

March 13, 2023

Sen. Kelly Morrison
3205 Minnesota Senate Bldg.
St. Paul, MN 55155

Rep. Ruth Richardson
403 State Office Building
St. Paul, MN 55155



Dear Sen. Morrison & Rep. Richardson:

The Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG) is writing to thank you for your continued commitment to maternal and infant health by working to change Minnesota's historically punitive mandatory reporting laws. ACOG fully supports HF2099/SF2139 as we believe bringing experts in substance use disorder, human services, law enforcement, health providers, hospitals, regulators and more together to determine uniform guidelines for when both pregnant individuals and then babies are tested and reported for illicit substances will lead to better health outcomes and will help with the distrust many people have with our health care and human service systems. This important work will provide for alternative resources for Minnesota families to keep them together with treatment and therapeutic interventions instead of county Child Protection Services (CPS).

In 2021, ACOG worked with a bipartisan group of lawmakers to amend Minnesota's mandatory reporting laws of controlled substance use after prenatal screenings. These changes allowed for provider discretion as long as the pregnant patient was working a care plan with a provider that could include addiction treatment services if needed.

Research over the past 30 years shows large discrepancies in who is reported for substance use disorder during pregnancy despite the fact that illicit drug use is very similar in white and black and other minority populations. A well known study from the New England Journal of Medicine from 1990 analyzed urine samples of women from both public and private obstetric clinics in one Florida county for a six month period in 1989. The reason this was significant is that most studies previously were hospital based after delivery, generally in urban population centers with a large minority population. What the study showed was that despite overall similar rates of illicit drug use, black women were reported to authorities approximately 10 times the rates of white women and poor women were more likely to be reported than others.

Unfortunately since this information was published, not much has changed and in fact in many states it has worsened. Minnesota has had very punitive laws regarding Substance Use Disorder (SUD) and pregnancy and instead of treating women for the disease they have, we have reported them to authorities, which creates a disconnect and distrust between patients and the health professionals who are supposed to provide the best possible care for them.

This task force will bring together stakeholders with expertise to get to the root of the problem and will develop uniform guidelines that could help with keeping families together while also improving prenatal and birth outcomes. Current hospitals' reporting policies deter women from seeking prenatal care and are contrary to the welfare of the mother and fetus. Substance use reporting during pregnancy and immediately after birth dissuades women from seeking prenatal care and seeking treatment for their substance use disorder and communities of color are unjustly singled out and face the most child removals in this state. This legislation aims to restore trust between the patient and her provider which is essential for positive outcomes. **We do want to stress that the uniform guidelines will not be mandated but rather will provide guidance to hospitals and practitioners on best practices based on evidence and data.**

ACOG is the premier professional membership organization dedicated to the improvement of women's health. As such, we support legislation that helps identify and address threats to the health and well-being of women, their children and families. Our organization works with physicians, policy makers, legislators, and advocacy groups to change punitive laws and identify and implement evidence-based strategies outside the legal system to address the needs of women with addictions. Thank you for introducing this approach to develop a safe, effective, and comprehensive option for pregnant women struggling with substance use disorder that will benefit them and their families.

Studies indicate that prenatal care greatly reduces the negative effects of substance abuse during pregnancy, including decreased risks of low birth weight and prematurity. We know that women who use drugs are already likely to receive little to no prenatal care. By creating a task force and targeting the underlying issues, we are improving access for women when they may need it most.

If you have any questions, please reach out to our policy consultant, Tara Erickson, at Tara@tgeconsultingmn.com.

Sincerely,

Siri Fiebiger, MD
Chair
Minnesota ACOG