

Subject Prenatal substance use standards; notice requirements; toxicology test requirements

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Overview

This bill modifies several provisions related to prenatal substance use. It modifies the standard for civil commitment of a pregnant person who is chemically dependent, modifies the definition of neglect related to prenatal substance use, changes reporting requirements to notice requirements for mandated reporters of prenatal substance use, modifies toxicology test requirements for pregnant patients and newborn infants, and establishes informed consent requirements for toxicology tests during pregnancy or for newborn infants.

Summary

Section	Description
1	<p>Chemically dependent person.</p> <p>Amends § 253B.02, subd. 2. Modifies the definition of “chemically dependent person” for purposes of civil commitment of a pregnant person by updating terminology and replacing “habitual or excessive” with “chronic and severe” use of specified substances for nonmedical purposes.</p>
2	<p>Neglect.</p> <p>Amends § 260E.03, subd. 15. Modifies the definition of “neglect” in maltreatment of minors chapter; updates terminology; changes neglect standard from prenatal exposure to a controlled substance, as evidenced by withdrawal symptoms in the child at birth, to “chronic and severe” substance use that results in harm to a newborn child's health, safety, or development, as determined by a medical professional involved in the child's care. Further specifies substance use related criteria that constitute neglect for purposes of screening a maltreatment report or making a maltreatment determination.</p>
3	<p>Notice required.</p> <p>Amends § 260E.31, subd. 1. Modifies requirements for mandated reporters of prenatal substance use, so that reporters would provide notice to the local welfare</p>

Section	Description
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agency rather than a maltreatment report, if a pregnant person has engaged in chronic and severe use of a substance listed in § 253B.02, subd. 2. Specifies that this notice must not be construed as a report, absent evidence of harm to the infant, determined by a medical professional. Updates terminology throughout the section, based on these changes.

Adds paragraph (f), specifying that nothing under this subdivision is to be construed to prevent a person from reporting to the local welfare agency if the person knows or has reason to believe that a child has been maltreated based on other criteria or information.

4 Pregnant persons.

Amends § 260E.32, subd. 1. Modifies toxicology test provisions to include advanced practice registered nurses and physician assistants, and removes the requirement for a provider to administer a toxicology test to a pregnant person within eight hours after delivery to determine whether there is evidence of controlled substance use if there is a medical indication of possible use of a controlled substance for a nonmedical purpose. Allows a provider to administer a toxicology test for purposes of providing medical treatment.

Specifies that a positive toxicology test must not form the sole or primary basis for providing notice to the local welfare agency under section 260E.31. Strikes paragraph (b), regarding toxicology test reporting requirements.

5 Informed consent for toxicology tests.

Amends § 260E.32 by adding subd. 1a. Establishes requirements for informed consent for toxicology tests in pregnancy or for a newborn infant, for purposes of medical treatment. Specifies that a test may not be performed unless the patient gives written and oral consent specific to the toxicology test and the test is within the scope of the patient's medical care. Lists written and oral consent requirements. Allows for emergency circumstances, when informed consent is not required. Prohibits a physician, advanced practice registered nurse, or physician assistant from refusing to treat a pregnant patient because of the patient's refusal to consent to a toxicology test or drug or alcohol screening.

6 Newborns.

Amends § 260E.32, subd. 2. Modifies toxicology test provisions to include advanced practice registered nurses and physician assistants, and removes the requirement for a provider to administer a toxicology test to a newborn infant. Allows a provider to administer a toxicology test to a newborn infant for purposes of providing medical treatment.

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	Specifies that a positive toxicology test must not form the sole or primary basis for providing notice to the local welfare agency under section 260E.31. Strikes paragraph (b), regarding toxicology test reporting requirements.
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7	Revisor instruction.
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	Instructs the revisor to amend specified headnotes.
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