**Summary**

This Act would require obstetricians and gynecologists to provide educational materials to their pregnant patients. The Act would also allow for the early identification and treatment of babies that have been affected by controlled substances. Drug-addicted pregnant women would be given primary access to treatment programs.

**Model Legislation**

*(Title, enacting clause, etc.)*

Section 1. {Title.}

This Act may be cited as the Drug Affected Infants Act.

Section 2. {Education.}

Every licensed physician who provides obstetrical or gynecological care to a pregnant woman shall counsel all patients as to the prenatal effects of the use of any controlled substance as defined by state laws. Such physicians shall further have all patients sign a written statement, the form of which will be prepared by the director of the department of health, certifying that such counseling has been received. All such executed statements shall be maintained as part of that patient’s medical file. The director of the department of health, in cooperation with the department of mental health, division of alcohol and drug abuse, shall further provide educational materials and guidance to such physicians for the purpose of assuring accurate and appropriate patient education.

Section 3. {Responsibilities of the director of health.}

The director of the department of health and the director of the department of mental health shall create and administer an educational program that shall:

(A) provide education to all physicians providing obstetrical and gynecological care in taking accurate and complete drug histories from their pregnant patients;

(B) provide education to all such physicians concerning the effects of controlled substances as defined by state laws on pregnancy and fetal outcome;

(C) provide education to all such physicians concerning counselling techniques for drug abuse women so as to improve referral to and compliance with drug treatment programs.

Section 4. {Federal funding.}

Upon receipt of federal funds for such program, the commissioner of the department of elementary and secondary education shall develop and make available to all school districts for inclusion in their drug and alcohol education programs in grades one through twelve, age-appropriate drug education curricula concerning the physiological effects and problems before and after birth caused by the use of controlled substances as defined by state laws.

Section 5. {Treatment.}

A pregnant woman referred for substance abuse treatment shall be a first priority user of available treatment. All records and reports regarding such pregnant women shall be kept confidential. The division of drug abuse shall ensure that family oriented substance abuse treatment be available. Substance abuse treatment facilities that receive public funds shall not refuse to treat women solely because they are pregnant.

Section 6. {Toll-free treatment number.}

The department of health shall establish and maintain a toll-free information line for the purpose of providing information on resources for substance abuse treatment and for assisting with referral for substance abusing-pregnant women.

Section 7. {Multi-disciplinary teams.}

(A) The directors of the departments of health, mental health, and social services and the commissioner of the department of elementary and secondary education shall establish multi-disciplinary teams in areas deemed appropriate. Such teams shall act in an advisory capacity for local physicians or health care providers and shall include as a minimum a public health nurse, a representative of a hospital staff, an experienced child protection supervisor from the division of family services, an obstetrician, a neonatologist, pediatrician, or a family practice physician with an interest in prenatal medicine, a medical social worker, a child psychologist, and a drug treatment provider. No compensation shall be paid to the members of the multi-disciplinary teams. These teams shall report to the director of the department of health. Necessary expenses of the teams may be paid from appropriations of the department of health upon approval.
(B) The director, in conjunction with the department of mental health, the department of elementary and secondary education, and the department of social services, shall ensure that these teams are trained in health issues affecting pregnant mothers and their babies, care in the home for medically complex infants, developmental impairments of exposed infants, treatment resources for drug abuse and neglect cases, and the various types of alternative resources available.

(C) The local multi-disciplinary teams shall ensure local cooperation in the implementation of Sections 2 to 7 of this Act.

Section 8. {Medical records.}

(A) Notwithstanding the physician patient privilege, any physician or health care provider may refer to the department of health families in which children may have been exposed to a controlled substance as evidenced by:

(1) medical documentation of signs and symptoms consistent with controlled substances exposure in the child at birth; or

(2) results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child; and

(3) a written assessment made or approved by a physician, health care provider, or by the division of family services that documents the child as being at risk of abuse or neglect.

(B) Nothing in this Section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of [cite state child abuse laws.]

(C) Upon notification pursuant to Subsection (A) of this Section, the department of health shall offer service coordination, health care, mental health services, and needed education and rehabilitation services. Service coordination services shall be initiated within 72 hours of notification. The department of health shall notify the department of social services and the department of mental health within 72 hours of initial notification.

(D) Any physician or health care provider complying with the provisions of this Section in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.

(E) Referral and associated documentation provided for in this Section shall be confidential and shall not be used in any criminal prosecution.

Section 9. {Protective services.}

(A) The department of social services shall provide protective services for children that meet the criteria established in Section 8 of this Act. In addition the department of social services may provide preventive services for children that meet the criteria established in Section 8 of this Act.

(B) No department shall cease providing services for any child exposed to substances as set forth in Section 8 of this Act, wherein a physician or health care provider has made or approved a written assessment that documents the child as being at risk of abuse or neglect, until such physician or health care provider, or his designee, authorizes such file to be closed.

Section 10. {Protocols for identifying high-risk pregnancies.}

(A) The department of health shall promulgate protocols based on a risk assessment profile based on substance abuse, to be used by physicians or health care providers to identify high-risk pregnancies.

(B) Upon notification by a physician or health care provider that a pregnant woman has been identified as having a high-risk pregnancy based on such protocols, the department of health shall offer service coordination to such a woman. Service coordination shall include a coordination of social, health care, and mental health services.

Section 11. {Referral of high-risk pregnancies.}

(A) Any physician or health care provider who provides services to pregnant women shall identify all such women who are high-risk pregnancies by use of protocols developed by the department of health pursuant to Section 10 of this Act. The physician or health care provider shall, upon identification, inform such a woman of the availability of services and the option of referral to the department of health.

(B) Upon consent by the woman identified as having a high risk pregnancy, the physician or health care provider shall make a report, within 72 hours, to the department of health on forms approved by the department of health.

(C) Any physician or health care provider complying with the provisions of this Section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.

(D) Referral and associated documentation provided for in this Section shall be confidential and shall not be used in any criminal prosecution.

(E) The consent required by Subsection B of this Section shall be deemed a waiver of the physician-patient privilege solely for the purpose of making the report pursuant to Subsection B of this Section.
Section 12. {Prevalence testing.} The director of the department of health shall conduct periodic and scientifically appropriate prevalence tests on a statistically significant sample of women or infants at the time of delivery. Upon request from the department of health, physicians who provide obstetrical or gynecological care shall obtain from their patients, at time of delivery, test samples and forward the same to a central laboratory designated by the director of the department of health. These samples shall be forwarded to such laboratory without identifying information as to the donor. The director may, however, require demographic information necessary to interpret results. The director of the department of health shall then conduct such studies, through this and other means, as he or she deems appropriate to determine the extent of use and harmful prenatal effects of controlled substances as determined by state laws. Periodic screening results shall be compared to those of the preceding series of tests to determine trends in pregnancy substance abuse and to assist in monitoring the effectiveness of Sections 2 to 7 of this Act. Prevalence testing during the prenatal period may be conducted in the same manner at the discretion of the director of the department of health.

Section 13. {Severability clause.}

Section 14. {Repealer clause.}

Section 15. {Effective date.}