

We are over 300 physicians, clinicians, students, public health practitioners, researchers, community members, individuals with lived experience being pregnant or parenting with a substance use disorder, and/or have been personally affected by the current interpretation of reporting for substance exposed newborns.

The Mandated Reporter Commission has made a wide-ranging set of recommendations that will significantly impact the child welfare reporting mandate in Massachusetts. Other testimony has highlighted the risk of harm from broadening these definitions; we would like to focus on the opportunity that the Mandated Reporter Commission has to recommend a shift in the current statutory language for reporting substance exposed newborns.<sup>1</sup> The fear and stigma surrounding child welfare reporting is an important driver of maternal decision-making during pregnancy for pregnant people with substance use disorder. Child welfare reporting has been well documented as a barrier to pregnant individuals receiving both prenatal care and treatment for substance use disorder.<sup>2</sup>

The Department of Children and Families interpretation of the statutory language in Massachusetts has further guided mandated reporters to file when maternal-infant dyads are exposed to prescribed medications to treat opioid use disorder.<sup>3</sup> This guidance has caused patients with opioid use disorder to decide against the use of the medically recommended treatment during pregnancy for fear of reporting, risking their stability, recovery, and the health of their fetus. Several classes of maternal medication including antidepressants and benzodiazepines may impact the fetus and cause transient neonatal withdrawal symptoms, but only medications to treat opioid use disorder are targeted in child welfare reporting guidelines, further highlighting discrimination against pregnant people with substance use disorder. Just as patients with other chronic diseases in pregnancy do, individuals with opioid use disorder should be able to make treatment decisions based on medical risks and benefits, not based on the fear of child welfare reporting.

Massachusetts is an outlier in New England and across the country in continuing to uphold this stigmatizing guideline reporting to DCF the receipt of medication treatment for opioid use disorder in pregnancy.<sup>4</sup> We urge the Commission to consider adding the language proposed in House Bill 221 (<https://malegislature.gov/Bills/192/HD3093>) that provides a clear alternative for a dual notification system to meet federal notification requirements of substance exposed newborns and reserves DCF reporting only to those infants where protective concerns outside of prenatal substance exposure exist.

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<sup>1</sup> The language currently reads: “A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: ... (iii) physical dependence upon an addictive drug at birth” must file a report of suspected abuse or neglect.

<sup>2</sup> Frazer Z, McConnell K, Jansson LM. Treatment for substance use disorders in pregnant women: Motivators and barriers. *Drug Alcohol Depend.* 2019;205:107652. doi:10.1016/j.drugalcdep.2019.107652; Guille C, Jones HE, Abuhamad A, Brady KT. Shared Decision-Making Tool for Treatment of Perinatal Opioid Use Disorder. *Psychiatric Research and Clinical Practice.* 2019;1(1):27-31. <https://doi.org/10.1176/appi.prcp.20180004>; Roberts SC, Pies C. Complex calculations: how drug use during pregnancy becomes a barrier to prenatal care. *Matern Child Health J.* 2011 Apr;15(3):333-41. 10.1007/s10995-010-0594-7.

<sup>3</sup> The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Children and Families. 51A Reports regarding Substance Exposed Newborns (SENs). In: Mandated Reporters Community Partners, and Other Stakeholders; 2016.

<sup>4</sup> Other states with dual notification systems: Vermont Department for Children and Families. Child Abuse and Protection Treatment Act (CAPTA) Requirements Related to Substance Exposed Newborns. 2018; Rhode Island Department of Children, Youth, and Families. Infant Plans of Safe Care Guidance Document. 2018; Connecticut Department of Children and Families. Substance Use Practice Guide. December 28, 2018; New Hampshire Center for Excellence on Addiction. NH's Plans of Safe Care Guidance Document, 2019; North Carolina Department of Health and Human Services. Infant Plan of Safe Care.

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