

Summarized and Deidentified Chat Box Comments About Substance Exposed Newborns and Mothers Taking Physician Recommended Medication for Substance Use Disorder in 51A(a)

- Is appropriately-treated substance use disorder considered "a disabling condition" under this neglect standard as it is under the ADA?
- Definition of the "reasonable cause to believe" should explicitly state that SEN/NAS as a result of a medication to treat a substance use disorder in itself does not rise to the level reasonable cause to believe a child is at substantial risk of abuse and/or neglect.
- Maternal use of medication addiction treatment during and after pregnancy should not alone be considered cause to file a 51A at the time of an infant's birth. This policy substantially disincentivizes women from seeking appropriate medical care during pregnancy.
- The experience of the child should be the standard. A parent's positive toxicology screen alone should not be considered prima facie evidence of neglect.
- From the perspective of a psychiatrist specializing in care of mental health and substance use in pregnancy and postpartum, parenting is facilitated by parental treatment of substance use disorder. Tracking of substance exposed newborns is indeed important, but also engaging (and keeping engaged) parents who are in treatment for substance use in treatment is paramount. Ongoing use of prescribed treatment should not be categorized as neglect or abuse. I would favor a separate system for tracking SEN separately from reports of abuse or neglect.
- 51A reporting of substance exposed newborns is sexist and based in stigma. We continue to view medication to treat SUD as a substance as opposed to a medication to treat a medical condition. Additionally, we continue to file abuse and neglect allegations against mothers getting treatment for their Substance use disorder which is leading to women not doing so and their children being in great risk as well as the mother.
- Speaking as a mom in recovery from opiate use disorder. I did indeed wean myself off of methadone for fear of DCF. As a child I had very traumatic experiences in removal from my parents' care. Just the word "DCF" triggered a traumatic response in me. I would like the Commission to think about this moving forward.
- From my experience as a pediatrician, addiction medication physician, and researcher caring for families impacted by substance use disorder, the single biggest barrier that we see to women wanting to engage in using life-saving medications to treat opioid use disorder is around the current interpretation of the 51A language to require mandated filing at birth even when mothers are engaged in substance use treatment and receiving medications. In no other maternal condition do we treat taking the recommended medication an indication for filing a 51-A for abuse/neglect. Thank you so much to this Commission for discussing this topic.