

DATE: March 11, 2020

BILL NUMBER: HB 1518 **COMMITTEE:** Health and Government Operations

BILL TITLE: Opioid-Exposed Newborns and Parents Addicted to Opioids
- Mobile Application – Pilot Program (I'm Alive Today App)

DHS POSITION: Letter of Information

The Department of Human Services (the Department) respectfully offers this letter of information regarding House Bill 1518 (HB 1518). The “I’m Alive Today” pilot program creates a digital check in mechanism for parents of opioid exposed newborns to communicate with the Local Departments of Social Services (LDSS) in Allegany, Garrett, and Washington counties. The bill amends the Department’s monitoring and safe plan of care language, to require the Department to develop a mobile application to assess the risk of harm and safety to an opioid exposed newborn. Overall, the Department questions the value of the information gathered through a mobile application, and whether the application aides the Department’s ability to protect children and prevent child fatalities.

The Comprehensive Addiction and Recovery Act (CARA) P.L.114-198

On July 22, 2016 the federal government enacted The Comprehensive Addiction and Recovery Act (CARA) which amended the Child Abuse Prevention and Treatment Act which is largely regarded as the key federal legislation for addressing child abuse and neglect. The CARA legislation was aimed at establishing a comprehensive strategy to expand prevention and education efforts while promoting education and recovery efforts primarily targeted at addressing the opioid epidemic. Contained within this act was a requirement for a Plan of Safe Care (POSC) for all opioid exposed newborns.

Plan of Safe Care (POSC)

All substance exposed newborn cases in Maryland must include the completion of what is known in Maryland as either a safety or service plan. A safety plan is a written agreement that the child protective services (CPS) caseworker develops with the family that clearly describes the safety services that will be used to manage threats to a child’s safety. In all cases, the safety services outlined in the safety plan must have an immediate effect and be immediately available and accessible. They may be formal or informal, the services can be provided by professionals, such as child care providers, or public health nurses, or by non-professionals such as neighbors or relatives.

Mobile Application

This bill is an iteration of legislation introduced in previous years. Historically, the concept of the bill was to create a mobile application that would require parents to check in periodically, to signal that the parent is conscious and able to care for the newborn. The Department warns that a



digital check in is insufficient to ensure the safety of the substance exposed newborn. There is simply too weak a correlation between an affirmative response from the parent, and the health of the baby in the home. This is a deeply concerning precedent that runs counter to the nationally recognized development and use of a comprehensive safe plan of care. Unfortunately, the Department sees little utility for this kind of technology as part of the child's a safe plan of care.

Moreover, this technology does not account for those situations in which someone else is providing the child with safe care as determined within the POSC.

Departmental Response To A Failed Check In

Unless instantaneous, the LDSS response to a failed check in would not prevent harm that could result from the parent being unconscious. This would make monitoring the application both ineffective and impractical.

The bill does not provide any safety measures for children of parents with an active substance use disorder. In the event a parent fails to respond to the mobile application, such that the Department felt compelled to respond to the home, the Department would not have legal authority to enter the home if the parent does not respond or denies entry.

This bill does not identify which agency or entity will be responsible for providing cell phones with mobile application compatibility or ensuring cell phones are operable. Additionally, the pilot region in particular is known to experience inconsistent cellular connectivity. The Department anticipates this may be a barrier in evaluating the success of the pilot.

The Department sees potential for an inordinate number of "false positive" indications, which would result in increased investigations. A digital check in creates the possibility that a parent may simply forget, or miss the prompt to check their mobile device. This would trigger an assessment of many parents in instances where there is no indication that a child has been, or will be abused or neglected. If a parent struggling with a substance disorder is routinely and unnecessarily subject to an investigation, there is arguably a misuse of agency investigative resources in situations where the child is safe.

Additional Comments

Services related to information technology modernization are typically secured through the State procurement process. HB 1518 excepts the development of this mobile application from State procurement protocols and competitive bidding by amending §11-203 of the State Finance and Procurement Article. This sets a questionable precedent, insofar as the procurement process should ensure fair and equitable treatment of all persons who deal with the State procurement system, provide safeguards for maintaining a State procurement system of quality and integrity, and foster effective broad-based competition in the State through support of the free enterprise system.

The Department is grateful for the opportunity to share this information. We hope it is useful, and that the Committee will consider the information provided during deliberations.