	
Statute(s) and regulation(s)	• D.C. CODE ANN. § 7-3008 (West 2024) (benefits) • D.C. CODE ANN. § 16-2301 (West 2024) (definitions) • D.C. CODE ANN. § 44-1202 (West 2024) (eligibility for treatment for substance abuse)
Effective date(s) of most recent substantive amendment(s)	• March 15, 1990 (§ 44-1202) • October 19, 2002 (§ 16-2301) • August 16, 2008 (§ 7-3008)
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	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 7-3008 provides that the Addiction Prevention and Recovery Administration shall formulate guidelines that give priority for enrollment in the drug treatment choice program to any eligible minor, pregnant woman, or person who has legal custody of a minor. Provides that nothing in this chapter shall be construed to create an entitlement to substance abuse treatment during any fiscal year if no funds remain available to the District government under a District or federal appropriation that has been enacted for the specific purpose of providing substance abuse treatment services. Similarly, § 44-1202 provides that any minor, pregnant woman, or person who has legal custody of a minor and who meets the requirements of this section shall have priority for admission to a treatment facility over a single adult who does not have a minor child.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

FLORIDA	
Statute(s) and regulation(s)	• FLA. STAT. ANN. § 39.01 (West 2024) (definitions) • FLA. STAT. ANN. § 381.0045 (West 2024) (targeted outreach for pregnant women) • FLA. STAT. ANN. § 409.16742 (West 2024) (shared family care residential services program for substance-exposed newborns) • FLA. ADMIN. CODE ANN. r. 65D-30.0142 (2024) (clinical and operational standards for medication-assisted treatment for opioid use disorders)
Effective date(s) of most recent substantive amendment(s)	• October 1, 1998 (§ 381.0045) • July 1, 2017 (§ 409.16742) • May 19, 2022 (65D-30.0142)
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. As used in this section, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed and controlled substances as outlined in Schedule I or II.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 381.0045 creates the Targeted Outreach for Pregnant Women Act which establishes a targeted outreach program for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse or mental health problems, and to provide these women with links to much needed services and information. Provides that the department of public health shall conduct outreach programs through contracts with, grants to, or other working relationships with persons or entities where the target

Return to Table of Contents

FLORIDA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	population is likely to be found. It shall further provide outreach that is peer-based, culturally sensitive, and performed in a non-judgmental manner and educate women not receiving prenatal care as to the benefits of such care. Additionally, the department is required to link women with substance abuse treatment and mental health services, when available, and act as a liaison with Healthy Start coalitions, children's medical services, and other services. 65D-30.0142 – provides that opioid treatment providers shall develop policies and procedures for the treatment of pregnant women. Provides that pregnant individuals shall be informed of the opportunity and need for prenatal care by referral to publicly or privately funded healthcare providers. in the event there are no publicly funded prenatal referral resources to serve those who are indigent, or if the individual refuses the services, the provider shall offer basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. When the individual is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is undergoing methadone medication-assisted treatment and provided treatment plans addressing pregnancy and postpartum care. The rule further provides that priority for treatment must be given to pregnant women. Pregnant individuals, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs may be placed in methadone medication-assisted treatment. Evidence of physiological addiction to opioid drugs is not needed if a physician or designee certifies the pregnancy and finds treatment to be medically justified. Pregnant individuals may be placed on a medication-assisted treatment regimen other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that individual.
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

Return to Table of Contents

FLORIDA	
Miscellaneous provisions, cont'd	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	Yes. See Pending State Legislation.

Return to Table of Contents

GEORGIA	
Statute(s) and regulation(s)	• GA. CODE ANN. § 15-11-2 (West 2023) (definitions) • GA. CODE ANN. § 26-5-20 (West 2023) (priority admissions policy for drug dependent pregnant females) • GA. CODE ANN. § 26-5-59 (West 2023) (priority admissions policy) • GA. CODE ANN. § 31-12-2 (West 2023) (notification of disease) • GA. CODE ANN. § 37-7-2 (West 2023) (authority of board to issue regulations; other powers) • GA. COMP. R. & REGS. 111-8-19-.13 (2024) (client referral, intake, assessment, and admission)
Effective date(s) of most recent substantive amendment(s)	• 1997 (§ 37-7-2) • January 1, 2014 (§ 15-11-2) • May 4, 2017 (§§ 26-5-20 and 26-5-59) • July 1, 2017 (§ 31-12-2)
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.

Return to Table of Contents

GEORGIA	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§§ 26-5-20 and 26-5-59 provide that any program licensed or funded by the department under this article shall implement a priority admissions policy for the treatment of drug dependent pregnant females which provides for immediate access to services for any such female applying for admission, which access shall be contingent only upon the availability of space. Rule 111-8-19-.13 provides that drug abuse treatment and education programs must give priority for admission and services to drug dependent pregnant females when a program has a waiting list for admissions.
Miscellaneous provisions	§ 37-7-2 – provides that the department of behavioral health and developmental disabilities shall have the authority to develop criteria for providing priority in access to services and admissions to programs for drug or alcohol dependent females.
Recently proposed legislation	None.

Return to Table of Contents

HAWAII	
Statute(s) and regulation(s)	N/A
Effective date(s) of most recent substantive amendment(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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

IDAHO	
Statute(s) and regulation(s)	N/A
Effective date(s) of most recent substantive amendment(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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

ILLINOIS	
Statute(s) and regulation(s)	• 20 ILL. COMP. STAT. ANN. 301/5-10 (West 2024) (functions of the department) • 20 ILL. COMP. STAT. ANN. 301/35-5 (West 2024) (services for pregnant women and mothers) • 325 ILL. COMP. STAT. ANN. 5/3 (West 2024) (definitions) • 705 ILL. COMP. STAT. ANN. 405/2-3 (West 2024) (neglected or abused minor) • ILL. ADMIN. CODE tit. 77, § 840.210 (2024) (newborn infant case reporting)
Effective date(s) of most recent substantive amendment(s)	• January 1, 1990 (5/3 and 405/2-3) • January 1, 2019 (301/35-5) • February 1, 2022 (840.210) • June 7, 2023 (301/5-10)
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 – the definition of neglected child includes any child who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance or a metabolite thereof. It does not include a substance whose presence in the newborn infant is the result of medical treatment administered to the birth parent or newborn infant. 405/2-3 – provides that those who are neglected include 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.
Treatment and other assistance provisions specific to pregnant individuals	301/5-10 – provides that the department of human services shall coordinate a statewide strategy for the prevention, early intervention, treatment, and recovery support of substance use disorders which shall include the development of a comprehensive plan for the provision of an array of such services. The plan developed under this section shall contain

Return to Table of Contents

ILLINOIS	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	a report detailing the activities of and progress made through services for the care and treatment of substance use disorders among pregnant women and mothers and their children. Further, the department shall lead, foster, and develop cooperation, coordination, and agreements among federal and state governmental agencies and local providers that provide assistance, services, funding, or other functions, peripheral or direct, which services shall include supplying the department of public health and prenatal care providers a list of all providers who are licensed to provide substance use disorder treatment for pregnant women in the state. 301/35-5 – provides that in order to promote a comprehensive, statewide, and multi-disciplinary approach to serving pregnant women and mothers, including those who are minors, and their children who are affected by substance use disorders, the department of human services shall have responsibility for an ongoing exchange of referral information among those who provide medical and social services to pregnant women, mothers, and their children, whether or not there exists evidence of a substance use disorder, and providers of treatment services to women affected by substance use disorders. Further provides that, as a condition of any state grant or contract, the department shall require that any treatment program for women with substance use disorders provide services, either by its own staff or by agreement with other agencies or individuals, which include, but need not be limited to, the following: (1) Coordination with any program providing case management services to ensure ongoing monitoring and coordination of services after the addicted woman has returned home; (2) Coordination with medical services for individual medical care of pregnant women, including prenatal care under the supervision of a physician; and (3) Coordination with child care services. Additionally, as a condition of any state grant or contract, the department shall require that any non-residential program

Return to Table of Contents

ILLINOIS	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	receiving funding for treatment services accept women who are pregnant, provided that such services are clinically appropriate. Provides that, from funds appropriated expressly for the purposes of this section, the department shall create or contract with licensed, certified agencies to develop a program for the care and treatment of pregnant women, mothers, and their children. In implementing the programs under this subsection, the department shall contract with existing residential treatment or recovery homes in areas having a disproportionate number of women with substance use disorders who need residential treatment. Priority shall be given to women: (1) Who are pregnant, especially intravenous drug users; (2) Have minor children; (3) Are both pregnant and have minor children; or (4) Are referred by medical personnel because they either have given birth to a baby with a substance use disorder, or will give birth to a baby with a substance use disorder. Finally, it provides that the services provided by programs shall include, but not be limited to: (1) Individual medical care, including prenatal care, under the supervision of a physician; (2) Temporary, residential shelter for pregnant women, mothers, and children, when necessary; (3) A range of educational or counseling services; and (4) Comprehensive and coordinated social services, including therapy groups for the treatment of substance use disorders; family therapy groups; programs to develop positive self-awareness; parent-child therapy; and residential support groups.
Miscellaneous provisions	840.210 – requires that all clinical laboratories licensed by the State of Illinois to report newborn infants who have positive toxicology for controlled substances or cannabis and its metabolites to the department of public health. Further, the rule requires that clinical laboratories develop policies

Return to Table of Contents

ILLINOIS	
Miscellaneous provisions, cont'd	and procedures to submit such reports and sets forth the information required to be submitted.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

INDIANA	
Statute(s) and regulation(s)	• IND. CODE ANN. § 12-23-19.5-5 (West 2024) (infrastructure temporary locations) • IND. CODE ANN. §§ 31-34-1-10 to 31-34-1-13 (West 2024) (included within "Circumstances under Which a Child is a Child in Need of Services")
Effective date(s) of most recent substantive amendment(s)	• May 13, 1997 (§§ 31-34-1-12 and 31-34-1-13) • July 1, 2017 (§§ 12-23-19.5-5, 31-34-1-10, and 31-34-1-11)
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. § 31-34-1-10 (child born with fetal alcohol syndrome or with controlled substance or legend drug in child's body) – 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. § 31-34-1-11 (risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy) – 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. § 31-34-1-12 (exception for mother's good faith use of legend drug according to prescription) – 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

Return to Table of Contents

INDIANA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. § 31-34-1-13 (exception for mother's good faith use of controlled substance according to prescription) – 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.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 12-23-19.5-5 – provides that an addiction treatment team may supplement treatment infrastructure shortages by providing services in a mobile unit or temporary location, including in the following locations: (1) Geographically high risk areas for substance use disorders; (2) Medically underserved areas; and (3) Areas with a high incidence of neonatal abstinence syndrome.
Recently proposed legislation	None.

Return to Table of Contents

IOWA	
Statute(s) and regulation(s)	• IOWA CODE ANN. § 232.68 (West 2024) (definitions) • IOWA CODE ANN. § 232.77 (West 2024) (photographs, x rays, and medically relevant tests) • IOWA ADMIN. CODE r. 641-155.35 (2024) (specific standards for opioid treatment programs)
Effective date(s) of most recent substantive amendment(s)	• May 4, 1993 (§ 232.68) • May 6, 2015 (641-155.35) • July 1, 2017 (§ 232.77)
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	§ 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. 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.
Family care plan requirements in statute or regulation	None.

Return to Table of Contents

IOWA	
Treatment and other assistance provisions specific to pregnant individuals	641-155.35 provides that pregnant patients may be admitted to opioid treatment in accordance with the following provisions: (1) Evidence of current physiological dependency is not needed if the program physician certifies the pregnancy and finds treatment to be justified. (2) Pregnant patients shall be offered comprehensive prenatal care. If the program cannot provide prenatal services, the program shall assist the patient in obtaining such services and shall coordinate ongoing care with the collateral provider. (3) The program physician shall document that the patient has been informed of the possible risks to the unborn child from the use of medication and the risks of continued use of illicit substances. (4) Should a program have a waiting list for admission to the program, pregnant patients shall be given priority.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

KANSAS	
Statute(s) and regulation(s)	• KAN. STAT. ANN. §§ 65-1,163 to 65-1,165 (West 2022) (included within "Preconception and Perinatal Programs") • KAN. ADMIN. REGS. § 30-46-10 (2024) (definitions)
Effective date(s) of most recent substantive amendment(s)	• January 1, 1993 (§§ 65-1,163 and 65-1,164) • July 1, 2014 (§ 65-1,165) • February 22, 2019 (30-36-10)
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. Rule § 30-46-10 provides that the term "neglect" may include the birth of an infant who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 65-1,163 (identification and referral of pregnant women at risk for prenatal substance abuse) – 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. § 65-1,164 (same; service coordination for woman and family) – 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

Return to Table of Contents

KANSAS	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	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. § 65-1,165 (same; referred pregnant woman first priority user of treatment through the Kansas Department for Aging and Disability) – 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 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.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

KENTUCKY	
Statute(s) and regulation(s)	• KY. REV. STAT. ANN. § 15.291 (West 2024) (Kentucky Opioid Abatement Advisory Commission; membership; meetings; criteria for award of moneys from opioid abatement trust fund) • KY. REV. STAT. ANN. §§ 211.672 to 211.678 (West 2024) (collectively "Neonatal Abstinence Syndrome Reporting" • KY. REV. STAT. ANN. § 214.160 (West 2024) (blood specimen of pregnant women to be taken; laboratory test; substance abuse tests of pregnant women and newborn infants; use of tests; report if infant is affected by substance abuse withdrawal symptoms; tests for presence of hepatitis B and hepatitis C) • KY. REV. STAT. ANN. § 218A.202 (West 2024) (definitions; electronic system for monitoring controlled substances; required registration and reporting; penalty for illegal use of system; etc.) • KY. REV. STAT. ANN. § 218A.274 (West 2024) (pregnant women to receive priority by state-funded substance abuse treatment or recovery service providers) • 908 KY. ADMIN. REGS. 1:374 (2024) (licensure of nonhospital-based outpatient alcohol and other drug treatment entities)
Effective date(s) of most recent substantive amendment(s)	• June 25, 2013 (§§ 211.672 to 211.676) • July 15, 2014 (§ 211.678) • June 24, 2015 (§ 218A.274) • June 29, 2017 (§ 218A.202) • July 15, 2020 (§ 214.160) • July 14, 2022 (§ 15.291) • February 16, 2023 (1:374)
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

Return to Table of Contents

KENTUCKY	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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	§ 211.676 (reporting of neonatal abstinence syndrome cases) – 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. § 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. 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 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.
Treatment and other assistance provisions specific to pregnant individuals	§ 218A.274 – provides that substance abuse treatment or recovery service providers that receive state funding shall give pregnant women priority in accessing services and shall not refuse access to services solely due to pregnancy as long as the provider's services are appropriate for pregnant women.

Return to Table of Contents

KENTUCKY	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	1:374 – pregnant individuals with an opioid use disorder shall be given priority for admission and services if the narcotic treatment program has a waiting list. In order for a narcotic treatment program to admit or continue to treat a patient who is pregnant, the medical director, program physician, or program prescriber shall determine and document in the patient's record that the patient is medically able to participate in the program. Provides that if the medical director, program physician, or program prescribed of a narcotic treatment program does not accept the responsibility for providing prenatal care for the term of a patient's pregnancy, then such person shall refer the patient to a primary care physician who practices obstetrics or an obstetrician. The medical director, program physician, or program prescriber shall inform the prescriber accepting the referral of the patient's participation in the program. The program shall ensure that appropriate arrangements have been made for the medical care of both the patient and the child following the birth of the child and shall notify the pregnant patient's primary care physician or obstetrician of any changes in the patient's treatment. Further provides that the program shall ensure that nutritional counseling and parenting training that includes information about newborn care, health, and safety are available for pregnant individuals and are part of the treatment plan.
Miscellaneous provisions	§ 15.291 – provides that the Opioid Abatement Advisory Commission shall award moneys from the opioid abatement trust fund to provide funding for any project which, among other things: (1) Provides recovery services, support, and prevention services for women who are pregnant, may become pregnant, or who are parenting with opioid use disorder or co-occurring substance use disorder/ mental health issues; (2) Trains healthcare providers that work with pregnant or parenting women on best practices for compliances with federal requirements that children born with neonatal abstinence syndrome get referred to appropriate services and receive a plan of care; and

Return to Table of Contents

KENTUCKY	
Miscellaneous provisions, cont'd	(3) Addresses neonatal abstinence syndrome, including prevention, education, and treatment of opioid use disorder and any co-occurring substance use disorder/ mental health issues. § 211.678 (information reported under KRS 211.672 to 211.678; annual publication of data regarding reports made relating to neonatal abstinence syndrome) – 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. § 214.160 – no prenatal screening for alcohol or other substance abuse or positive toxicology finding shall be used as prosecutorial evidence. § 218A.202 – provides that the state prescription drug monitoring program may disclose prescription information to a practitioner or pharmacist who certifies that the requested information is for the purpose of reviewing data on controlled substances that have been reported for the birth mother of an infant who is currently being treated by the practitioner for neonatal abstinence syndrome or has symptoms that suggest prenatal drug exposure.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

LOUISIANA	
Statute(s) and regulation(s)	• LA. CHILD. CODE ANN. art. 603 (2024) (definitions) • LA. CHILD. CODE ANN. art. 610 (2024) (reporting procedure; reports to the legislature and the United States Department of Defense Family Advocacy Program) • LA. STAT. ANN. §§ 40:1086.11 and 40:1086.12 (2024) (collectively "Neonatal Abstinence Syndrome") • LA. STAT. ANN. § 40:1121.24 (2024) (use of controlled dangerous substances while pregnant; multidisciplinary team) • LA. ADMIN. CODE tit. 67, § 1135 (2022) (physician notification)
Effective date(s) of most recent substantive amendment(s)	• July 10, 2007 (art. 603) • June 2, 2015 (§ 40:1121.24) • August 1, 2017 (art. 610 and § 40:1086.11) • August 1, 2018 (§§ 40:1086.12 and 1135)
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. 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	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 as required by this Article. If the test results are negative, all identifying information shall be obliterated if the record is retained, unless the parent approves the inclusion of identifying information. Positive test results shall not be admissible in a criminal prosecution. 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

Return to Table of Contents

LOUISIANA	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting, cont'd	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 as required by this Article. § 40:1086.11 (physician notification); § 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.
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).
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 40:1086.12 (neonatal opiate withdrawal syndrome pilot program) – 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.

Return to Table of Contents

LOUISIANA	
Miscellaneous provisions, cont'd	§ 40:1121.24 – establishes multidisciplinary teams in parishes that meet the population requirements whose duties are to assist in making a determination of the appropriate disposition in a case where a pregnant woman under arrest tests positive for controlled dangerous substances for which she does not have a valid prescription. Provides that "appropriate disposition" may include, but is not limited to, filing a petition for involuntary commitment to a public or private facility willing to accept a pregnant woman for treatment. Further provides that the authority to make such disposition exists from the time of arrest to the time of dismissal, acquittal, or conviction.
Recently proposed legislation	None.

Return to Table of Contents

MAINE	
Statute(s) and regulation(s)	• ME. REV. STAT. ANN. tit. 22, § 4004-B (West 2024) (infants born affected by substance use disorder or after prenatal exposure to drugs or with a fetal alcohol spectrum disorder) • ME. REV. STAT. ANN. tit. 22, § 4011-B (West 2024) (notification of prenatal exposure to drugs or having a fetal alcohol spectrum disorder)
Effective date(s) of most recent substantive amendment(s)	• September 19, 2019 (§§ 4004-B and 4011-B)
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

Return to Table of Contents

MAINE	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting, cont'd	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 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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

MARYLAND	
Statute(s) and regulation(s)	• MD. CODE ANN. FAM. LAW § 5-704.2 (West 2024) (substance-exposed newborns) • MD. CODE REGS. 07.02.08.01 to .9999 (2024) (collectively "Substance-exposed Newborn Safe Care Plan") • MD. CODE REGS. 30.08.12.15 (2024) (policies and protocols)
Effective date(s) of most recent substantive amendment(s)	• December 23, 2013 (07.02.08.01 to .9999) • June 1, 2018 (§ 5-704.2) • October 3, 2022 (30.08.12.15)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. 07.02.08.01 (purpose and goals) – 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 healthcare 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.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Not by itself. § 5-704.2 and 07.02.08.06 (scope) – 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	§ 5-704.2; 07.02.08.03 (reports by healthcare practitioners); and 07.02.08.04 (receiving reports of substance-exposed newborns) – for purposes of this section, a newborn is "substance-exposed" if the newborn:

Return to Table of Contents

MARYLAND	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting, cont'd	(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 healthcare 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. A healthcare practitioner is not required to make a report if the practitioner has verified that, at the time of delivery: (1) The mother was using a controlled substance as currently prescribed for the mother by a licensed healthcare practitioner; (2) The newborn does not display the effects of withdrawal from controlled substance exposure as determined by medical personnel; (3) The newborn does not display the effects of fetal alcohol spectrum disorder; and (4) The newborn is not affected by substance abuse.
Family care plan requirements in statute or regulation	§ 5-704.2 and 07.02.08.05 (assessment) – within 48 hours of receiving the notification required pursuant to this section, the local department shall see the newborn in person, consult with the healthcare practitioner with knowledge of the newborn's condition and the effects of any prenatal alcohol or drug exposure, and attempt to interview the newborn's mother and any other individual responsible for care of the newborn. The local department shall assess the risk of harm to and the safety of the newborn to determine whether further

Return to Table of Contents

MARYLAND	
Family care plan requirements in statute or regulation, cont'd	intervention is necessary. If the local department determines that further intervention is necessary, the local department shall: (1) Develop a plan of safe care for the newborn; (2) Assess and refer the family for appropriate services, including alcohol or drug treatment; and (3) As necessary, develop a plan to monitor the safety of the newborn and the family's participation in appropriate services.
Treatment and other assistance provisions specific to pregnant individuals	30.08.12.15 – requires that hospitals have a written policy for the management of obstetrical patients with opioid use disorder that addresses: (1) Universal screening of obstetrical patients for opioid use; (2) Pharmacotherapy of the pregnant, laboring, and postpartum patient; (3) Breastfeeding; (4) Linkages to appropriate postpartum psychosocial support services including substance use treatment and relapse prevention program; and (5) Reproductive health planning. It also requires that hospital have a written policy for the identification and management of neonatal abstinence syndromes.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

MASSACHUSETTS	
Statute(s) and regulation(s)	• MASS. GEN. LAWS ANN. ch. 119, § 51A (West 2024) (reporting of suspected abuse or neglect; mandated reporters; collection of physical evidence; penalties; content of reports; liability; privileged communication)
Effective date(s) of most recent substantive amendment(s)	• February 19, 2012 (§ 51A)
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

MICHIGAN	
Statute(s) and regulation(s)	• MICH. COMP. LAWS ANN. § 722.623a (West 2024) (required reports of controlled substances in the bodies of newborn infants)
Effective date(s) of most recent substantive amendment(s)	• March 31, 1997 (§ 722.623a)
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

MINNESOTA	
Statute(s) and regulation(s)	• MINN. STAT. ANN. § 125A.27 (West 2024) (definitions) • MINN. STAT. ANN. § 145.267 (West 2024) (fetal alcohol spectrum disorders prevention grants) • MINN. STAT. ANN. § 145.9265 (West 2024) (fetal alcohol syndrome effects; drug-exposed infant) • MINN. STAT. ANN. § 145.9572 (West 2024) (Minnesota perinatal quality collaborative) • MINN. STAT. ANN. § 256B.79 (West 2024) (integrated care for high-risk pregnant women) • MINN. STAT. ANN. § 260E.03 (West 2024) (definitions) • MINN. STAT. ANN. § 260E.06 (West 2024) (maltreatment reporting) • MINN. STAT. ANN. §§ 260E.31 and 260E.32 (West 2024) (included within "Reporting of Maltreatment of Minors") • MINN. R. 9560.0214 (2022)
Effective date(s) of most recent substantive amendment(s)	• July 1, 2013 (§ 125A.27) • May 28, 2003 (§ 145.9265) • August 1, 2020 (§§ 260E.03 and 260E.06) • August 1, 2022 (§§ 256B.79 and 260E.31) • July 1, 2023 (§§ 145.267 and 145.9572) • July 1, 2024 (§ 260E.32)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 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.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes. § 260E.03 and rule 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.

Return to Table of Contents

MINNESOTA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	§ 260E.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. § 260E.31 (reporting of prenatal exposure to controlled substance) – 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 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 healthcare 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.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 260E.32 (toxicology tests required) – 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

Return to Table of Contents

MINNESOTA	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting, cont'd	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. 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.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 256B.79 – requires the commissioner to implement a grant program to improve birth outcomes and strengthen early parental resilience for pregnant women who are medical assistance enrollees, are at significantly elevated risk for adverse outcomes of pregnancy, including maternal opiate addiction or other reportable prenatal substance abuse, and are in targeted populations. Requires that the program promote the provision of integrated care and enhanced services to these pregnant women, including postpartum coordination to ensure ongoing continuity of care, by qualified integrated perinatal care collaboratives. Provides that, in order to be eligible for a grant under this section, an entity must meet qualifications established by the commissioner which include evidence that the entity has policies, services, and partnerships to support interdisciplinary, integrated care. The commissioner shall verify and review whether the entity's policies, services, and partnerships: (1) Optimize early identification of substance use disorder and substance abuse during pregnancy, effectively coordinate referrals and follow-up of identified patients to evidence-based or evidence-informed treatment, and integrate perinatal care

Return to Table of Contents

MINNESOTA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	services with behavioral health and substance abuse services; (2) Enhance access to, and effective use of, need health care or tribal health care services, public health or tribal public health services, social services, mental health services, substance use disorder services, or services provided by community-based providers by bridging cultural gaps within systems of care and be integrating community-based paraprofessionals such as doulas and community health workers as routinely available service components; (3) Encourage patient education about prenatal care, birthing, and postpartum care; (4) Integrate child welfare case planning with substance abuse treatment planning and monitoring, as appropriate; (5) Effectively systematize screening, collaborative care planning, referrals, and follow up for behavioral and social risks known to be associated with adverse outcomes and known to be prevalent within the targeted populations; (6) Facilitate ongoing continuity of care to include postpartum coordination and referrals for interconception care, continued treatment for substance abuse, and appropriate referrals; and (7) Implement ongoing quality improvement activities.
Miscellaneous provisions	§ 145.267 – provides that the commissioner of health shall award a grant to a statewide organization that focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. Further provides that an eligible regional collaborative may be awarded a subgrant and must use those funds to reduce the incidence of fetal alcohol spectrum disorders and other prenatal drug-related effects in children by identifying and serving women suspected of or known to use or abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services to women with substance use disorder to increase positive birth outcomes. § 145.9265 – the commissioner of health, in coordination with the commissioner of education and the commissioner of human services, shall design and implement a coordinated prevention effort to reduce the rates of fetal alcohol

Return to Table of Contents

MINNESOTA	
Miscellaneous provisions, cont'd	syndrome and fetal alcohol effects and reduce the number of drug-exposed infants. Requires the commissioner to: (1) Conduct research to determine the most effective methods of preventing fetal alcohol syndrome, fetal alcohol effects, and drug-exposed infants and to determine the best methods for collecting information on the incidence and prevalence of these problems in Minnesota; (2) Provide training on effective prevention methods to healthcare professionals and human services workers; and (3) Operate a statewide media campaign focused on reducing the incidence of fetal alcohol syndrome and fetal alcohol effects, and reducing the number of drug-exposed infants. § 145.9572 – establishes the Minnesota perinatal quality collaborative to improve pregnancy outcomes for pregnant people and newborns through efforts to, among other things, support quality improvement initiatives to address substance use disorders in pregnant people and infants with neonatal abstinence syndrome or other effects of substance use.
Recently proposed legislation	None.

Return to Table of Contents

MISSISSIPPI	
Statute(s) and regulation(s)	• 24 MISS. CODE R. pt. 2, r. 49.4 (2024) (services to pregnant women) • 24 MISS. CODE R. pt. 2, r. 53.4 (2024) (opioid treatment program services) • 24 MISS. CODE R. pt. 10, r. J (2024) (substance use disorder services)
Effective date(s) of most recent substantive amendment(s)	• July 1, 2016 (10:J) • September 1, 2020 (2:49.4 and 2:53.4)
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.
Treatment and other assistance provisions specific to pregnant individuals	2:49.4 – requires that all substance use services must document and follow written policies and procedures that ensure that: (1) Pregnant women are given top priority for admission; (2) Pregnant women may not be placed on a waiting list and must be admitted into a substance use disorder treatment service within 48 hours; (3) If a service is unable to admit a pregnant woman due to being at capacity or any other appropriate reason, the service must assess, refer, and assist the woman with placement in another department certified service within 48 hours; (4) If a service is unable to admit a pregnant woman, the woman must be referred to a local health provider for prenatal care until an appropriate placement is made.

Return to Table of Contents

MISSISSIPPI	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	2:53.4 – provides that women's services must be provided to ensure accessibility of services to pregnant women. The program must develop, implement, maintain, and document implementation of written policies and procedures to ensure the provision and accessibility of adequate services for women. The program must adhere to the following: (1) Give priority to pregnant women in its admission policy. Programs cannot deny admission solely on the basis of the pregnancy. If a program is unable to provide services for a pregnant woman, the state opioid treatment authority must be notified as to how the program will assist the pregnant woman in locating services; (2) Arrange for and document medical care during pregnancy by appropriate referral, and written and recorded verification that the woman receives prenatal care as planned; (3) Implement informed consent for women who refuse prenatal care to ensure the woman acknowledges in writing that she refused prenatal treatment; (4) Ensure that the pregnant woman is fully informed of the possible risks to her unborn child from continued use of illicit drugs or from a narcotic drug administered during maintenance or withdrawal management treatment; (5) Implement a process to provide pregnant women with access to or referral for prenatal care, pregnancy/ parenting education, and postpartum follow-up; (6) Obtain written consent to share information with existing medical providers; (7) Implement the following procedures to care for pregnant women: (a) women who become pregnant during treatment shall be maintained on the pre-pregnancy dosage; (b) dosing strategies will be consistent with those used for non-pregnant women; and (c) methadone dosage shall be monitored more intensely during the third trimester; (8) The program shall describe in writing and document in the woman's record the decision by and process utilized if a pregnant woman elects to withdraw from methadone or buprenorphine; and

Return to Table of Contents

MISSISSIPPI	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	(9) Maintain documentation of an annual review implemented by the medical director of the protocol for treating pregnant women. 10:J – provides that all substance abuse programs must give first priority to the acceptance and treatment of pregnant women. Pregnant women must be admitted to a program for treatment within 48 hours of an initial contact. The program must monitor and complete the process of securing the most appropriate program for pregnant women.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

MISSOURI	
Statute(s) and regulation(s)	• MO. REV. STAT. § 191.731 (West 2023) (pregnant woman referred for substance abuse to have priority for treatment—confidentiality of records) • MO. REV. STAT. § 191.737 (West 2023) (children exposed to substance abuse, referral by physician to children's division—physician making referral immune from civil liability—confidentiality report) • MO. REV. STAT. § 191.739 (West 2023) (protective and preventive services to be provided by department of social services, duties) • MO. CODE REGS. ANN. tit. 9, § 30-3.100 (2024) (general requirements for substance use disorder treatment programs) • MO. CODE REGS. ANN. tit. 9, § 30-3.132 (2024) (opioid treatment programs) • MO. CODE REGS. ANN. tit. 9, § 30-3.190 (2024) (Comprehensive Substance Treatment and Rehabilitation (CSTAR) program for women and children)
Effective date(s) of most recent substantive amendment(s)	• July 1, 1992 (§ 191.731) • August 28, 2018 (§ 191.739) • August 28, 2019 (§ 191.737) • December 30, 2021 (30-3.100 and 30-3.132) • March 30, 2023 (30-3.190)
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. § 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. 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

Return to Table of Contents

MISSOURI	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. 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. § 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 healthcare provider has made or approved a written assessment which documents the child as being at risk of abuse or neglect until a physician or healthcare provider authorizes such file to be closed.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 191.731 – provides that a pregnant woman referred for substance abuse treatment shall be a first-priority user of available treatment. The division of alcohol and drug abuse shall ensure that family-oriented substance abuse treatment is available, as appropriations allow. Further, substance abuse treatment facilities that receive public funds may not refuse to treat women solely because they are pregnant. 30-3.100 – provides that an organization provide treatment that lacks certification to provide women and children's CSTAR services (see 30-3.190, below) must meet listed requirements in order to provide services to women. Women who are pregnant shall be referred to a women and children's CSTAR program unless it is documented in the clinical record the program can meet the individual's treatment

Return to Table of Contents

MISSOURI	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	needs, or the program cannot immediately make arrangements for admission to a CSTAR program. If temporary admission to the program is necessary, arrangements for transfer shall be completed as soon as possible. If the program can do neither, staff shall contact designated department staff to make arrangements for immediate admission to treatment with another provider. Individuals who will be receiving department-funded/ contracted services shall be appropriately screened at the point of first contact to determine if a crisis situation exists and whether they meet eligibility criteria as a priority population. Women who are pregnant and inject drugs and women who are pregnant shall receive priority assessment and admission to appropriate services. Women who are pregnant must receive immediate admission. 30-3.132 – provides that opioid treatment programs that have a contract with the department shall ensure priority admission first for women who are pregnant and use intravenous drugs and then for women who are pregnant or postpartum, up to one year after delivery. Provides that women who are pregnant shall receive immediate admission. Requires that programs have written policies and procedures in place to address the needs of women who are pregnant and postpartum. Provides that prenatal care and other gender-specific services for women who are pregnant must be provided by the opioid treatment program or by referral to an appropriate healthcare provider. For pregnant women who are receiving methadone or buprenorphine, the program shall ensure that the initial dose of medication for a newly admitted woman who is pregnant, and the subsequent induction and maintenance dosing strategy reflect the same effective dosing protocols used for all other individuals. Doses must be carefully monitored, particularly in the third trimester. Finally, woman who become pregnant during treatment must be maintained at their pre-pregnancy dosage and managed with the same dosing principles used with women who are not pregnant.

Return to Table of Contents

MISSOURI	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	Women who are pregnant are eligible to receive ongoing maintenance treatment up to one year postpartum, including evaluation of their current dose to determine if an adjustment is needed during the postpartum period. Provides that medically supervised withdrawal after pregnancy shall occur as clinically indicated and documented, or is requested by the individual. Mothers shall be educated about neonatal abstinence syndrome, its symptoms, potential effects on their infant, and need for treatment if it occurs. For women who are pregnant, the physician shall not initiate withdrawal before 14 weeks or after 32 weeks of pregnancy. However, individuals who request voluntary medically supervised withdrawal from medication treatment against the medical advice of the physician or program staff may receive it. In the case of a woman who is pregnant, the program must keep the physician or agency providing prenatal care informed, consistent with the privacy standards of 42 C.F.R. Part 2. 30-3.190 – the CSTAR program shall provide treatment services and other supports solely to women and their children. Services shall be based on individual and family needs. Priority admission shall be for women who are: (1) Pregnant and inject drugs; (2) Pregnant; (3) Postpartum up to one year after delivery; (4) Have children in their care and custody, including those at risk of losing custody or attempting to regain custody of their children; (5) Applicants or recipients of Temporary Assistance for Needy Families referred by the department of social services; and (6) Other populations specified by the department. Provides that women who meet priority criteria shall be immediately admitted to the CSTAR program and receive appropriate services. If the program is unable to provide immediate admission, staff shall facilitate referral to another program that can provide immediate admission. If immediate admission with an alternative program is not available for a woman who is pregnant, program staff shall contact

Return to Table of Contents

MISSOURI	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	designated department staff to obtain assistance in facilitating arrangements for immediate admission with another program. Women shall not be denied admission based solely on medication prescribed and monitored by a healthcare provider for an opioid disorder or other physical or behavioral health disorder.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

MONTANA	
Statute(s) and regulation(s)	• MONT. CODE ANN. § 41-3-201 (West 2023) (reports) • MONT. ADMIN. R. 37.106.1413 (2024) (definitions)
Effective date(s) of most recent substantive amendment(s)	• July 1, 2007 (§ 41-3-201) • September 24, 2022 (37.106.1413)
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.
Treatment and other assistance provisions specific to pregnant individuals	37.106.1413 – related to chemical dependency facilities. Defines "critical population" to mean an individual who may be in need of additional services and is a priority admission to a substance use disorder facility in order of priority, beginning with pregnant injecting drug users and pregnant substance abusers.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

NEBRASKA	
Statute(s) and regulation(s)	• 92 NEB. ADMIN. CODE § 52-006 (West 2022) • 395 NEB. ADMIN. CODE § 2-003 (2022)
Effective date(s) of most recent substantive amendment(s)	•
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

NEVADA	
Statute(s) and regulation(s)	• NEV. REV. STAT. ANN. § 432B.170 (West 2023) (authority of agency which provides child welfare services to share information with state or local agencies) • NEV. REV. STAT. ANN. § 432B.220 (West 2023) (persons required to make report; when and to whom reports are required; any person may make report; report and written findings if reasonable cause to believe death of child caused by abuse or neglect; certain persons and entities required to inform reporters of duty to report) • NEV. REV. STAT. ANN. § 432B.260 (West 2023) (action upon receipt of report; agency which provides child welfare services required to inform person named in report of allegation of abuse or neglect if report is investigated) • NEV. REV. STAT. ANN. § 432B.310 (West 2023) (report to central registry of abuse or neglect required upon completion of investigation; prohibition against reporting certain information) • NEV. REV. STAT. ANN. § 432B.330 (West 2023) (circumstances under which child is or may be in need of protection) • NEV. ADMIN. CODE §§ 449.939 to 449.948 (2024) (collectively "CARA Plans of Care")
Effective date(s) of most recent substantive amendment(s)	• July 1, 2017 (§§ 432B.170, 432B.220, 432B.260, 432B.310, and 432B.330) • December 19, 2018 (§§ 449.941 to 449.948)
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. § 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

Return to Table of Contents

NEVADA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. § 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. § 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. § 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	§ 449.941 ("CARA Plan of Care" defined) – 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. § 449.947 (establishment and contents of plan; use of form; provision of copy to parent or guardian and Division) – a provider of health care who delivers or provides medical

Return to Table of Contents

NEVADA	
Family care plan requirements in statute or regulation, cont'd	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. § 449.948 (duties of Division; confidentiality and protection of plans and related information) – the division shall monitor the implementation of each plan of care to ensure that the infant to whom the plan 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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
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

Return to Table of Contents

NEVADA	
Miscellaneous provisions, cont'd	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.

Return to Table of Contents

NEW HAMPSHIRE	
Statute(s) and regulation(s)	• N.H. REV. STAT. ANN. §§ 132:10-e and 132:10-f (2024) (included within "Protection for Maternity and Infancy") • N.H. CODE ADMIN. R. ANN. He-A 304.20 (2024) (client eligibility, admission, and denial of services) • N.H. CODE ADMIN. R. ANN. He-A 304.23 (2024) (required medical and clinical services)
Effective date(s) of most recent substantive amendment(s)	• February 16, 2018 (He-A 304.20 and 304.23) • June 26, 2018 (§§ 132:10-e and 132:10-f)
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 (development of a plan of safe care) – 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

Return to Table of Contents

NEW HAMPSHIRE	
Family care plan requirements in statute or regulation, cont'd	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.
Treatment and other assistance provisions specific to pregnant individuals	He-A 304.20 – provides that, regardless of capacity, an opioid treatment program shall admit pregnant women for treatment within two business days of initial contact. If the program is unable to admit the person within two business days, the client shall be referred to the department for assistance. Pregnant women shall have priority for admission to the program. He-A 304.23 – requires opioid treatment programs to conduct monthly pregnancy tests for any female client of childbearing age who is using methadone or buprenorphine. If pregnancy is confirmed, the program shall refer the client for health care for the pregnancy and coordinate her treatment with all healthcare providers involved in her prenatal care. Further provides that programs shall provide client education on, among other things, the impact of drug and alcohol use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of drug and alcohol use during pregnancy and education around neonatal abstinence syndrome for pregnant women to include significant others and/or caregivers, as appropriate.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

NEW JERSEY	
Statute(s) and regulation(s)	• N.J. Stat. Ann. § 26:2G-39 (West 2023) (Opioid Recovery and Remediation Fund; establishment; funds; appropriation) • N.J. ADMIN. CODE §§ 3A:26-1.1 to 1.3 (2024) (collectively "Reports of Substance-affected Infants") • N.J. ADMIN. CODE § 8:43A-28.7 (2024) (additional policies and procedures) • N.J. ADMIN. CODE § 8:43G-2.13 (2024) (child abuse and neglect and substance-affected infants) • N.J. ADMIN. CODE § 10:161B-12.3 (2024) (client eligibility for outpatient detoxification)
Effective date(s) of most recent substantive amendment(s)	• December 19, 2016 (§ 10:161B-12.3) • January 16, 2018 (§ 3A:26-1.1 to 3A:26-1.3) • May 3, 2021 (§§ 9:43A-28.7 and 8:43G-2.13) • March 17, 2023 (§ 26:2G-39)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 3A:26-1.2 (definitions) 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?	Not by itself. § 3A:26-1.1 (reports of substance-affected infants) – 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. 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

Return to Table of Contents

NEW JERSEY	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	provide services in accordance with N.J. ADMIN. CODE §§ 3A:11-1.6(b) and 1.7. § 3A:26-1.3 (content of reports) – 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. § 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. § 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.
Treatment and other assistance provisions specific to pregnant individuals	§ 10:161B-12.3 – provides that priority admission for detoxification services at outpatient substance use disorder treatment facilities shall be given to pregnant women.
Miscellaneous provisions	§ 26:2G-39 – creates the Opioid Recovery and Remediation Fund in the department of the treasury that consists of moneys received from opioid litigation and appropriated to the fund. Provides that money in the fund shall only be used for, among other things, using evidence-based or evidence-informed programs or strategies to address the needs of pregnant and parenting persons with opioid use disorder or a co-occurring substance use disorder or mental health

Return to Table of Contents

NEW JERSEY	
Miscellaneous provisions, cont'd	condition, and the needs of the families of such individuals, including babies with neonatal abstinence syndrome.
Recently proposed legislation	None.

Return to Table of Contents

NEW MEXICO	
Statute(s) and regulation(s)	• N.M. STAT. ANN. § 6-4-29 (West 2024) (opioid crisis recovery fund; use of fund money; income to the fund) • N.M. STAT. ANN. § 27-2-12.24 (West 2024) (medical assistance; plan of care; participation required) • N.M. STAT. ANN. § 32A-1-4 (West 2024) (definitions) • N.M. STAT. ANN. § 32A-3A-13 (West 2024) (plan of care; guidelines; creation; data sharing; training) • N.M. STAT. ANN. § 32A-4-3 (West 2024) (duty to report child abuse and child neglect; responsibility to investigate child abuse or neglect; penalty; notification of plan of care) • N.M. CODE R. § 7.32.8.26 (2024) (diverse populations) • N.M. CODE R. §§ 8.10.5.1 to 8.10.5.13 (2024) (collectively "Comprehensive Addictions and Recovery Act (CARA) Guidelines")
Effective date(s) of most recent substantive amendment(s)	• November 30, 2005 (§ 7.32.8.26) • June 14, 2019 (§§ 27-2-12.24, 32A-1-4, and 32A-3A-13) • June 18, 2021 (§ 32A-4-3) • February 22, 2022 (§§ 8.10.5.1 to 8.10.5.13) • April 5, 2023 (§ 6-4-29)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 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. 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

Return to Table of Contents

NEW MEXICO	
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws? (cont'd)	substance abuse, withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	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. 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. § 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. § 8.10.5.8 (notification of newborn with substance exposure) – 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

Return to Table of Contents

NEW MEXICO	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	§ 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.
Family care plan requirements in statute or regulation	§ 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,

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	"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. §§ 32A-1-4 and 8.10.5.7 (definitions) – 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. § 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. Rules shall include guidelines to hospitals, birthing centers, medical providers, Medicaid managed care organizations, and private insurers regarding: (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;

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	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; (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 (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 children and youth agencies, early intervention and developmental services, courts, local education agencies, managed care organizations, or hospitals and medical providers. 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.

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	§ 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. § 8.10.5.6 (objective) – the objective of these rules is to establish guidelines for protective services division staff, managed care organizations, care coordinators, and other professionals who come into contact or are working with, substance exposed infants and their caregivers to provide comprehensive plans of care and support to ensure the safety and wellbeing of the family. § 8.10.5.9 (plan of care (POC)) – 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. All plans of care must include, among other things, the following information:

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	(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; (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 (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. 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

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	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. 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. 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. 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. 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

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	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 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. § 8.10.5.10 (roles and responsibilities of different entities involved with the plan of care) – 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. 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. Sets out the requirements for managed care organizations, private insurers, children's medical services, and care coordinators related to plans of care. § 8.10.5.12 (disengagement from services by caregivers) – if, after the plan of care is in place, the family disengages in services, the care coordinator contacts the CARA navigators and shall follow internal processes regarding a report to statewide central intake, which shall perform an assessment to determine if the disengagement warrants a children, youth, and families department investigation. § 8.10.5.13 (non-compliance by providers) – if a hospital, birthing center, medical professional, managed care organization, private insurer, or other provider is found by

Return to Table of Contents

NEW MEXICO	
Family care plan requirements in statute or regulation, cont'd	the CARA navigators to be out of compliance with the CARA rules, the department shall inform the oversight agency of that entity to ensure compliance is ensured. Hospitals and birthing centers shall be considered out of compliance if a newborn is born with a positive substance and the hospital fails to create and submit a plan of care or fails to submit a notification of CARA newborn status form as required in the event of a transfer of the newborn, a delayed positive identification of substance exposure (after the newborn has been discharged), or when the family declines the plan of care.
Treatment and other assistance provisions specific to pregnant individuals	§ 7.32.8.26 – an opioid treatment program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of female patients, to include a requirement that pregnancy tests be administered and reviewed for all women of childbearing age prior to initiating opioid treatment withdrawal procedure or medically supervised withdrawal. Further, the program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of pregnant patients, to include a requirement that: (1) Priority be given to pregnant individuals seeking opioid treatment; (2) The reasons for a pregnant individual's denial of admission to a provider be documented; (3) A pregnant patient be offered prenatal care to include fetal assessment either at the program or through referral to a non-program medical practitioner; (4) The program communicate with any non-program medical practitioners who are providing prenatal care to a pregnant patient, to coordinate opioid treatment and prenatal care, in accordance with state and federal privacy laws, and document all such communications in the patient records; (5) A staff member make a good faith effort to educate a pregnant patient who refuses prenatal care services on the importance of prenatal care and obtain a written refusal of prenatal care services or referral; (6) A pregnant patient receiving comprehensive maintenance treatment before pregnancy be maintained at the pre-pregnancy dose of opioid medication, if effective;

Return to Table of Contents

NEW MEXICO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	(7) A pregnant patient be monitored by the program medical director to determine if pregnancy-induced changes in the elimination or metabolization of opioid treatment medication may necessitate an increased or split dose; (8) Withdrawal treatment is strongly advised against before 14 weeks or after 32 weeks of gestation and the program medical director reviews the case before initiating withdrawal and monitor it until withdrawal is complete; and (9) A pregnant patient discharged from the program be referred to a non-program medical practitioner.
Miscellaneous provisions	§ 6-4-29 – creates the opioid crisis recovery fund which moneys may only be expended for opioid remediation purposes. Priority shall be given to appropriations that support evidence-based statewide and regional programs that seek to abate opioid use disorders and any co-occurring substance use disorders or mental health conditions. Money in the fund shall be allocated to statewide and regional programs, including programs that use evidence-based strategies to address the needs of pregnant or parenting women with opioid use disorders and any co-occurring substance use disorders or mental health conditions and the needs of their families, including babies with neonatal abstinence syndrome.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

NEW YORK	
Statute(s) and regulation(s)	• N.Y. MENTAL HYG. LAW § 25.18 (McKinney 2024) (statewide opioid settlements) • N.Y. COMP. CODES R. & REGS. tit. 14, § 800.5 (2024) (access to treatment) • N.Y. COMP. CODES R. & REGS. tit. 14, § 819.5 (2024) (post admission procedures) • N.Y. COMP. CODES R. & REGS. tit. 14, § 822.5 (2024) (patient records/treatment planning)
Effective date(s) of most recent substantive amendment(s)	• June 29, 2021 (§ 25.18) • September 14, 2022 (§§ 816.5, 819.5, and 822.8) • September 22, 2022 (§ 800.5)
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. §§ 816.5, 819.5, and 822.8 – a program should offer to develop a plan of safe care with a pregnant patient and anyone identified by the patient, and such offer should be noted in the patient's record.
Treatment and other assistance provisions specific to pregnant individuals	§ 800.5 – all certified treatment programs shall have priority admission policies and procedures which establish immediate admission preference for pregnant persons. If the individual does not meet admission criteria or is otherwise inappropriate for admission, the program must rapidly refer and engage the individual with an appropriate treatment provider.

Return to Table of Contents

NEW YORK	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	§ 816.5 – except for patients admitted to a medically supervised outpatient service, no patient may be continued in the withdrawal and stabilization service longer than seven days after admission unless there is a reasonable probability that discharge criteria will be met within an additional seven days. Current evidence must document a level of instability requiring continued stay for adjustment of medication or attainment of a level of stability to enable functioning outside a structured setting, and, among other items, the patient is pregnant and continued stay is necessary to ensure stabilization and/or complete referral to continuing treatment. Further provides that each patient must have a written person-centered treatment/recovery plan developed by the clinical staff person with primary responsibility for the patient, in collaboration with the patient and anyone identified by the patient as supportive to recovery goals. Provides that the plan shall include provisions for prenatal care for all patients who are pregnant. If a pregnant patient refuses or does not obtain such care, the provider must have the patient acknowledge in writing that prenatal care was offered, recommended, and refused. §§ 819.5 and 822.8 – provide that, if clinically appropriate, programs must offer pregnancy tests to persons of childbearing potential, either on site or by referral. Further provides that treatment/recovery plans must include provisions for prenatal care for all residents who are pregnant or become pregnant. If a pregnant resident chooses not to obtain such care, the provider must have the resident acknowledge in writing that such care was declined. § 822.8 – provides that prospective opioid treatment program patients who are pregnant and have a current opioid or past opioid dependency must be screened and admitted on a priority basis.
Miscellaneous provisions	§ 25.18 – provides that eligible expenditures from the statewide opioid settlements includes, but is not limited to, providing programs for pregnant women and new parents who currently or formerly have had a substance use disorder and newborns with neonatal abstinence syndrome.

Return to Table of Contents

NEW YORK	
Recently proposed legislation	None.

Return to Table of Contents

NORTH CAROLINA	
Statute(s) and regulation(s)	N/A
Effective date(s) of most recent substantive amendment(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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

NORTH DAKOTA	
Statute(s) and regulation(s)	• N.D. CENT. CODE ANN. § 27-20.3-01 (West 2023) (definitions) • N.D. CENT. CODE ANN. § 50-25.1-02 (West 2023) (definitions) • N.D. CENT. CODE ANN. § 50-25.1-03.1 (West 2023) (photographs—x-rays—medical tests) • N.D. CENT. CODE ANN. §§ 50-25.1-16 to 50-25.1-21 (West 2023) (included within "Child Abuse and Neglect") • N.D. ADMIN. CODE 10-01-01-01 (2024) (organization of office of attorney general) • N.D. ADMIN. CODE 75-09.1-10-15 (2024) (medical and behavioral health standards)
Effective date(s) of most recent substantive amendment(s)	• March 26, 2003 (§ 50-25.1-02) • April 1, 2014 (75-09.1-10-15) • January 1, 2016 (10-01-01-01) • July 1, 2021 (§ 27-20.3-01) • August 1, 2021 (§ 50-25.1-03.1) • August 1, 2023 (§§ 50-25.1-16 to 50-25.1-21)
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. § 27-20.3-01 – definition of "aggravated circumstances" means circumstances in which a parent, among other things, subjects the child to prenatal exposure to chronic or severe use of alcohol or any controlled substance in a manner not lawfully prescribed by a practitioner. Further defines "child in need of protection" to mean a child who, among other things, 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. § 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

Return to Table of Contents

NORTH DAKOTA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. § 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. § 50-25.1-16 (prenatal exposure to controlled substances—reporting requirements) – 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. Further, any 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. 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. § 50-25.1-17 (toxicology testing—requirements) – 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

Return to Table of Contents

NORTH DAKOTA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. 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 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. § 50-25.1-18 (prenatal exposure to alcohol misuse—reporting requirements) – 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. Any individual may make a voluntary report if the individual has knowledge of or reasonable cause to suspect that a

Return to Table of Contents

NORTH DAKOTA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	woman is pregnant and has abused alcohol during the pregnancy. 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. 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. § 50-25.1-20 (alternative response assessment—compliance) – 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 (alternative response assessment—services) – 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.

Return to Table of Contents

NORTH DAKOTA	
Treatment and other assistance provisions specific to pregnant individuals	§ 50-25.1-16 (prenatal exposure to controlled substances—reporting requirements) – 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 that must include referral for assessment of a substance use disorder with expectation to follow any treatment recommendations, and referral for prenatal care. Provides that a report and assessment are not required if the pregnant woman voluntarily enters treatment in a licensed treatment program. § 50-25.1-18 (prenatal exposure to alcohol misuse—reporting requirements) – if a report alleges a pregnant woman has engaged in alcohol misuse, the department or authorized agent shall immediately initiate an appropriate assessment that must include a referral for assessment for the presence of substance use disorder with expectation to follow any treatment recommendations, and a referral for prenatal care. A report and assessment are not required if the pregnant woman voluntarily enters treatment in a licensed treatment program. 75-09.1-10-15 – requires that opioid treatment programs make intravenous drug injecting individuals and pregnant women priorities when prioritizing individuals for admission.
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.

Return to Table of Contents

OHIO	
Statute(s) and regulation(s)	• OHIO REV. CODE ANN. §§ 5103.608 to 5103.6010 (West 2024) (included within "Residential Infant Care Centers") • OHIO ADMIN. CODE 5101:2-1-01 (2024) (children services definitions of terms) • OHIO ADMIN. CODE 5101:2-9-43 (2024) (residential infant care center) • OHIO ADMIN. CODE 5101:2-36-01 (2024) (intake and screening procedures for child abuse, neglect, dependency and family in need of services reports; and information and/or referral intakes) • OHIO ADMIN. CODE 5101:2-36-03 to 2-36-04 (2024) (included within "Screening and Investigation") • OHIO ADMIN. CODE 5101:2-36-06 (2024) (PCSA requirements for a deserted child assessment/investigation) • OHIO ADMIN. CODE 5101:2-36-20 (2024) (public children services agencies assessment requirements for child abuse and neglect reports in alternative response) • OHIO ADMIN. CODE 5122-40-06 (2024) (medication administration)
Effective date(s) of most recent substantive amendment(s)	• June 17, 2018 (5101:2-36-01, 5101:2-36-03, 5101:2-36-04, 5101:2-36-06, and 5101:2-36-20) • June 10, 2022 (5122-40-06) • June 13, 2022 (§§ 5103.608 to 5103.6010) • January 1, 2023 (5101:2-1-01 and 5101:2-9-43)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. 5101:2-1-01 – definition 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. Defines "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.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	Yes, though cases can be screened out if a family care plan has been developed. 5101:2-36-01 – a public children services agency shall categorize the information received pursuant to a report of alleged abuse or neglect into one of the listed intake

Return to Table of Contents

OHIO	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	categories, including child abuse and/or neglect report, which includes physical abuse and any report alleging either: (1) An infant 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. 5101:2-36-03 (PCSA requirements for intra-familial child abuse and/or neglect assessment/investigations) – a public children services agency shall conduct an intra-familial child abuse and/or neglect assessment/investigation in response to a child abuse and/or neglect report if the alleged perpetrator, among other things, is a member of the alleged child victim's family. Reports involving an infant as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure shall meet the requirements for a plan of safe care (see 5101:2-36-01, below). The agency shall complete the report disposition and arrive at a final case decision no later than 45 days from the date the agency screened in the referral as a child abuse and/or neglect report. The time may be extended by a maximum of 15 days if information needed to complete the report cannot be obtained within 45 days. Within two working days of completion of the assessment/ investigation, the agency shall, among other things, 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." Additionally, if a plan of safe care was developed, the agency shall notify all participants involved in the plan of safe care of the final case decision, which includes whether the case will be transferred for ongoing agency services, closed and referral made to community services, or closed. 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

Return to Table of Contents

OHIO	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure or an infant diagnosed with a fetal alcohol spectrum disorder. 5101:2-36-20 – for child abuse and neglect reports that are screened in, the public children services agency shall, within two working days of completion of the assessment, refer any infant born and identified as affected by legal or illegal substance abuse, fetal alcohol syndrome, or withdrawal symptoms resulting from prenatal drug exposure to "Help Me Grow." Further, if a plan of safe care is developed, the agency shall notify all participants involved in the plan of safe care of the final case decision. The final decision includes whether the case will be transferred for ongoing agency services, closed and referral made to community services, or closed.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 5103.6010 (center duties) – a residential infant care center shall, among other things, 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. 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:

Return to Table of Contents

OHIO	
Family care plan requirements in statute or regulation, cont'd	(1) Basic identifying information of the infant and caregivers, which includes names, dates of birth, and addresses; (2) The name, address, contact person, physician at the hospital or medical facility where the infant is being treated; (3) Medical information on the infant, including the treating medical personnel, current diagnosis, prescription medication, therapies, or treatment; and (4) Health and substance use of mother, father, and/or caregiver including the diagnosis, prescribed medications, alcohol or drug treatment provider(s), treatment plan, and contact information for all. 5101:2-9-43 – provides that a residential infant care center means a facility that has as its primary purpose the provision of residential services for infants affected by substance use and the preservation of families through infant diversion practices and programs. An infant, from birth to 12 months, is eligible to be placed in a residential infant care center if the infant was born exposed and affected and requires additional care or the infant's parent or caretaker requires additional education and support services regarding care for the infant. The center is required to develop a plan of safe care for an infant born substance exposed and affected, including the following: (1) Assist with the health and substance use disorder treatment needs of the infant and the parent or caregiver; and (2) Develop and implement a program monitoring, supporting, and connecting the family or caregiver. 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 disorder, the agency shall attempt to gather the following regarding the plan of safe care:

Return to Table of Contents

OHIO	
Family care plan requirements in statute or regulation, cont'd	(1) Identifying information for the child; the parents, guardians, or custodians; all household members; and caregivers; (2) A description of the interaction between the mother/caregiver and infant; (3) The name of the hospital or medical facility where the infant is receiving care; (4) Any known medical information on the parents, guardians, caregivers, infant, or household members; (5) 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; (6) Information regarding support systems for the parents, guardians, caregivers, or household members; and (7) 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. 5101:2-36-03 (PCSA requirements for intra-familial child abuse and/or neglect assessment/investigations) – 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. 5101:2-36-04 (PCSA requirements for conducting a specialized assessment/investigation) also requires that the agency ensure a plan of safe care is developed for infants identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal

Return to Table of Contents

OHIO	
Family care plan requirements in statute or regulation, cont'd	substance exposure. However, this regulation only applies to specialized assessments/investigations conducted where the alleged perpetrator of the child abuse or neglect is not a family member of the infant. 5101:2-36-20 – provides that, 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.
Treatment and other assistance provisions specific to pregnant individuals	5122-40-06 – each opioid treatment program shall have written procedures for pregnant patients that include at least the following: (1) Requirement that each pregnant person admitted to the program be informed of the possible risks to themselves or their unborn child from the use of medication assisted treatment, and be informed that abrupt withdrawal from these medications may adversely affect the unborn child; (2) Statement that a pregnant person, regardless of age, who has a documented opioid use disorder and who may be in direct jeopardy of resuming illicit opioid use with all of its attendant dangers during pregnancy, may be placed on a medication assisted treatment regimen; (3) Statement that for each such pregnant person, evidence of current physiological dependence on opioid drugs is not needed if the medical director or other prescriber certifies the pregnancy, determines and documents that the person may resort to the use of opioid drugs and determines that medication assisted treatment is justified in their clinical opinion; (4) Requirement that the admission of each pregnant person to an opioid treatment program be approved

Return to Table of Contents

OHIO	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	by the medical director or other authorized prescriber prior to program admission; and (5) Requirement that each pregnant person be given education on recognizing the symptoms of neonatal abstinence syndrome near the time of delivery. It also requires that the program establish written procedures for prenatal care that include: (1) Provisions for providing prenatal care by the program or by referral to an appropriate healthcare provider. If prenatal care is not available either on-site or by referral, or if the pregnant person refuses care, the program should, at a minimum, offer basic prenatal instruction; (2) Requirement that the name, address, and telephone number of the healthcare provider to whom referral is made be recorded in the clinical record; (3) If prenatal care is provided by the program, the clinical record shall include documentation to reflect the services provided; (4) Requirement that if a person is referred for prenatal services, the provider shall be notified, upon consent of the individual, that the pregnant person is taking medication for an opioid use disorder; (5) Requirement that the program carefully monitor the medication dose, moving rapidly to supply increased or split dose if it becomes necessary; (6) Recommendation that the blood serum levels of methadone be monitored once a trimester prior to delivery; post-partum, the patient's withdrawal symptoms and clinical status should be reevaluated every three days for two weeks to determine the appropriate dose of medication assisted treatment; and (7) Requirement that the program offer on-site parenting education and training to all patients who are parents or shall refer interested patients to appropriate alternative services for the training.
Miscellaneous provisions	§ 5103.608 (infant placement eligibility) – an infant is eligible to be placed in a residential infant care center if:

Return to Table of Contents

OHIO	
Miscellaneous provisions, cont'd	(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. § 5103.609 (length of care) – 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. § 5103.6010 (center duties) – 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 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	Yes. See Pending State Legislation.

Return to Table of Contents

OKLAHOMA	
Statute(s) and regulation(s)	• OKLA. STAT. ANN. tit. 10A, § 1-1-105 (West 2024) (definitions) • OKLA. STAT. ANN. tit. 10A, §§ 1-2-101 and 1-2-102 (West 2024) (included within "Reporting and Investigations) • OKLA. STAT. ANN. tit. 63, §§ 1-546.4 and 1-546.5 (West 2024) (collectively "Oklahoma Prenatal Addiction Act") • OKLA. STAT. ANN. tit. 63, § 1-550.3 (West 2024) (record of infants born exposed to alcohol and other harmful substances) • OKLA. STAT. ANN. tit. 74, § 30.5 (West 2024) (definitions) • OKLA. ADMIN. CODE § 340:75-3-120 (2024) (definitions and substantiation protocol) • OKLA. ADMIN. CODE § 340:75-3-130 (2024) (child abuse and neglect hotline) • OKLA. ADMIN. CODE § 340:75-3-450 (2024) (drug-endangered child) • OKLA. ADMIN. CODE § 450:70-6-16 (2024) (treatment for persons served who are pregnant)
Effective date(s) of most recent substantive amendment(s)	• April 1, 1998 (§ 1-550.3) • June 5, 2000 (§ 1-546.5) • June 8, 2001 (§ 1-546.4) • May 8, 2018 (§§ 1-1-105 and 1-2-102) • April 4, 2019 (§ 1-2-101) • September 15, 2020 (§ 340:75-3-450) • September 15, 2021 (§ 340:75-3-130) • April 25, 2022 (§ 30.5) • September 15, 2022 (§ 340:75-3-120) • September 15, 2023 (§ 450:70-6-16)
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. §§ 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

Return to Table of Contents

OKLAHOMA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	assessment of the parent, is determined to be at risk of harm or threatened harm to the health or safety of a child. § 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. § 1-2-101 (establishment of statewide centralized hotline for reporting child abuse or neglect—hotline requirements—reporting abuse or neglect—retaliation by employer—violations) and 340:75-3-120 – establishes a statewide centralized hotline for the reporting of child abuse or neglect and provides that, among other things, 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. § 340:75-3-130 – provides that if there is an accepted report of child abuse or neglect where the child was diagnosed with fetal alcohol syndrome or if the department of human services determines the child meets the definition of "drug-endangered child," an investigation shall be conducted.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§§ 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.

Return to Table of Contents

OKLAHOMA	
Family care plan requirements in statute or regulation, cont'd	§ 1-2-102 (department of human services—required actions for reports of child abuse) – 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. § 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.
Treatment and other assistance provisions specific to pregnant individuals	§ 1-546.4 (duties of department of health and department of mental health and substance abuse services) – provides that the department of mental health and substance abuse services shall: (1) Prohibit all substance abuse treatment services administered by or contracted for by the department from refusing to treat pregnant women if space and expertise is available; (2) Require all such programs and services to give priority to accepting pregnant women for treatment and services if space and staff expertise is available; and (3) Assist such programs to develop and implement treatment modalities and services appropriate for pregnant women. § 1-546.5 (district attorney multidisciplinary teams—appropriate dispositions) – provides that the district attorney may convene a multidisciplinary team to assist in making a determination of the appropriate disposition of a case of a pregnant woman who is abusing or is addicted to drugs or alcohol to the extent that the unborn child is at risk of harm. The team shall include at least one person with training and experience in the treatment of addiction. As used in this section, an appropriate disposition may include, but shall not

Return to Table of Contents

OKLAHOMA	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	be limited to, filing a petition for involuntary commitment to a public or private facility willing to accept the pregnant woman for treatment. § 450:70-6-16 – provides that an opioid treatment program shall have written policies and procedures stating the program address the special needs of persons served who are pregnant. Prenatal care for persons served who are pregnant must be provided either by the program or by referral to appropriate healthcare providers. Provides that an opioid treatment program shall ensure that policies and procedures are developed, implemented, and complied with for the treatment of persons served who are pregnant, to include: (1) Documentation that staff members are educated in the unique needs of persons served who are pregnant; (2) Priority for pregnant individuals seeking medication assisted opioid treatment medications for opioid use disorder; (3) Documentation of the reasons for a pregnant individual's denial of admission to a program; (4) Availability of prenatal care for persons served who are pregnant either at the agency or through referral to a medical practitioner; (5) Written agreement(s) with a medical practitioner who is providing prenatal care to a person served who is pregnant, to include procedures for exchanging medication assisted opioid treatment and prenatal care information regarding medications utilized for opioid use disorder and prenatal care; (6) Procedures to ensure a person served who is pregnant receiving comprehensive maintenance treatment before pregnancy shall be maintained at the pre-pregnancy dose of opioid agonist or partial agonist medication; (7) Monitoring by an agency medical practitioner of a person served who is pregnant to determine if pregnancy induced changes in the elimination or metabolization of opioid agonist or partial agonist treatment medication may necessitate an increased or split dose; and (8) Referral of a person served who is pregnant who is discharged from the agency to a medical practitioner.

Return to Table of Contents

OKLAHOMA	
Miscellaneous provisions	§ 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. 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 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. § 340:75-3-450 – provides that, the department of human services maintains up-to-date records of infants born exposed to alcohol or other harmful substances. "Harmful substances" means an intoxicating liquor or a controlled dangerous substance. The records include data necessary for surveys and scientific research and other data necessary and proper to further the recognition, prevention, and treatment of infants born addicted to or prenatally exposed to harmful substances.

Return to Table of Contents

OKLAHOMA	
Miscellaneous provisions, cont'd	§ 30.5 – provides that, as used in the Political Subdivisions Opioid Abatement Grants Act, "approved purpose" and "approved purposes" mean evidence-based, forward-looking strategies, programming, and services to, among other things, address the needs of pregnant or parenting women with opioid use, abuse, or disorder, and their families, and address the needs of parents and caregivers caring for babies with neonatal abstinence syndrome.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

OREGON	
Statute(s) and regulation(s)	• OR. ADMIN. R. 413-015-0115 (2024) (definitions) • OR. ADMIN. R. 413-015-0212 (2024) (additional screening requirements) • OR. ADMIN. R. 413-015-0415 (2024) (CPS assessment activities) • OR. ADMIN. R. 413-080-0050 (2024) (definitions) • OR. ADMIN. R. 413-080-0065 (2024) (substance affected infant)
Effective date(s) of most recent substantive amendment(s)	• June 29, 2018 (413-080-0065) • November 1, 2023 (413-080-0050) • February 1, 2024 (413-015-0212) • March 20, 2024 (413-015-0415) • April 25, 2024 (413-015-0115)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. 413-015-0115 – definition of "infant with prenatal substance exposure," which means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth. This includes any of the following circumstances: (1) There is credible information the birthing parent used substances during the pregnancy or at the time of birth; (2) Prenatal substance exposure is determined by a positive toxicology screen from the infant or the birthing parent at delivery; or (3) An infant whose healthcare provider has identified signs of substance withdrawal, a fetal alcohol spectrum disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm associated with prenatal substance exposure. 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.

Return to Table of Contents

OREGON	
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 an infant with prenatal substance exposure, 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. 413-080-0065 – when a child on an open case is identified as a substance affected infant, the caseworker must: (1) Ensure a plan of care is developed; (2) Ensure the substance affected infant and family are referred to services identified in the plan of care; and (3) Document the plan of care and referrals made in the department's electronic information system.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.

Return to Table of Contents

OREGON	
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

PENNSYLVANIA	
Statute(s) and regulation(s)	• 23 PA. STAT. AND CONS. STAT. ANN. § 6386 (West 2024) (notification to department and development of plan of safe care for children under one year of age)
Effective date(s) of most recent substantive amendment(s)	• October 2, 2018 (§ 6386)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 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; and (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.
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	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

Return to Table of Contents

PENNSYLVANIA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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.
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	Yes. See Pending State Legislation.

Return to Table of Contents

RHODE ISLAND	
Statute(s) and regulation(s)	• R.I. GEN. LAWS ANN. § 40-11-6 (West 2024) (reports by physicians and healthcare providers of abuse or neglect)
Effective date(s) of most recent substantive amendment(s)	• October 5, 2017 (§ 40-11-6)
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

SOUTH CAROLINA	
Statute(s) and regulation(s)	• S.C. CODE ANN. § 63-7-1660 (2024) (services with removal) • S.C. CODE ANN. § 63-7-1940 (2024) (court order for placement in central registry of child abuse and neglect)
Effective date(s) of most recent substantive amendment(s)	• June 16, 2008 (§§ 63-7-1660 and 63-7-1940)
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. § 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) 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 (b) another child of the mother has the medical diagnosis of fetal alcohol syndrome. 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. § 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

Return to Table of Contents

SOUTH CAROLINA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

SOUTH DAKOTA	
Statute(s) and regulation(s)	• S.D. CODIFIED LAWS § 26-8A-2 (2024) (abused or neglected child) • S.D. CODIFIED LAWS § 26-8A-35 (2024) (toxicology test of newborn infant for exposure to controlled substance—report of positive result) • S.D. CODIFIED LAWS § 34-23B-2 (2024) (creation and administration of prenatal education program)
Effective date(s) of most recent substantive amendment(s)	• March 10, 2008 (§ 26-8A-2) • April 12, 2011 (§ 34-23B-2) • July 1, 2018 (§ 26-8A-35)
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 34-23B-2 – the department of health and the department of social services shall create and administer an educational program that offers education to all primary providers of obstetrical care and chemical dependency counselors providing services to pregnant women:

Return to Table of Contents

SOUTH DAKOTA	
Miscellaneous provisions, cont'd	(1) In taking accurate and complete drug and alcohol histories for their pregnant patients; (2) Concerning the effects of drugs and alcohol on pregnancy and fetal outcome, including the process of referral of children for evaluation; (3) Concerning counseling techniques for women who abuse drugs or alcohol so as to improve referral to and compliance with drug and alcohol programs; and (4) In making appropriate referrals of children suspected of prenatal exposure to drugs or alcohol for evaluation purposes.
Recently proposed legislation	None.

Return to Table of Contents

TENNESSEE	
Statute(s) and regulation(s)	• TENN. CODE ANN. § 33-10-104 (West 2024) (powers and duties; prevention pilot programs) • TENN. CODE ANN. § 71-5-156 (West 2024) (preventing births involving neonatal abstinence syndrome and use of opioids by women of childbearing age) • TENN. COMP. R. & REGS. 0940-05-35-.06 (2024) (admissions and discharges and best practices utilized) • TENN. COMP. R. & REGS. 0940-05-35-.11 (2024) (special populations) • TENN. COMP. R. & REGS. 0940-05-42-.06 (2024) (intake, admissions, and discharges)
Effective date(s) of most recent substantive amendment(s)	• December 19, 2012 (0940-05-42-.06) • May 14, 2013 (§ 33-10-104) • January 12, 2017 (0940-05-35-.06) • June 6, 2017 (§ 71-5-156) • June 17, 2019 (0940-05-35-.11)
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?	§ 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.

Return to Table of Contents

TENNESSEE	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 33-10-104 – the department is vested with all necessary and incidental powers for carrying into effect the purposes and programs set forth in this chapter, including the power to promulgate rules and regulations governing the admission, care, and discharge of individuals committed or admitted, or both, for alcohol and drug abuse evaluation or treatment as the commissioner deems necessary or appropriate. Provides that it is the duty of the department to formulate and effect a plan for the prevention of alcohol and drug abuse and for the care, treatment, and rehabilitation of alcohol and drug dependent persons. Additionally, through grants contracted with community-based agencies, the commissioner is authorized to plan, establish, and administer pilot projects to develop effective and efficient prevention and treatment services for low-income, pregnant substance abusers. Each of the pilot projects should, to the extent possible within available funding, provide the following: (1) Public information programs culturally appropriate to the target populations, such information programs to include brochures, public service announcements, and other creative and effective means of communication; (2) Community outreach, interagency liaison, interagency referral mechanisms, and specialized training for maternal and child health providers; (3) Residential beds dedicated exclusively for rehabilitation of low income, pregnant substance abusers; (4) Intensive, outpatient slots dedicated exclusively for treatment of low income, pregnant substance abusers; (5) Family intervention services throughout the term of the pregnancy and during the period of postpartum follow-up;

Return to Table of Contents

TENNESSEE	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	(6) Specialized support services needed to ensure effectiveness of rehabilitation and treatment, including, but not limited to, transportation services and day care; (7) Enhanced physician oversight of treatment modalities, to be provided at a level prescribed by the commissioner; and (8) Documentation and recordkeeping sufficient to enable the commissioner to objectively and systematically evaluate the effectiveness and efficiency of the various components of the pilot projects. Notwithstanding the above, a pregnant woman referred for drug abuse or drug dependence treatment at any treatment resource that receives public funding shall be a priority user of available treatment. All records and reports regarding such pregnant woman shall be kept confidential. The department of mental health and substance abuse services shall ensure that family-oriented treatment is available, as appropriations allow. A treatment resource that receives public funds shall not refuse to treat a person solely because the person is pregnant as long as appropriate services are offered by the treatment resource. 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. 0940-05-35-.06 – provides that nonresidential office-based opiate treatment facilities shall give priority for admission and services to drug dependent pregnant females. 0940-05-35-.11 – upon the initial screening, a nonresidential office-based opiate treatment facility shall screen all women of childbearing age and potential for pregnancy. The facility will ensure that pregnant women and women of childbearing age and potential shall be treated using nationally recognized best practice guidelines and within all applicable federal and

Return to Table of Contents

TENNESSEE	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	state rules and regulations. If the facility does not provide prenatal care to pregnant patients, the facility shall ensure that there is coordination of care between the facility and the patient's prenatal care provider. The facility shall document in the patient's medical record that it has informed all pregnant women and women of childbearing age and potential, initially and at regular intervals, of the risks and benefits of medical assisted treatment and detoxification treatment with buprenorphine containing products, and the risks associated with the continued use of illicit opioids, including neonatal abstinence syndrome. Such information shall be based on current best practices and research. 0940-05-42-.06 – nonresidential opioid treatment program facilities shall give priority for admissions and services to drug dependent pregnant females when a facility has a waiting list for admissions and it is determined that the health of the mother and/or unborn child is more endangered than is the health of other service recipients waiting for services.
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.

Return to Table of Contents

TEXAS	
Statute(s) and regulation(s)	• TEX. GOV'T CODE ANN. § 531.02143 (West 2023) (data regarding postnatal alcohol and controlled substance treatment) • TEX. GOV'T CODE ANN. § 532.0204 (West 2023) (data regarding treatment for prenatal alcohol or controlled substance exposure) • TEX. HEALTH & SAFETY CODE ANN. § 34.01581 (West 2023) (opioid use disorder maternal and newborn health initiatives) • 40 TEX. ADMIN. CODE § 707.455 (2024) (what is physical abuse?) • 40 TEX. ADMIN. CODE § 707.467 (2024) (what is neglectful supervision?)
Effective date(s) of most recent substantive amendment(s)	• January 1, 2020 (§ 531.02143) • July 15, 2020 (§ 707.455) • September 1, 2021 (§ 34.01581) • September 22, 2022 (§ 707.467) • April 1, 2025 (§ 532.0204)
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. § 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. "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

TEXAS	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. § 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 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.

Return to Table of Contents

TEXAS	
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 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. § 532.0204 (eff. April 1, 2025) – the commission shall collect hospital discharge data for recipiences regarding treatment of a newborn child for prenatal exposure to alcohol or a controlled substance. The commission shall provide the collected data to the department of family and protective services. § 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 disorder during pregnancy and the postpartum period; and

Return to Table of Contents

TEXAS	
Miscellaneous provisions, cont'd	(6) Prevent opioid use disorder by reducing the number of opioid drugs prescribed before, during, and following a delivery.
Recently proposed legislation	None.

Return to Table of Contents

UTAH	
Statute(s) and regulation(s)	• UTAH CODE ANN. § 80-2-603 (West 2024) (fetal alcohol syndrome or spectrum disorder and drug dependency reporting requirements) • UTAH CODE ANN. § 80-3-406 (West 2024) (permanency plan—reunification services) • UTAH ADMIN. CODE R512-80-2 (2024) (definitions) • UTAH ADMIN. CODE R523-2-3 (2024) (priorities for treatment services)
Effective date(s) of most recent substantive amendment(s)	• February 26, 2021 (R523-2-3) • May 3, 2023 (§§ 80-2-603 and 80-3-406) • December 28, 2023 (R512-80-2)
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. § 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. § 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

Return to Table of Contents

UTAH	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	may disregard this requirement if the court finds, under the circumstances of the case, that the substance use disorder treatment is not warranted. 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, 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.
Treatment and other assistance provisions specific to pregnant individuals	R523-2-3 – programs that provide substance use treatment services with federal, state, and local matching funds shall provide priority admission to pregnant females who use drugs by injection and pregnant females who use substances.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

VERMONT	
Statute(s) and regulation(s)	• VT. STAT. ANN. tit. 18, § 4774 (West 2024)
Effective date(s) of most recent substantive amendment(s)	• July 1, 2024 (§ 4774)
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 4774 – creates the opioid abatement special fund and provides that expenditures from the fund shall be used for, among other programs, addressing the needs of pregnant or parenting individuals and their families, including babies with neonatal abstinence syndrome. Provides that priority for expenditures from the fund shall be aimed at reducing overdose deaths, including, among other things, assisting pregnant and postpartum individuals, specifically: (1) Expanding services for expanding screening, brief intervention, and referral to treatment services to non-Medicaid-eligible or uninsured pregnant individuals; (2) Expanding comprehensive evidence-based or evidence-informed treatment and recovery systems, including medication-assisted treatment, for individuals with co-occurring opioid use disorder and other substance or mental health disorders for up to 12 months postpartum; and

Return to Table of Contents

VERMONT	
Miscellaneous provisions, cont'd	(3) Providing comprehensive wraparound services to pregnant and postpartum individuals with opioid use disorder, including housing, transportation, job placement, training, and child care. Also provides priority for expenditures related to expanding treatment for neonatal abstinence syndrome, specifically: (1) Expanding comprehensive evidence-based or evidence-informed recovery support for babies with neonatal abstinence syndrome; (2) Expanding services for better continuum of care to address infant needs and support the parent-child relationship; and (3) Expanding long-term treatment and services for medical monitoring of babies and their families.
Recently proposed legislation	None.

Return to Table of Contents

VIRGINIA	
Statute(s) and regulation(s)	• VA. CODE ANN. § 2.2-213 (West 2024) (secretary of health and human resources to develop certain criteria) • VA. CODE ANN. § 2.2-2370 (West 2024) (conditions and restrictions on financial assistance) • VA. CODE ANN. § 32.1-73.12 (West 2024) (department to be lead agency for services for substance-exposed infants) • VA. CODE ANN. § 37.2-407 (West 2024) (regulations for treatment of pregnant women with substance abuse) • VA. CODE ANN. § 63.2-1506 (West 2024) (family assessments by local departments) • VA. CODE ANN. § 63.2-1509 (West 2024) (requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report) • 22 VA. ADMIN. CODE § 40-705-10 (2024) (definitions) • 22 VA. ADMIN. CODE § 40-705-40 (2024) (complaints and reports of suspected child abuse or neglect)
Effective date(s) of most recent substantive amendment(s)	• October 1, 2005 (§ 37.2-407) • July 1, 2009 (§ 2.2-213) • April 4, 2012 (§ 63.2-1509) • July 1, 2018 (§ 32.1-73.12) • May 12, 2021 (40-705-40) • July 1, 2021 (§§ 2.2-2370 and 63.2-1506) • November 10, 2022 (40-705-10)
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. § 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: (1) 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; (2) 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

Return to Table of Contents

VIRGINIA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	(3) 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 (1), (2), or (3), the hospital shall require the development of a written discharge plan under protocols established by the hospital pursuant to law. § 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. 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: (1) A finding made 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; (2) 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 (3) 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.

Return to Table of Contents

VIRGINIA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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 (1), (2), or (3) of this subdivision, the hospital shall require the development of a written discharge plan under protocols established by law. 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. 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 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. Facts solely indicating that the infant may have been exposed to controlled substances prior to birth are not sufficient to

Return to Table of Contents

VIRGINIA	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	render a founded disposition of abuse or neglect in an investigation.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	§ 63.2-1506 – if a report or complaint is based upon one of the factors specified in clause (1), (2), or (3) 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. 40-705-10 – definition of "plan of safe care," which means a guide developed by service providers with their clients to ensure mothers and other caretakers of a substance-exposed infant have the necessary resources to safely care for the infant. The plan should address the needs of the child, mother, and other caretakers, as appropriate. 40-705-40 – pursuant to § 63.2-1506, the local department shall develop a plan of safe care.
Treatment and other assistance provisions specific to pregnant individuals	§ 37.2-407 – requires the board to adopt regulations that ensure that providers licensed to offer substance abuse services develop policies and procedures for the timely and appropriate treatment of pregnant women with substance abuse.
Miscellaneous provisions	§ 2.2-213 – in order to respond to the needs of substance abusing women and their children, the secretary shall develop criteria for: (1) Enhancing access to publicly funded substance abuse treatment programs in order to effectively serve pregnant substance abusers; (2) Determining when a drug-exposed child may be referred to the early intervention services and tracking system;

Return to Table of Contents

VIRGINIA	
Miscellaneous provisions, cont'd	(3) Determining the appropriate circumstances for contact between hospital discharge planners and local departments of social services for referrals for family-oriented prevention services, when such services are available and provided by the local social services agency; and (4) Determining when the parent of a drug-exposed infant, who may be endangering a child's health by failing to follow a discharge plan, may be referred to the child protective services unit of a local department of social services. § 2.2-2370 – the opioid abatement authority shall provide financial support only for efforts that are designed to treat, prevent, or reduce opioid use disorder or the misuse of opioids or otherwise abate or remediate the opioid epidemic, which may include efforts to, among other things, support efforts to address the needs of pregnant or parenting women with opioid use disorder and any co-occurring substance use disorder or mental health conditions and the needs of their families, including infants with neonatal abstinence syndrome, through evidence-based or evidence-informed methods, programs, or strategies. § 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, local departments of health, the Virginia Chapter of the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, Virginia Section, and such

Return to Table of Contents

VIRGINIA	
Miscellaneous provisions, cont'd	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.

Return to Table of Contents

WASHINGTON	
Statute(s) and regulation(s)	• WASH. REV. CODE ANN. § 71.24.610 (West 2024) (interagency agreement on prenatal substance exposure programs)
Effective date(s) of most recent substantive amendment(s)	• July 23, 2023 (§ 71.24.610)
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	§ 71.24.610 – the authority, the department of social and health services, the department, the department of corrections, the department of children, youth, and families, and the office of the superintendent of public instruction shall execute an interagency agreement to ensure the coordination of identification, prevention, and intervention programs for children who have fetal alcohol exposure and other prenatal substance exposures, and for women who are at high risk of having children with fetal alcohol exposure or other prenatal substance exposures.
Recently proposed legislation	None.

Return to Table of Contents

WEST VIRGINIA	
Statute(s) and regulation(s)	• W. VA. CODE ANN. § 9-5-24 (West 2024) (requiring substance abuse treatment providers to give pregnant woman priority access to services)
Effective date(s) of most recent substantive amendment(s)	• June 10, 2016 (§ 9-5-24)
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.
Treatment and other assistance provisions specific to pregnant individuals	§ 9-5-24 – requires substance abuse treatment or recovery service providers that accept Medicaid to give pregnant women priority in accessing services and may not refuse access to services solely due to pregnancy as long as the provider's services are appropriate for pregnant women.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

WISCONSIN	
Statute(s) and regulation(s)	• WIS. STAT. ANN. § 46.238 (West 2024) (infants and unborn children whose mothers abuse controlled substances, controlled substance analogs, or alcohol) • WIS. STAT. ANN. § 48.02 (West 2024) (definitions) • WIS. STAT. ANN. § 48.981 (West 2024) (abused or neglected children and abused unborn children) • WIS. STAT. ANN. § 51.42 (West 2024) (community mental health, developmental disabilities, alcoholism and drug abuse services) • WIS. STAT. ANN. § 51.46 (West 2024) (priority for pregnant women for private treatment for alcohol or other drug abuse) • WIS. STAT. ANN. § 146.0255 (West 2024) (testing infants for controlled substances or controlled substance analogs) • WIS. STAT. ANN. § 146.0257 (West 2024) (evaluation of infants for fetal alcohol spectrum disorders) • WIS. ADMIN. CODE DHS § 75.24 (2024) (service operations) • WIS. ADMIN. CODE DHS § 75.59 (2024) (opioid treatment program)
Effective date(s) of most recent substantive amendment(s)	• July 1, 1998 (§§ 48.193 and 51.46) • January 1, 2010 (§ 146.0255) • April 10, 2014 (§§ 46.238 and 146.0257) • April 10, 2022 (§ 51.42) • October 1, 2022 (§ 75.59) • October 1, 2023 (§ 75.24) • March 24, 2024 (§ 48.981)
Does state address substance use during pregnancy or prenatal substance exposure in child welfare laws?	Yes. § 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.

Return to Table of Contents

WISCONSIN	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect?	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. § 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. § 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 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

Return to Table of Contents

WISCONSIN	
Is substance use during pregnancy or prenatal substance exposure considered child abuse or neglect? (cont'd)	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. § 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.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	None.
Family care plan requirements in statute or regulation	None.
Treatment and other assistance provisions specific to pregnant individuals	§ 51.42 – provides that if state, federal, and county funding for alcohol and other drug abuse treatment services are insufficient to meet the needs of all eligible individuals, programs shall ensure that first priority for services is given to pregnant women who suffer from alcoholism or alcohol abuse or are drug dependent. § 51.46 – for inpatient or outpatient treatment for alcohol or other drug abuse, the first priority for services that are available in privately operated facilities, whether on a voluntary or involuntary basis, is for pregnant women who suffer from alcoholism, alcohol abuse, or drug dependency.

Return to Table of Contents

WISCONSIN	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	§ 75.24 – provides that a community substance use treatment service shall prioritize admission for pregnant women who inject drugs and pregnant women that use drugs or alcohol. Provides that when a waitlist exists for services for pregnant women, the service shall either initiate interim services or notify the department within two business days. If assessing clinical staff identifies that an individual is pregnant at the time of assessment, the services shall make a referral for prenatal care or ensure that the patient is already receiving prenatal care, and document efforts to coordinate care with prenatal care providers. § 75.59 – definition of "maintenance treatment exceptions" provides that, if clinically appropriate, the opioid treatment program physician may waive the requirement of a one-year history of addiction for a pregnant patient certified as pregnant by a service physician. It further provides that an opioid treatment program shall offer priority admission, either through immediate admission or priority placement on a waiting list, for pregnant women who inject drugs, who are to be assessed for appropriateness for admission by a physician within 24 hours of contacting the service, and pregnant women who are drug or alcohol dependent and need treatment. In addition to other requirements, for pregnant patients, the program shall explain the risks and benefits of opioid treatment medication during pregnancy and the program requirement for prenatal medical care. Requires that each opioid treatment program have written procedures for pregnant patients including the following minimum standards: (1) A requirement that each patient admitted to the opioid treatment program be informed of the possible risks to herself or to her unborn child from the use of medication assisted treatment, and be informed that abrupt withdrawal from these medications may adversely affect the unborn child;

Return to Table of Contents

WISCONSIN	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	(2) A requirement that a pregnant patient who has a documented past opioid dependency and who may be in direct jeopardy of returning to opioid dependency with all of its attendant dangers during pregnancy, be informed that they may be placed on a medication assisted treatment regimen; (3) A requirement that the admission of each pregnant patient to a program be approved by the medical director or other authorized program physician prior to admitting the patient to the program; (4) A requirement that programs develop a form for release of information between the program and the healthcare provider providing obstetrical care. This voluntary form should be offered to all pregnant patients for coordination of medical care; (5) A requirement that each pregnant patient be given education on recognizing the symptoms of neonatal abstinence syndrome near the time of delivery; (6) Procedures for prenatal care that include: (a) providing prenatal care by the service or by referral to an appropriate healthcare provider. If appropriate prenatal care is neither available on-site or by referral, the program should, at a minimum, offer basic prenatal instruction; (b) a requirement that an outside healthcare provider be notified that the patient is on medication assisted treatment, if consent is given by the patient; (c) a requirement that the program monitor the medication dose carefully throughout the pregnancy, moving rapidly to supply increased or split dose if it becomes necessary; (d) a recommendation that blood serum levels for methadone agonist be monitored once a trimester, and every three days for two weeks after delivery to ensure appropriate level of medication before and after delivery by the appropriate healthcare professional; and (e) a requirement that the program offer on-site parenting education and training to all patients who are parents or shall refer interested patients to appropriate alternative services for the training; and (7) Procedures for a patient who refuses prenatal services, including that the medical director or other authorized program physician shall note it in the

Return to Table of Contents

WISCONSIN	
Treatment and other assistance provisions specific to pregnant individuals, cont'd	record and requiring that the patient be asked to sign a statement documenting the refusal.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

WYOMING	
Statute(s) and regulation(s)	• WYO. STAT. ANN. § 35-2-1401 (West 2024) (definitions; plans of safe care; requirements) • 049.0035.1 WYO. CODE R. §§ 1 to 5 (2024) (collectively "Plans of Safe Care: General Provisions, Data Reporting and Oversight, and Training") • 049.0035.2 WYO. CODE R. §§ 1 to 4 (2024) (collectively "Plans of Safe Care: Identification, Developing the Plan of Safe Cre, Notification for Infants Prenatally Substance Exposed")
Effective date(s) of most recent substantive amendment(s)	• January 1, 2024 (§ 35-2-1401) • March 6, 2024 (049.0035.1, §§ 1 to 5 and 049.0035.2, §§ 1 to 4)
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. 049.0035.2 § 3 (notification process for infants prenatally substance exposed) – patient care teams shall make a report to the department's local field office when there are safety concerns related to abuse or neglect of the infant. An initial positive toxicology of the infant at the birth event is not indicative of abuse or neglect by itself; immediate safety concern(s) must accompany the positive toxicology.
Practitioner requirements related to prenatal substance use or exposure, excluding mandatory reporting	049.0035.2 § 3 (notification process for infants prenatally substance exposed) – patient care teams involved with the identification or delivery of an infant prenatally substance exposed shall notify the department through the department's identified notification online portal. The following information shall be provided: (1) Name, phone number, and notifying agency or organization; (2) Month and year of infant's birth; (3) Zip code where the birth occurred; (4) Infant's race and ethnicity; (5) Substance to which the infant was exposed; (6) Service referrals made for appropriate services; and (7) Additional information as identified.
Family care plan requirements in statute or regulation	§ 35-2-1401 – includes definition of "plan of safe care," which means a plan designed to ensure the safety and wellbeing of an infant with prenatal substance use exposure following the infant's release from the care of a healthcare

Return to Table of Contents

WYOMING	
Family care plan requirements in statute or regulation, cont'd	provider by addressing the health and substance use treatment needs of the infant and the affected family or caregiver. Provides that when an infant is born with and identified, or identified prenatally, as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug or alcohol exposure, a member of a patient care team shall develop a plan of safe care, in cooperation with the infant's parents, families, or guardians, and with a priority of keeping the infant in the home as the safety and wellbeing of the infant allows in order to: (1) Ensure the safety and wellbeing of the infant; (2) Address the health and substance use treatment needs of the infant and affected family members or caregivers; and (3) Ensure that appropriate referrals are made for the infant and affected family members or caregivers upon discharge from the hospital or other healthcare provider, including a referral to a local early intervention and education program. The plan of safe care shall take into account whether the infant's prenatal drug exposure occurred as a 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 that would mitigate the future risk of harm to the infant following discharge. If applicable, a copy of the plan of safe care shall be provided to the appropriate community partners involved in the infant's future care and included in the instructions for the infant upon discharge from the hospital or other healthcare provider. Provides that the patient care team shall report the total number of infants and families for whom a plan of safe care has been developed to the department of family services. A plan of safe care shall contain a termination date not to exceed one year after initiated. The patient care team and the

WYOMING	
Family care plan requirements in statute or regulation, cont'd	parents, families, or guardians may initiate subsequent plans of safe care after the termination of the initial plan of safe care under this subsection. 049.0035.1 § 2 (purpose) – provides that these rules are adopted to further the department's responsibility pursuant to § 35-2-1401 relating to the development of plans of safe care with families for infants prenatally substance exposed, to assist in the administration of plans of safe care to assure the safety and well-being of infants prenatally substance exposed and their families, and to articulate data reporting requirements. 049.0035.1 § 3 (definitions) – definitions include "family support network," which means non-professional individuals identified by the family who assist the family in achieving safety, well-being, and success; "universal screening," which means a preliminary evaluation that attempts to determine whether key features of substance use are present in a pregnant or birthing individual, utilizing an evidence-based screening tool; and "warm referral," which means a person-centered connection, made in partnership with the affected family member or caregiver, to service providers that are able to meet the individual's needs. 049.0035.1 § 4 (data reporting and oversight) – provides that patient care team responsible for developing and initiating a plan of safe care shall provide the total number of infants and families for whom a plan of safe care has been developed to the department. Provides that the department shall develop and implement a state monitoring system regarding the implementation of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for the infant and affected family or caregivers. 049.0035.1 § 5 (training) – provides that the department and the department of health in consultation with the statewide plan of safe care leadership committee shall provide technical assistance and training to communities on the implementation and oversight of plans of safe care.

Return to Table of Contents

WYOMING	
Family care plan requirements in statute or regulation, cont'd	04.0035.2 § 1 (identification) – provides that patient care teams shall universally screen all pregnant patients during each trimester of pregnancy for substance use and shall complete a screen for substance use when a pregnant patient appears for delivery where it is unknown if a prenatal screening occurred. Patient care teams shall initiate development of a plan of safe care for pregnant patients who screen positive for substance use at the time of the positive screening. Patient care teams shall initiate referrals for the pregnant patient at the time of initial development and shall finalize and initiate the plan of safe care after the infant's birth prior to the infant and birthing individual's discharge from the birthing event. Patient care teams shall develop and initiate a plan of safe care for infants born prenatally substance exposed before the infant and birthing individual's discharge from the birthing event. 049.0035.2 § 2 (developing the plan of safe care) – patient care teams shall engage the family, family support network, and medical professionals in a discussion regarding the needs of the infant and household members. The discussion shall include how each identified need will be addressed and by whom, including: (1) Whether services are already being provided or are needed; and (2) Circumstances where the pregnant or birthing individual has been prescribed medication due to physical or mental illness, including medications to treat substance use disorders; patient care teams shall verify the pregnant or birthing individual is: (a) adhering to the requirements of the treatment plan; (b) taking the prescribed dose of medication at the prescribed schedule for the prescribed duration of therapy; and (c) refraining from using other substances. Provides that the patient care team shall complete a written plan of safe care document, using a template developed and

WYOMING	
Family care plan requirements in statute or regulation, cont'd	provided by the department. The written plan of safe care document shall include: (1) Contact information for the family, family support network, and current service providers; (2) A list of the referrals that need to be made for the family; (3) Patient care team members responsible for making the referrals; and (4) A termination date not to exceed one year following the date the plan is initiated after the infant's birth. The written plan of safe care documents: (1) Identified needs of the infant, such as: (a) healthcare, including identification of the primary care provider, referral to specialty care, and high-risk follow-up care; (b) safety of the infant with the caregivers; (c) developmental screening and assessment; (d) linkage to early intervention services; (e) early care and education program; and (f) a consistent and stable primary caregiver; (2) Identified needs of the pregnant or birthing individual, such as: (a) primary care provider; (b) obstetrics and gynecological provider; (c) specialty care provider; (d) medication management; and (e) pain management; (3) Feeding support for the infant; (4) Substance use treatment connection, which should include the following: (a) timely access; (b) engagement, retention, and recovery supports; (c) appropriate treatment, to include but not limited to, gender-specific, family-focused, accessible, medication assisted treatment, trauma responsive treatment; and (d) identifying and assisting the pregnant or birthing individual in accessing the appropriate assessments and treatment services; (5) Parenting/family support including coordinated care management/home visits to assess/address infant care, parent/infant bonding, nurturing, pregnant or birthing individual's understanding of the special care needs of the infant and ability to provide that

Return to Table of Contents

WYOMING	
Family care plan requirements in statute or regulation, cont'd	care, parenting guidance and skill development, safe sleep practices, and maternal support, and child care; (6) Benefits/eligibility determination including, but not limited to, employment support, housing, transportation, child care assistance, or social security benefits; and (7) Family support network. Needs of father, other parent, or other family members, as indicated: (1) Substance use disorder assessment and treatment; (2) Health care, including mental health assessment and treatment and medication management; (3) Parenting skills (i.e., bonding, nurturing, understanding the special care needs of the infant and the ability to provide it, safe sleep practices, etc.); and (4) Protective factors, meaning the ability to meet the care and protection needs of the infant and any other children living in the home. Needs of other children in the home, as indicated: (1) Identification of a consistent pediatrician/healthcare provider; (2) Safety with the caregivers; (3) Developmental screening and assessment; (4) Linkage to early intervention services; and (5) Early care and education program. Provides that, prior to discharge, the plan of safe care shall be reviewed, discussed, and finalized through signatures obtained from the pregnant or birthing individual, father or other parent, other caregiver(s), and a member of the patient care team. All members of the patient care team shall receive a copy of the plan. Requires that the patient care team obtain consent or authorization to share the plan of safe care with identified service providers and family support network members and collect needed information for the implementation of the plan of safe care and associated services for the purpose of

Return to Table of Contents

WYOMING	
Family care plan requirements in statute or regulation, cont'd	allowing for communication among service providers aiding in the family care and well-being, including to allow for referrals identified in the plan to be made. Provides that patient care teams shall ensure that the family is connected to appropriate support services through a warm referral prior to discharge and shall refer the family to the local early intervention and education programs. As applicable, and when consent or authorization allows, patient care teams may make referrals to: (1) Public health nursing infant home visitation subprogram; (2) Primarily care provider(s); (3) Mental health or substance use disorder treatment provider for substance use disorder treatment, medication assisted treatment, or mental health treatment; (4) Wyoming Medicaid or Enroll Wyoming; (5) Women, infants, and children (WIC) program; and (6) Other services as identified. Finally, patient care teams that have initiated a plan of safe care may discuss with the family participation in the local plan of safe care collaborative. 049.0035.2 § 4 (plan of safe care collaborative responsibilities) – communities may use a memorandum of understanding template developed by the statewide plan of safe care leadership committee to establish a plan of safe care collaborative. Members of the collaborative shall provide comprehensive care coordination for plan of safe care families regarding connection to medical care, substance use disorder treatment, and social service support. Plan of safe care collaboratives: (1) Meet and review a list of current cases including all new pregnant cases, prenatal cases that are due in the next month, highest risk prenatal cases, new babies or postpartum cases, and highest risk infants or postpartum cases; and

Return to Table of Contents

WYOMING	
Family care plan requirements in statute or regulation, cont'd	(2) Coordinate referrals, including, but not limited to: (a) substance use, mental health, and medical needs of the pregnant or birthing individual; (b) developmental, medical, and special care needs of the infant; (c) social service supports which may include child care, economic supports, etc.; and (d) other family or caregiver needs. Collaboratives, in consultation with the department and department of health, may provide technical assistance to community stakeholders and affiliated hospitals. Technical assistance ma be necessary regarding identification, screening, developing forms, developing the plan of safe care, completing the notification process, and participation, enrollment, and the function of the collaborative.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	049.0035.1 § 4 (data reporting and oversight) – provides that the department shall collect and report: (1) The aggregated rate of births in the state of infants affected by substance abuse/withdrawal symptoms or fetal alcohol spectrum disorder; (2) The number of infants identified for whom a plan of safe care was developed, and for whom a referral was made for appropriate services; and (3) Pursuant to 42 U.S.C. § 5106(a)(7)(E), the number of infants who: (a) experienced removal associated with parental substance use; (b) experienced removal and were reunified with parents, and the length of time between the removal and reunification; (c) were referred to community providers without a child protection case; (d) receives services while in the care of their birth parents; (e) received post-unification services within one year after reunification occurred; and (f) experienced a return to out-of-home care within one year after reunification.
Recently proposed legislation	None.

Return to Table of Contents

GUAM	
Statute(s) and regulation(s)	• 17 GUAM CODE ANN. § 221704 (2024) (opioid recovery advisory council)
Effective date(s) of most recent substantive amendment(s)	• February 9, 2024 (§ 221704)
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.
Treatment and other assistance provisions specific to pregnant individuals	§ 221704 – provides that, in making determinations for expenditures of the opioid recovery trust fund, council members shall consider programs including, among others, those to provide programs for pregnant women and new parents who currently or formerly have had a substance use disorder and newborns with neonatal abstinence syndrome.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

PUERTO RICO	
Statute(s) and regulation(s)	N/A
Effective date(s) of most recent substantive amendment(s)	
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

U.S. VIRGIN ISLANDS	
Statute(s) and regulation(s)	N/A
Effective date(s) of most recent substantive amendment(s)	
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.
Treatment and other assistance provisions specific to pregnant individuals	Not explicitly addressed in statute or regulation.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

PENDING STATE LEGISLATION	
State/Bill Number/ Status	**Description**
California A.B. 2995, Reg. Sess. (Cal. 2024) (6/18/2024 – read second time; ordered to third reading in Senate)	This bill amends HEALTH & SAFETY CODE §§ 11757.51 to 11757.61 to update language related to substance use disorder (*e.g.*, changing "alcohol and other drug abusing women" to "women using alcohol and other drugs" and "drug abuse" to "drug use").
California A.B. 3170, Reg. Sess. (Cal. 2024) (3/27/2024 – from committee chair with author's amendments; amend and re-refer to committee on judiciary; read second time and amended)	This bill amends CIVIL CODE § 56.103 to provide that a healthcare provider may disclose certain medical information to a county social worker, probation officer, foster care public health nurse, or any other person authorized to have custody or care of a minor, with the exception that the results of a drug or alcohol test performed by the staff or contractor of a healthcare institution on a pregnant or perinatal person or a newborn, or information about drug or alcohol use in the pregnant or perinatal person's or newborn's medical records or otherwise known to the medical provider, shall not be released. It creates EVIDENCE CODE § 1156.2 to provide that the results of a drug or alcohol test or screen performed by the staff or contractor of a healthcare institution on a pregnant or perinatal person or newborn, or information about drug or alcohol use in the pregnant or perinatal person's or newborn's medical records or otherwise known to the medical provider, shall not be admitted in a civil proceeding, including juvenile dependency proceedings. It amends HEALTH & SAFETY CODE § 123605 to provide that the results of a pregnant or perinatal person's or newborn's drug or alcohol test or screen, or information about drug or alcohol use in a pregnant or perinatal person's or newborn's medical records or otherwise known to a medical provider, shall not be provided to a county child welfare department. Finally, this bill amends PENAL CODE § 11165.13 to also provide that the results of a drug or alcohol test or screen performed by the staff or contractor of a healthcare institution on a pregnant or perinatal person or newborn, or information about drug or alcohol use in the pregnant or perinatal person's or newborn's medical records or otherwise known to the medical provider, shall not be reported pursuant to this article.

Return to Table of Contents

PENDING STATE LEGISLATION	
Colorado H.B. 1045, 2nd Reg. Sess., 74th Gen. Assemb. (Colo. 2024) (6/6/2024 – signed by governor)	This bill amends § 26.5-3-206 to appropriate $150,000 for the 2024-2025 fiscal year and each year thereafter from the general fund to the Colorado child abuse prevention trust fund for programs to reduce the occurrence of prenatal substance exposure. It also appropriates $50,000 annually to convene a stakeholder group to identify strategies to increase access to child care for families seeking substance use disorder treatment and recovery services.
Colorado S.B. 47, 2nd Reg. Sess., 74th Gen. Assemb. (Colo. 2024) (6/6/2024 – signed by governor)	This bill amends § 27-80-121 to provide that the center for research into substance use disorder prevention, treatment, and recovery support strategies shall conduct a statewide perinatal substance use data linkage project which shall utilize data from a number of listed sources to examine a list of data points, including education and morbidity and mortality outcomes compared to the general population.
Connecticut S.B. 125, Gen. Assemb. (Conn. 2024) (4/17/2024 – referred by Senate to committee on judiciary)	This bill amends § 17a-102a to change the language from "plans of safe care" to "family care plans" and "mother" to "birth parent."
Delaware S.B. 225, 152nd Gen. Assemb. (Del. 2024) (1/25/2024 – introduced and assigned to finance committee)	This bill appropriates $285,000 to be used for the development of plans of safe care for infants with prenatal substance exposure, which funds shall be used to support 4.5 contracted staff responsible for the completion of the plans.
Florida H.B. 1441, 126th Reg. Sess. (Fla. 2024) (3/5/2024 – laid on table) S.B. 1582, 126th Reg. Sess. (Fla. 2024) (6/18/2024 – approved by governor)	These bills create § 383.148, environmental risk screening, which would require that the department promote the screening of all pregnant women and infants for environmental risk factors including, but not limited to, substance use disorder. Would require primary healthcare providers to complete the risk screening at a pregnant woman's first prenatal visit so that the woman may immediately be notified and referred to appropriate services. Permits the pregnant woman to object to the screening.

Return to Table of Contents

PENDING STATE LEGISLATION	
Illinois H.B. 5041, 103rd Gen. Assemb. (Ill. 2024) (4/5/2024 – referred to House rules committee)	This bill creates the Family Recovery Plans Implementation Task Force Act, the purpose of which is to require a coordinated public health and service-integrated response by various agencies within Illinois's health and child welfare systems to address the substance use treatment needs of infants born with prenatal substance exposure, as well as the treatment needs of their caregivers and families, by requiring the development, provision, and monitoring of family recovery plans. The bill sets forth the task force members and their duties which include that the task force will review models of family recovery plans implemented in other states, review research regarding implementation of family recovery plans care, develop recommendations regarding the implementation of a family recovery plan model in Illinois, review and develop recommendations to replace punitive policies, and solicit feedback from stakeholders. The bill also amends 325 ILL. COMP. STAT. ANN. 5/3 to add a definition for "CAPTA notification," which refers to the notification to the department of an infant born and identified as affected by prenatal substance exposure or a fetal alcohol spectrum disorder. It creates a new section, 5/3.5, related to the CAPTA notification, which provides that the department shall develop a standardized CAPTA notification form that is separate and distinct from the form for written confirmation reports of child abuse or neglect. Provides that a CAPTA notification shall not be treated as a report of suspected child abuse or neglect. It amends 705 ILL. COMP. STAT. ANN. 405/2-3 to delete reference to substance exposed newborns as neglected children.

Return to Table of Contents

PENDING STATE LEGISLATION	
Illinois S.B. 3136, 103rd Gen. Assemb. (Ill. 2024) (5/24/2024 – passed both houses)	This bill creates the Family Recovery Plans Implementation Task Force Act, the purpose of which is to require a coordinated public health and service-integrated response by various agencies within Illinois's health and child welfare systems to address the substance use treatment needs of infants born with prenatal substance exposure, as well as the treatment needs of their caregivers and families, by requiring the development, provision, and monitoring of family recovery plans. The bill sets forth the task force members and their duties which include that the task force will review models of family recovery plans implemented in other states, review research regarding implementation of family recovery plans care, develop recommendations regarding the implementation of a family recovery plan model in Illinois, review and develop recommendations to replace punitive policies, and solicit feedback from stakeholders. It also amends 750 Ill. Comp. Stat. Ann. 50/1 to delete rebuttable presumption that a parent is unfit with respect to any child to which the parent gives birth where the child has a confirmed test result of a any amount of a controlled substance in the blood, urine, or meconium.
Kentucky H.B. 405, Reg. Sess. (Ky. 2024) (1/30/24 – introduced in House; to committee on committees)	This bill establishes the Perinatal Advisory Committee whose duties include making recommendations for the improvement of a list of statewide health status indicators that relate to pregnancy and perinatal care including, among other things, neonatal abstinence syndrome. It sets forth the membership requirements, requires that the committee meet quarterly, and that it submit an annual report of its activities and recommendations by December 1 each year.
Kentucky S.B. 208, Reg. Sess. (Ky. 2024) (2/16/2024 – to families and children committee)	This bill amends the definition of "abused child" in § 600.020 to delete the provision that an abused child means a child whose health or welfare is harmed or threatened with harm when his parent or guardian engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child, including parental incapacity due to a substance use disorder. It creates a new definition for "neglected child" which includes that provision. The definition of "neglected child" also includes when a parent or guardian exposes the child prenatally to chronic or severe use of alcohol or any controlled substance.

Return to Table of Contents

PENDING STATE LEGISLATION	
Massachusetts H.B. 4392, 193rd Gen. Ct. (Mass. 2024) (4/18/2024 – committee recommended bill ought to pass and referred to the committee on House ways and means)	This bill amends ch. 199, § 51A to delete "physical dependence upon an addictive drug at birth" as evidence of abuse and adds a new provision that provides that an indication of prenatal substance exposure does not, in itself, meet the requirements of abuse. Requires the department to promulgate regulations and guidance in consultation with the department of children and families as to how substance exposure shall be weighed in determining whether to file a report, including any instances in which prenatal substance exposure from a medication prescribed by a licensed healthcare provider may be considered in filing a report. It adds a new definition of "plan of safe care" to ch. 111, § 1, which means a family care plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her 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. It creates new section ch. 111, § 51L, which provides that the department of public health, in consultation with the department of children and families, shall promulgate regulations and corresponding guidance for all healthcare providers who care for perinatal patients and/or newborns detailing the roles and responsibilities of staff related to the requirement that healthcare providers must take certain actions, including screening for prenatal substance exposure, notifying the department of public health of all births of infants who were prenatally exposed to substances pursuant to CAPTA, determining whether to file a report of suspected child abuse or neglect and identify if a plan of safe care has been developed; and assess family needs, develop a plan of safe care if indicated, and refer families for appropriate services. It also requires the department of public health to establish a program to ensure that perinatal individuals, families, and providers have access to services designed to support the development and implementation of an effective plan of safe care. It also includes a provision that creates a multidisciplinary committee for the purpose of advising on matters related to perinatal substance exposure, maternal and child health, treatment of substance use disorder, and racial equity in access to healthcare. The bill also includes a requirement that the department of children and families develop a report to study the impact of this legislation on child and family safety and well-being.

Return to Table of Contents

PENDING STATE LEGISLATION	
Massachusetts H.B. 4743, 193rd Gen. Ct. (Mass. 2024) (6/13/2024 – published as amended; see H.4758) H.B. 4758, 193rd Gen. Ct. (Mass 2024) (6/17/2024 – read and referred to the committee on Senate ways and means)	Among other things, this bill creates ch. 111, § 110D to provide that the department shall collect and provide data to the department of children and families and the office of the child advocate on all births of infants affected by prenatal substance exposure in a form and manner consistent with any requirements of the federal Child Abuse Prevention and Treatment Act; provided, that said data shall not include personally identifiable information. The new statute would also require that the department, in consultation with the department of children and families and the office of the child advocate, file with the legislature a report and any recommendations regarding the prevalence of births of infants identified as affected by prenatal substance exposure or fetal alcohol spectrum disorder that includes, but is not limited to: (1) Any gaps in services for perinatal patients or such infants; (2) An examination of child abuse and neglect reports related to an infant's prenatal exposure to substances, including those that were ultimately screened out by the department of children and families; (3) An examination of child abuse and neglect reports made pursuant to ch. 119, § 51A related to an infant's prenatal exposure to substances; and (4) Any recommended changes, including legislative or regulatory changes, that may be necessary to ensure the ongoing health, safety, and wellbeing of perinatal patients and infants. The bill also requires that the department of children and families, in consultation with the department of public health and the office of the child advocate, promulgate regulations or issue further guidance for the requirements of healthcare providers involved in the delivery or care of infants identified as being affected by prenatal substance exposure or fetal alcohol spectrum disorder, which shall include, but not be limited to, factors for determining instances in which a healthcare provider shall be required to file a report pursuant to ch. 119, § 51A.

Return to Table of Contents

PENDING STATE LEGISLATION	
Massachusetts S.B. 2734, 193rd Gen. Ct. (Mass. 2024) (4/22/2024 – bill reported favorably by committee and referred to the committee on Senate ways and means)	This bill amends ch. 119, § 51A to delete "physical dependence upon an addictive drug at birth" as evidence of abuse and adds a new provision that provides that healthcare providers involved in the delivery or care of infants affected by in-utero substance exposure or a fetal alcohol spectrum disorder shall notify the department of such condition, but that such notification shall not include the names or identifying information of the parents or the infant, shall not constitute a report that any parent has abused or neglected a child, and shall not trigger or require prosecution for any illegal action.
Michigan S.B. 824, 102nd Leg., Reg. Sess. (Mich. 2024) (4/10/2024 – referred to committee on housing and human services)	This bill amends § 722.623a to provide that if a newborn is shown to be affected by any amount of alcohol, controlled substance, or metabolite of a controlled substance in the newborn infant's body, a person who is required to report suspected child abuse or neglect pursuant to law shall notify the department in a manner prescribed by the department that the newborn infant is so affected. It requires the department to develop a plan of safe care to address the needs of the newborn infant and the infant's parents and ensure that the plan of safe care provides services during and after pregnancy. Further, if appropriate, as determined by the department, the department shall develop a plan of safe care in coordination with the hospital where the newborn infant was born. A notification must be made even if the alcohol, controlled substance, or metabolite of a controlled substance in the infant's body is the result of a medical treatment administered to the infant's birth parent. Provides that a person who is required to report suspected child abuse or neglect shall make a report of suspected child abuse or neglect if the newborn infant is shown to be affected by any amount of alcohol, controlled substance, or metabolite of a controlled substance and the newborn infant's health or welfare is threatened by the parent's substance abuse. No report shall be made if the report is based only on: (1) a finding of any amount of alcohol, controlled substance, or metabolite of a controlled substance in the newborn infant's body; or (2) the person's reasonable suspicion that there is any amount of alcohol, controlled substance, or metabolite of a controlled substance in the infant's body.

Return to Table of Contents

PENDING STATE LEGISLATION	
New Mexico H.B. 97, 56th Leg. Sess. (N.M. 2024) (action postponed indefinitely)	This bill creates the prenatal substance exposure task force. It sets forth the task force membership, which shall be appointed by August 1, 2024 and complete its work by August 1, 2026. It provides that the task force shall collaborate with an institution of higher education to perform research that supports the task force's work. Provides that the task force shall study, among other things, the feasibility of increasing access to emergency assistance for families impacted by prenatal substance exposure, including housing and financial resources and nationwide best practices on plans of care that improve outcomes for families impacted by prenatal substance exposure. It requires the task force to submit its final report by August 1, 2026.
New Mexico H.M 3, 56th Leg. Sess. (N.M. 2024) (signed by one or both houses (for legislation not requiring Governor's signature))	This is a House Memorial requesting that the Secretary of Health convene a task force to study the prevalence, effects, and lifetime fiscal impacts of prenatal substance exposure and adverse neonatal outcomes and requesting that the final results of the study be reported to the legislature. It sets forth the issues that the task force be requested to study including, but not limited to, a review of the rates of the use of prenatal services and support by mothers who used drugs during pregnancy before the passage of the 2019 adoption of the federal Comprehensive Addiction and Recovery Act of 2016 plan of safe care and since its implementation, a review of the ways other states implement plans of safe care, and a review of states in which prenatal substance exposure constitutes a substantiated child abuse claim and subsequent intervention.
Ohio H.B. 615, 135th Gen. Assemb. (Ohio 2024) (6/11/2024 – referred to criminal justice committee)	This bill creates § 2151.03 to include a definition of "child in need of protective services," which means any child who, among other things, and because of the acts of the child's parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare, which includes an infant identified as being a substance-affected infant and does not have an adequate family care plan. The bill also adds a definition of "family care plan" to § 2151.011, which "has the same meaning as 'family care plan' or 'plan of safe care' in rule 5101:2-1-01 of the Administrative Code."

Return to Table of Contents

PENDING STATE LEGISLATION	
Oklahoma H.B. 3954, 2nd Reg. Sess., 59th Leg. Sess. (Okla. 2024) (2/6/2024 – second reading; referred to judiciary—criminal)	This bill creates tit. 22, § 473 which provides that any district or municipal court of this state may establish a drug-dependent pregnant and postpartum alternative court program pursuant to the provisions of this section. Provides that the court may request assistance from the department of mental health and substance abuse services, which shall be the primary agency to assist in developing and implementing the alternative court program. Further provides that the department of human services shall be the agency that assists the development of a supervised plan of safe care to address the health and substance use treatment needs of the pregnant or postpartum offender. For purposes of the new law, "a drug-dependent pregnant and postpartum alternative court program" means a judicial process that utilizes specially trained court personnel to expedite a case and explore alternatives to incarceration for pregnant and postpartum offenders charged with felony child endangerment or drug-related offenses.
Pennsylvania S.R. 231, 208th Gen. Assemb. (Pa. 2024) (2/12/2024 – referred to health and human services)	This resolution directs the Joint State Government Commission to establish an advisory committee and conduct a comprehensive study regarding the effectiveness of the Commonwealth's multidisciplinary approach to infants born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder, include the success with or barriers to developing plans of safe care as required by state and federal law. It sets forth the committee membership. It requires that the advisory committee, in conducting the study, conduct a review of real or perceived challenges with plans of safe care; evaluate feedback from interdisciplinary professionals; develop strategies to address duplication of notifications from healthcare providers; assess currently measured outcomes; provide projections of or actual costs related to the identification of infants, notifications about the infants and creating plans of safe care for infants, including any spending as part of Medicaid managed care organizations; identify how policy, practice, funding priorities, and outcomes measured align or are in conflict across agencies; document innovative strategies and successful information sharing and collaboration; and evaluate existing or needed state-level strategies to prevent infant or young child morbidity and mortality. It further requires that the advisory committee issue a report of its findings to the senate no later than 18 months after the adoption of the resolution.

Return to Table of Contents

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) 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.

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