Submitted By: Ana Tobiasz/ NDMA Council

Subject: Plans of Family Care

Summary:

Pregnant, postpartum, and parenting individuals with an opioid use disorder (OUD) or other substance use disorder (SUD) should be encouraged to enter treatment and not suffer punitive actions for starting or continuing treatment, including when medications for opioid use disorder (MOUD) are part of the treatment protocol. There is confusion among health care professionals, hospital administrators, social workers, child welfare agencies and others, however, about the difference between a “notification” of a newborn’s substance exposure versus a “report” of alleged abuse and neglect. This often results in pregnant or parenting individuals with a substance use disorder to avoid seeking care because of the fear of being separated from their children, arrest or other consequences.

Relevant Information:

- New AMA state model legislation was developed with other leading medical societies and national maternal and child health experts to help increase access to evidence-based, non-judgmental or punitive maternal treatment for substance use disorders.

- This model emphasizes supportive care and fulfillment of needs for newborns, children, and families.

- The model includes “plans of family care,” which are prenatal and/or postpartum plans developed between the pregnant person, the family and health care professionals to identify the needs required for helping ensure a safe and healthy pregnancy as well as the social, economic, medical, and other needs of the child and individual following birth.
Proposed Action:

NDMA should work with the ND Dept. of Health and Human Services and other partners, including policymakers, to propose similar legislation in the 2025 session.

Adopted November 28, 2023

Erica Hofland, MD

Policy Forum Chair