



February 21, 2021

Dear Rep. Jennifer Schultz and Committee Members:

HF1026 is an important step toward supporting healthy mothers, childrens, and families.

Currently, Minnesota healthcare providers are required to notify the state if a pregnant individual is using non-prescribed substances, including opioids. This reporting requirement poses a significant barrier to care. Pregnant individuals may choose not to enter into [prenatal care](#) or seek help with their addiction because they are fearful of being reported and having their children removed from their care. In fact, individuals who give birth to infants who develop Neonatal Opioid Withdrawal Syndrome (NOWS) are [12x's](#) as likely to not receive prenatal care, missing an opportunity to initiate substance use treatment. This lack of care can also have devastating impacts on the infant's health. Infants of moms who do not receive prenatal care are [five-times](#) more likely to die than those who do receive prenatal care.

Neonatal Opioid Withdrawal Syndrome is a growing problem for our state. The rate of NOWS [doubled](#) in Minnesota between 2018 and 2019 (up from 54.2 to 102.5 per 10,000 births). Rates are expected to further increase with the rise in opioid overdose during the pandemic. NOWS is also [eight-times](#) more common among Indigenous babies when compared to their white counterparts.

HF1026 would modify these prenatal substance use reporting requirements. Specifically, health professionals or social service professionals would no longer be mandated to immediately report substance use if they are providing care for a pregnant patient. Rather, these professionals can develop a trusting relationship with each pregnant patient, while creating a supportive environment and helping patients access treatment during this critical time in their lives.

Allowing providers the time to develop a partnership in care with patients and better assess their situation before deciding if they need a child welfare service referral would lead to better birth outcomes for Minnesota's moms and babies.

Thank you for your leadership on this important issue.

Regards,

Michael Aylward, MD on behalf of Minnesota Doctors for Health Equity