

# Task Force on Pregnancy Health and Substance Use Disorder Meeting Minutes

Date: October 10, 2024

Minutes prepared by: Mary Ottman

- Go to the [Task Force Meeting Information \(www.health.state.mn.us/people/womeninfants/womenshealth/tfpsud/meeting.html\)](http://www.health.state.mn.us/people/womeninfants/womenshealth/tfpsud/meeting.html) webpage to find the formal meeting agenda, presentation slides, and any other relevant documents from the meeting.

## Attendance

| Task force members present  | Task force members absent  |
|---|--|
| Alexandra Kraak<br>Amal Ali<br>Brittany Wright<br>Caroline Hood<br>Dr. Chris Derauf<br>Dr. Cresta Jones<br>Dr. Frances Prekker<br>Dr Kari Gloppen<br>Dr. Kurt Devine<br>Dr. Shanna Vidor<br>Hannaan Shire<br>Heidi Holmes<br>Kristen Bewley<br>Marlena Hanson<br>Rebecca Wilcox | Dr. Megan Thompson<br>Lisa Edmundson<br>Margarita Ortega<br>Tanisha Brown<br>Tamara Desjarlais |

## Decisions made

- The task force voted to approve the six recommendations for testing and reporting as final.

## Meeting notes

### 1. Welcome and introductions

Mary Ottman, Minnesota Department of Health (MDH) welcomed all Task Force members.

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The Task Force deliverables were read and shared from [Minnesota law, Chapter 70, Article 4, Section 110](#). The meeting agenda was reviewed.

**2. Group Agreements** – Stephanie Heim, Minnesota Analysis and Development, Meeting Facilitator

- Group agreements were read out loud by Task Force members for grounding the task force meeting.

**3. Path to task force recommendations-** Stephanie Heim, Minnesota Development, Meeting Facilitators

Task force members were interviewed in the fall of 2023 to create a shared foundation that guided the work of the task force.

- The interviews showed common values that shaped the way the task force approached the development of recommendations
- The interviews uplifted common hopes for the creation of recommendations
- The task force work was guided by leadership from two elected co-chairs
- Specific work was accomplished through workgroups at three distinct time periods.
- The first two workgroups formed in February 2024 to develop initial protocols for testing and reporting.
- These initial protocol outlines were presented at the fourth task force meeting in June 2024.
- Over the summer, another workgroup integrated the testing and reporting protocols to develop a set of ten draft recommendations that were presented during the fifth meeting in August 2024.
- For approximately four weeks, task force members gathered input from community members and stakeholders with a special emphasis on hearing the perspectives, experiences, and feedback of individuals and populations most likely to be impacted and most likely not to agree with the proposed recommendations.
- The task force discussed the input received during its September 2024 meeting and a final workgroup convened to revise the draft recommendations.

**4. Task force members spent several minutes to quietly review draft recommendations -** Sam Grant, Minnesota Analysis and Development, Meeting Facilitator

**5. Discussion - Presentation and large group discussion of draft recommendations** – Sam Grant

Process: Feedback must be sent to Task Force support team by OCT 16 to be included

**Present research and Discussion**

- research was important to include – 7 pages of research – research for TF recommendations  
Invite discussion and feedback on the research
- Thank you for the research and including the pediatric research

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- Child protection’s responsibility – demonstrate harms of the current way we are doing it, pregnant person less likely to be a part of a punitive care system - we are actively doing harm to some families through our current laws especially after birth
- Emphasize the reason for change is because currently people are being harmed and there needs to be an alternative in which less people are harmed.
- Critical area of change in section about ‘Healthcare providers continually assess concern for safety’ (p.14) - The sentence “Healthcare providers constantly evaluate child safety concerns and determine if a parent can care for their infant properly and safely...” it was suggested the provider assess whether there is reasonable concern that a caregiver can or cannot safely take care of their infant. Providers do not make the determination if the infant is safe or not, that is more of a child protections responsibility. Distinguish child protection from provider care.
- Recommendation 5. Family care plans were part of an amendment (comprehensive addiction and recovery act (CARA) to CAPTA in 2016.
- More information should be included on the harms of current practices. What is the impact on a family to have child protection services involved in the current practice (powerful reminder). Highlight that the status-quo has a lot of harm associated with it for pregnancy, family, and communities after birth.
- wording on page 11 - positive tox for drug tests not quite right – needs some tweaking, be clear on what we are saying, the part that could use revision when it talks about identifying and being able to differentiate different types of opioids because providers can’t always distinguish just from a tox test
- Draft recommendations originally numbered 10 and were brought down to 6, combining multiple areas addressing laws and notification areas
  1. Remove punitive laws that criminalize prenatal substance use and define it as child maltreatment
  2. Implement universal screening using a validated screening tool
  3. Conduct toxicology testing only when it serves a medical treatment purpose
  4. Develop family care plans early in pregnancy
  5. Create a uniform process for notification and reporting to the Dept of Children, Youth and Families and the local child welfare after birth.  
One correction – Family Care Plans were part of an amendment (Comprehensive addiction and Recovery Act (CARA)) to CAPTA in 2016
  - 6.Support implementation of the TF recommendations and develop data informed best practice guidelines

**6. Questions to guide further discussion:**

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What changes or edits are needed **before** the task force votes to approve recommendations?

What changes or edits will **strengthen** the recommendations before the final report is submitted?

- #3 – (add) Toxicology test would change the medical management of the pregnant person or the newborn.
- In some cases, toxicology test doesn't change care of mom but does change medical care for the baby. The toxicology test of the birthing parent could change the medical care of the baby. It is easier to test adults.
- #6 – 3<sup>rd</sup> bullet point on slide: Add language – 'Pilot test the implementation of recommendations in select counties both metro and rural ...'
- #1 – 2<sup>nd</sup> bullet point on slide: Add language – 'Eliminate laws that requires mandated reporting to ...' - Not just eliminating all reporting, but the mandated part (to clear confusion). *A lot of support for this recommendation change/edit.*
- #1 – 3<sup>rd</sup> bullet point on the slide – question, "Is the recommendation needed here because it is already in recommendation 5?" – Doesn't seem to fit into the punitive law removal recommendation because it is more of a law being added. Bullet point 3 on the slide states: 'Create new law that outlines notification is not a report of child abuse or neglect.'
- Recommendations resized from 10 to 6 – Update presentation slides so the recommendations don't lose their meaning and impact, with special attention and detail to the wording and context so professionals who may enter with doubts (and ready to push back) will leave confident in the recommendations.

#### 7. **Vote to approve recommendations as final** – Stephanie Heim

- The ask: I approve making the six recommendations final.
- Task force members were reminded of process for voting and the need to do a roll call vote outlined in the Task Force Charter.
- A vote was taken, and the task force voted to approve the six recommendations as final.

#### 8. **Closing** – Stephanie Heim

- Task force members were asked to share one thing that they are proud of, one thing they are hopeful for and/or one thing they learned. Comments were filled with hope for the drafted recommendations and appreciation for a multidisciplinary team approach to the work.
- Task force members were reminded that regarding future requests for media communication on behalf of the task force members should "Refrain from writing letters or engaging in other kinds of communication in the name of the Task Force unless the Commissioner specifically authorized such communication" (TFPHSUD Charter).

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- The final report will be sent to the Minnesota Legislative body by December 1. Once the report is sent to the legislature, all task force members will be emailed a copy of the final report recommendations.

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