

# Reporting of Prenatal Exposure to Controlled Substances



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## Summary

Policies that deter women from seeking prenatal care are contrary to the goal of ensuring the welfare of the mother and the fetus. Incarceration and the threat of incarceration have proved to be ineffective in reducing the incidence rate of alcohol use disorders and substance use disorders. Minnesota law creates an exemption to health care and social service persons mandated to report prenatal exposure to alcohol and marijuana to provide the opportunity for women struggling with Alcohol Use Disorders to receive support for addressing issues related to addiction.

## Purpose

Prenatal Alcohol Exposure is a complicated public health issue. In the U.S. approximately half of pregnancies in the United States are unplanned. Therefore, prenatal alcohol exposure can occur before a woman recognizes that she is pregnant. In addition, not all providers are giving consistent or accurate messages to patients about the risks of prenatal alcohol exposure. Alcohol Use Disorders are another critical public health issue that contributes to the challenge of addressing Fetal Alcohol Spectrum Disorders. Addiction to alcohol is common in the U.S. it is a chronic, relapsing biological and behavioral disorder with genetic components. The disease is subject to medical and behavioral management in the same fashion as any other chronic disease. Reporting alcohol use during pregnancy may dissuade women from seeking important prenatal care and may unjustly single out and impact the most vulnerable, specifically women with low incomes and women of color. There are promising practices where substance abuse treatment integrated with prenatal care have proved effective in reducing maternal and fetal complications.

This legislation was designed to provide flexibility for health care and social service providers to have the discretion to determine whether a report to child welfare should be made where a pregnant woman has used alcohol or marijuana during pregnancy. The goal is that providers will be able to rely on promising practices to assist in the coordination of services focused on integrated supportive services to improve maternal and fetal outcomes. For more information on evidence-based and promising programs you can find more at our Health Equity page.

## Model Legislation

### Section 1. {Title.} REPORTING OF PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES.

#### (1) Reports required.

(a) Except as provided in paragraph (b), a person mandated to report under section X, 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, tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(b) A health care professional or a social service professional who is mandated to report under section X, is exempt from reporting under paragraph (a) a woman's use or consumption of tetrahydrocannabinol or alcoholic beverages during pregnancy if the professional is providing the woman with prenatal care or other healthcare services.

(c) Any person may make a voluntary report 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, tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(d) An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the local welfare agency. Any report shall be of sufficient content to identify the pregnant woman, the nature and extent of the use, if known, and the name and address of the reporter. The local welfare agency shall accept a report made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the reporter's name or address as long as the report is otherwise sufficient.

(e) For purposes of this section, "prenatal care" means the comprehensive package of medical and psychological support provided throughout the pregnancy.