Janet T. Mills Governor

Sara Gagné-Holmes Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

Testimony of the Office of Child and Family Services Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In support of LD 156, An Act to Improve Notifications Related to Substance-exposed Infants

Sponsor: Representative Meyer Hearing Date: February 4, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Bobbi Johnson, and I serve as the Director of the Office of Child and Family Services (OCFS) in the Maine Department of Health and Human Services. I am here today to testify in support of LD 156, *An Act to Improve Notifications Related to Substance-exposed Infants*. I'd like to first thank Representative Meyer for sponsoring this Department bill.

LD 156 updates the law regarding identification and notification of substance exposed infants to the Department of Health and Human Services, clarifying the role of providers in making these notifications and the Department in receiving them. The bill also authorizes the Department to make routine technical rules regarding these notifications.

OCFS determined that establishing rules is the most appropriate avenue to provide guidance and establish clear expectations that align with federal law and any updates related to substance use in pregnancy and the impact on infants. Rules will allow for specificity to be provided to hospitals and medical providers given the varying interpretations of statute regarding notifications of infants born exposed to substances prior to their birth, while allowing the Department to be more nimble in responding to the ever-evolving research and current trends that affect families impacted by substance use and the providers that serve them.

LD 156 also provides an important clarification to the language regarding the Department's response to these notifications, specifying that child welfare services does not investigate every notification. OCFS believes it is important that, to the greatest extent possible, parents with substance use disorder be supported to meet the needs of their children. The vast majority of notifications received by OCFS do not result in an investigation regarding child abuse and/or neglect, particularly when infants are exposed to prescribed medications and parents are actively engaged in treatment. There are certainly circumstances where an investigation is warranted

based on other information available to OCFS at the time of the notification, and OCFS does and will continue to investigate where there are concerns of abuse and/or neglect.

To further our goal of supporting children and families impacted by substance use, OCFS, in collaboration with Maine CDC have implemented the Plan of Safe Care (POSC), which facilitates and documents thorough, respectful, collaborative, and strengths-based conversations between the provider and the parent(s) and identifies family strengths and needs, and resources to meet those needs. OCFS is hopeful that by clarifying the process for these notifications as it relates to child welfare involvement, we will continue to reinforce with families that the intent of the POSC is to provide families with opportunities to explore and address unmet needs that may impact the health and well-being of their infant.

OCFS strongly believes that by continuing to advance changes in how we talk about and respond to substance use disorder, understand its impact on families and engage in efforts to support providers who work directly with parents and children, we will improve outcomes for children and families. Those who live in fear of child welfare involvement are less likely to engage with community-based supports, particularly if they feel it is likely to result in a report and subsequent investigation of their family. This is harmful to children. If we are able to ensure providers can engage with and facilitate support for even one additional family as a result of this language change it will have been a success.

I urge you to support LD 156 as an important step towards enhancing the strength of Maine's response to infants exposed to substances prior to their birth.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.