
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE RESOLUTION

No. 231 Session of
2024

INTRODUCED BY SCHWANK, J. WARD, HUGHES, TARTAGLIONE, FONTANA,
CAPPELLETTI, COSTA, COMMITTA, BAKER AND KANE,
FEBRUARY 12, 2024

REFERRED TO HEALTH AND HUMAN SERVICES, FEBRUARY 12, 2024

A RESOLUTION

1 Directing the Joint State Government Commission to establish an
2 advisory committee and conduct a comprehensive study
3 regarding the effectiveness of the Commonwealth's
4 multidisciplinary approach to infants born affected by
5 substance use or withdrawal symptoms resulting from prenatal
6 drug exposure or a fetal alcohol spectrum disorder, including
7 the success with or barriers to developing plans of safe care
8 as required by Federal and State law.

9 WHEREAS, In 2021, the Department of Health reported that more
10 than 1,600 infants met the department's case definition of
11 Neonatal Abstinence Syndrome (NAS) with more than 90% of the
12 diagnoses linked to opioid exposure; and

13 WHEREAS, In 2021, more than 7,000 infants in this
14 Commonwealth were referred to a county child welfare agency for
15 concerns related to parental substance use or being a substance-
16 affected infant, accounting for approximately 60% of all general
17 protective service referrals involving infants; and

18 WHEREAS, Challenges exist in reliably tracking and reporting
19 on outcomes for infants, including how many receive a plan of
20 safe care and what types of services or supports are woven into

1 such a plan, how many infants are placed in foster or kinship
2 care, referred to and tracked through early intervention or
3 receiving services outlined with the Commonwealth's contracts
4 with Medicaid managed care organizations; and

5 WHEREAS, A growing number of infants with prenatal substance
6 exposure referred to the Department of Human Services by health
7 care professionals, as required by Federal and State law, are
8 being classified information only, a status undefined in law,
9 not subject to any tracking by the department and outside any
10 measured outcomes; and

11 WHEREAS, The Federal Child Abuse Prevention and Treatment Act
12 and Pennsylvania Child Protective Services Law recognize that
13 substance use during pregnancy, in and of itself, and an infant
14 being born affected by prenatal exposure are appropriately
15 excluded from definitions of child abuse or neglect; therefore
16 be it

17 RESOLVED, That the Senate direct the Joint State Government
18 Commission to establish an advisory committee and conduct a
19 comprehensive study regarding the effectiveness of the
20 Commonwealth's multidisciplinary approach to infants born
21 affected by substance use or withdrawal symptoms resulting from
22 prenatal drug exposure or a fetal alcohol spectrum disorder,
23 including the success with or barriers to developing plans of
24 safe care as required by Federal and State law; and be it
25 further

26 RESOLVED, That the advisory committee be comprised of the
27 following:

28 (1) The Secretary of Drug and Alcohol Programs or a
29 designee who shall be an employee of the Department of Drug
30 and Alcohol Programs.

1 (2) The Secretary of Health or a designee who shall be
2 an employee of the Department of Health.

3 (3) The Secretary of Human Services or a designee who
4 shall be an employee of the Department of Human Services.

5 (4) The executive director of the Center for Rural
6 Pennsylvania or a designee.

7 (5) A representative from the Center for Children's
8 Justice.

9 (6) A member of the Behavioral Health Council.

10 (7) A member of the Pennsylvania Perinatal Quality
11 Collaborative.

12 (8) A parent who has experienced receiving treatment
13 services for substance use disorder.

14 (9) An employee of a county Children and Youth Services.

15 (10) Other individuals and organizations selected by the
16 Joint State Government Commission;

17 and be it further

18 RESOLVED, That the advisory committee, in conducting the
19 study, do all of the following:

20 (1) Conduct a thorough review from families as to what
21 they identify as the real or perceived challenges with plans
22 of safe care and access to clinically appropriate substance
23 use disorder treatment and recovery services during pregnancy
24 and the postpartum period.

25 (2) Evaluate feedback from interdisciplinary
26 professionals, including stakeholders from health care, child
27 welfare, early intervention and substance use treatment
28 professionals regarding plans of safe care and
29 recommendations for improved outcomes for infants and their
30 families.

1 (3) Develop strategies to address the existing
2 duplication resulting from health care providers being
3 required to make two distinct notifications, one to the
4 Department of Health for infants meeting the Neonatal
5 Abstinence Syndrome case definition and the other to the
6 Department of Human Services for infants born affected by
7 prenatal substance exposure, ensuring that any recommended
8 new approach be grounded in public health toward limiting, as
9 appropriate, contact with and referrals to the child welfare
10 system.

11 (4) Assess outcomes currently measured, including
12 whether infants, with or without a plan of safe care in
13 place, are being referred to and tracked as part of the
14 Commonwealth's early intervention system, participating in
15 evidence-based home visiting or family centers, receiving
16 services as outlined in the Medicaid managed care contracts
17 or discovered in other databases such as trauma registry,
18 adoption and foster care, protective services and child
19 death.

20 (5) Provide projections of or actual costs related to
21 the identification of the infants, notification to the
22 Department of Health and the Department of Human Services
23 about the infants and creating plans of safe care for
24 infants, including any spending as part of Medicaid managed
25 care organizations.

26 (6) Identify how policy, practice, funding priorities
27 and outcomes measured align or are in conflict across
28 interdisciplinary local and State publicly funded agencies
29 and to what degree the policy, practice or funding is
30 directed to supporting infants and families within a

1 hospital-based versus community-based setting throughout the
2 first year of the infant's life and mother's postpartum
3 period.

4 (7) Document innovative strategies and successful
5 information sharing and collaboration, including through
6 memoranda of understanding.

7 (8) Evaluate existing or needed State-level strategies
8 to prevent infant and young child morbidity and mortality;
9 and be it further

10 RESOLVED, That the advisory committee issue a report of its
11 findings to the Senate no later than 18 months after the
12 adoption of this resolution.