

Testimony of Melissa Hackett
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LD 156 An Act to Improve Notifications Related to Substance-exposed Infants
February 4, 2025

My name is Melissa Hackett. I am the coordinator for the Maine Child Welfare Action Network. I offer testimony today neither for nor against this bill, to offer thoughts as the committee considers this, and other related policy proposals this session.

My understanding is that this legislation seeks to create better clarity and consistency of practice in notifications of substance-exposed infants to the child protection agency.

¹Recently, this process and questions around effectiveness have been raised in other discussions related to child safety. Anecdotally, I have heard from those in the field that there were inconsistencies in practice, as well as challenges with hospitals and uniform capacity to test for substances.

Beyond that, I would encourage the committee to consider how and to what extent this revised policy moves toward trauma-informed, family-centered best practice in maternal and newborn care in the particular experience of substance exposure.

It is important that current practice delineates that a notification of a substance-exposed infant is not the same as a report of suspected child abuse and neglect. This should be maintained through any statutory changes, and emphasized in any subsequent rulemaking and guidance.

Consideration should also be given to key partners to include in any working group to develop rules and guidance, such as providers at birthing hospitals, parents with lived experience (Maine MOM), addiction medical specialists, providers of pregnant people (OB-GYNs and primary care) and infants (pediatricians), and integrated clinicians (provider embedded social workers).

In rulemaking and guidance, consideration should be given to what determines “affected,” and what substances should be included, prioritized, or alternatively handled. This is particularly important as it relates to prescriptions like methadone and buprenorphine - FDA-approved and commonly prescribed in the treatment of opioid use disorder (OUD). With this in mind, we should consider what it means for healthcare providers to be required to make notification of new mothers who are actively participating in evidence-based,

¹ <https://library.samhsa.gov/sites/default/files/sma16-4978.pdf>

physician-recommended treatment to the same agency that investigates allegations of abuse and neglect.²

The generational and ongoing impact of the opioid crisis continues to impact child safety and fuels the separation of children from their families. Our child protection agency is also stretched thin, often called to respond to circumstances that do not rise to the level of child abuse or neglect, much less an imminent risk of serious harm. This leaves less capacity for the agency to intervene with families where children are truly unsafe. We must be laser-focused on deploying child protection with precision, so it can be most effective at its core task – keeping children safe. Given that, we should consider what the right-sized role of the child protection agency is in instances of substance-exposed infants.

Recognizing there are federal laws guiding states on the notification of substance-exposed infants, to the fullest extent possible, our efforts in Maine should reflect the understanding that Substance Use Disorder is a chronic and treatable health condition, and acknowledge that the stigma associated with substance use and fear of child protection often prevents mothers from seeking treatment during pregnancy.

We appreciate the Department's consideration of this important issue, and hope there is intention in gathering input from a variety of perspectives in the development of subsequent rulemaking and guidance. In closing, I hope that the Legislature will support a response to substance-exposed infants with a family-centered, trauma-informed public health and health care approach that supports and promotes parent-child bonding and connection to supports and services that meet the needs of impacted mothers and their babies. That is how we will ensure the health, safety, and well-being of these families.

² <https://www.cnn.com/2024/04/11/health/substance-use-pregnancy-policy-change/index.html>