

HOUSE BILL 142

D4
HB 1271/18 – HGO

9lr0706

By: **Delegate McKay**

Introduced and read first time: January 21, 2019

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Family Law – Opioid–Exposed Newborns and Parents Addicted to Opioids –**
3 **Mobile Application**
4 **(I’m Alive Today App)**

5 FOR the purpose of requiring a local department of social services, if appropriate, to
6 monitor an opioid–exposed newborn through a certain mobile application under
7 certain circumstances; requiring a local department to assess the risk of harm to and
8 safety of a certain child under certain circumstances; requiring the Social Services
9 Administration to develop a certain mobile application; requiring a certain mobile
10 application to provide a method for a parent to periodically check in and to alert a
11 local department if a parent fails to check in; authorizing the Administration to
12 contract with a third party to develop a certain mobile application; requiring a local
13 department to investigate if a parent fails to check in on the mobile application as
14 required by the Administration; authorizing the Secretary of Human Services to
15 adopt certain regulations; and generally relating to child protective services.

16 BY repealing and reenacting, with amendments,
17 Article – Family Law
18 Section 5–704.2
19 Annotated Code of Maryland
20 (2012 Replacement Volume and 2018 Supplement)

21 BY adding to
22 Article – Family Law
23 Section 5–704.3
24 Annotated Code of Maryland
25 (2012 Replacement Volume and 2018 Supplement)

26 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
27 That the Laws of Maryland read as follows:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **Article – Family Law**

2 5–704.2.

3 (a) (1) In this section the following words have the meanings indicated.

4 (2) “Controlled drug” means a controlled dangerous substance included in
5 Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V under Title 5, Subtitle 4
6 of the Criminal Law Article.7 (3) “Health care practitioner” has the meaning stated in § 1–301 of the
8 Health Occupations Article.9 (4) “Newborn” means a child under the age of 30 days who is born or who
10 receives care in the State.

11 (b) For purposes of this section, a newborn is “substance–exposed” if the newborn:

12 (1) displays a positive toxicology screen for a controlled drug as evidenced
13 by any appropriate test after birth;14 (2) displays the effects of controlled drug use or symptoms of withdrawal
15 resulting from prenatal controlled drug exposure as determined by medical personnel; or

16 (3) displays the effects of a fetal alcohol spectrum disorder.

17 (c) Except as provided in subsection (e) of this section, a health care practitioner
18 involved in the delivery or care of a substance–exposed newborn shall:

19 (1) make an oral report to the local department as soon as possible; and

20 (2) make a written report to the local department not later than 48 hours
21 after the contact, examination, attention, treatment, or testing that prompted the report.22 (d) In the case of a substance–exposed newborn in a hospital or birthing center, a
23 health care practitioner shall notify and provide the information required under this section
24 to the head of the institution or the designee of the head.25 (e) A health care practitioner is not required to make a report under this section
26 if the health care practitioner:27 (1) has knowledge that the head of an institution or the designee of the
28 head or another individual at that institution has made a report regarding the
29 substance–exposed newborn; or

30 (2) has verified that, at the time of delivery:

1 (i) the mother was using a controlled substance as currently
2 prescribed for the mother by a licensed health care practitioner;

3 (ii) the newborn does not display the effects of withdrawal from
4 controlled substance exposure as determined by medical personnel;

5 (iii) the newborn does not display the effects of fetal alcohol spectrum
6 disorder; and

7 (iv) the newborn is not affected by substance abuse.

8 (f) To the extent known, an individual who makes a report under this section
9 shall include in the report the following information:

10 (1) the name, date of birth, and home address of the newborn;

11 (2) the names and home addresses of the newborn's parents;

12 (3) the nature and extent of the effects of the prenatal alcohol or drug
13 exposure on the newborn;

14 (4) the nature and extent of the impact of the prenatal alcohol or drug
15 exposure on the mother's ability to provide proper care and attention to the newborn;

16 (5) the nature and extent of the risk of harm to the newborn; and

17 (6) any other information that would support a conclusion that the needs
18 of the newborn require a prompt assessment of risk and safety, the development of a plan
19 of safe care for the newborn, and referral of the family for appropriate services.

20 (g) Within 48 hours after receiving the notification pursuant to subsection (c) of
21 this section, the local department shall:

22 (1) see the newborn in person;

23 (2) consult with a health care practitioner with knowledge of the newborn's
24 condition and the effects of any prenatal alcohol or drug exposure; and

25 (3) attempt to interview the newborn's mother and any other individual
26 responsible for care of the newborn.

27 (h) (1) Promptly after receiving a report under subsection (c) of this section,
28 the local department shall assess the risk of harm to and the safety of the newborn to
29 determine whether any further intervention is necessary.

30 (2) If the local department determines that further intervention is
31 necessary, the local department shall:

1 (i) develop a plan of safe care for the newborn;

2 (ii) assess and refer the family for appropriate services, including
3 alcohol or drug treatment; and

4 (iii) as necessary, develop a plan to monitor the safety of the newborn
5 and the family's participation in appropriate services, **INCLUDING, IF APPROPRIATE,**
6 **MONITORING AN OPIOID-EXPOSED NEWBORN THROUGH A MOBILE APPLICATION IN**
7 **ACCORDANCE WITH § 5-704.3 OF THIS SUBTITLE.**

8 (i) A report made under this section does not create a presumption that a child
9 has been or will be abused or neglected.

10 (j) The Secretary of Human Services shall adopt regulations to implement the
11 provisions of this section.

12 **5-704.3.**

13 (A) A LOCAL DEPARTMENT SHALL ASSESS THE RISK OF HARM TO AND
14 SAFETY OF AN OPIOID-EXPOSED NEWBORN AS REQUIRED UNDER THE PROVISIONS
15 OF § 5-704.2 OF THIS SUBTITLE.

16 (B) (1) THE ADMINISTRATION SHALL DEVELOP A MOBILE APPLICATION
17 TO BE USED BY PARENTS WHO ARE DETERMINED BY THE ADMINISTRATION TO HAVE
18 OPIOID ADDICTIONS THAT COULD RESULT IN HARM OR POTENTIAL HARM TO A
19 CHILD.

20 (2) THE MOBILE APPLICATION DEVELOPED UNDER THIS SUBSECTION
21 SHALL:

22 (I) PROVIDE A METHOD FOR A PARENT TO CHECK IN
23 PERIODICALLY IN ORDER TO SIGNAL THAT THE PARENT IS CONSCIOUS AND ABLE TO
24 CARE FOR THE PARENT'S CHILDREN; AND

25 (II) ALERT THE LOCAL DEPARTMENT IF A PARENT FAILS TO
26 CHECK IN.

27 (3) THE ADMINISTRATION MAY CONTRACT WITH A THIRD PARTY TO
28 DEVELOP THE MOBILE APPLICATION REQUIRED UNDER THIS SUBSECTION.

29 (C) THE LOCAL DEPARTMENT SHALL INVESTIGATE IF A PARENT FAILS TO
30 CHECK IN ON THE MOBILE APPLICATION AS REQUIRED BY THE ADMINISTRATION.

1 **(D) THE SECRETARY OF HUMAN SERVICES MAY ADOPT REGULATIONS TO**
2 **IMPLEMENT THIS SECTION.**

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
4 October 1, 2019.