

# HOUSE BILL 1518

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By: **Delegate McKay**

Introduced and read first time: February 7, 2020

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Opioid-Exposed Newborns and Parents Addicted to Opioids – Mobile**  
3 **Application – Pilot Program**  
4 **(I'm Alive Today App)**

5 FOR the purpose of requiring the Social Services Administration, in consultation with the  
6 local departments of social services, to establish a pilot program in Allegany, Garrett,  
7 and Washington counties to communicate with a certain opioid-addicted parent  
8 through a mobile application; requiring the local departments of social services in  
9 Allegany, Garrett, and Washington counties, if appropriate, to communicate with a  
10 certain opioid-addicted parent through a certain mobile application under certain  
11 circumstances; requiring certain local departments to assess the risk of harm to and  
12 safety of a certain child under certain circumstances; requiring the Administration  
13 to develop a certain mobile application; requiring a certain mobile application to  
14 provide a method for a parent to communicate with the Administration; authorizing  
15 the Administration to contract with a third party to develop a certain mobile  
16 application; requiring the Administration to develop a certain evaluation process for  
17 the mobile application pilot program; requiring the Administration to report to the  
18 General Assembly on or before certain dates; exempting the development and  
19 implementation of a certain mobile application from certain provisions of State  
20 procurement law; providing for the termination of this Act; and generally relating to  
21 a mobile application pilot program in Allegany, Garrett, and Washington counties.

22 BY repealing and reenacting, with amendments,  
23 Article – Family Law  
24 Section 5-704.2  
25 Annotated Code of Maryland  
26 (2019 Replacement Volume)

27 BY adding to  
28 Article – Family Law

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 5–704.5  
2 Annotated Code of Maryland  
3 (2019 Replacement Volume)

4 BY repealing and reenacting, with amendments,  
5 Article – State Finance and Procurement  
6 Section 11–203(a)(1)(xviii) and (xix)  
7 Annotated Code of Maryland  
8 (2015 Replacement Volume and 2019 Supplement)

9 BY adding to  
10 Article – State Finance and Procurement  
11 Section 11–203(a)(1)(xx)  
12 Annotated Code of Maryland  
13 (2015 Replacement Volume and 2019 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
15 That the Laws of Maryland read as follows:

16 **Article – Family Law**

17 5–704.2.

18 (a) (1) In this section the following words have the meanings indicated.

19 (2) “Controlled drug” means a controlled dangerous substance included in  
20 Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V under Title 5, Subtitle 4  
21 of the Criminal Law Article.

22 (3) “Health care practitioner” has the meaning stated in § 1–301 of the  
23 Health Occupations Article.

24 (4) “Newborn” means a child under the age of 30 days who is born or who  
25 receives care in the State.

26 (b) For purposes of this section, a newborn is “substance–exposed” if the newborn:

27 (1) displays a positive toxicology screen for a controlled drug as evidenced  
28 by any appropriate test after birth;

29 (2) displays the effects of controlled drug use or symptoms of withdrawal  
30 resulting from prenatal controlled drug exposure as determined by medical personnel; or

31 (3) displays the effects of a fetal alcohol spectrum disorder.

32 (c) Except as provided in subsection (e) of this section, a health care practitioner  
33 involved in the delivery or care of a substance–exposed newborn shall:

1 (1) make an oral report to the local department as soon as possible; and

2 (2) make a written report to the local department not later than 48 hours  
3 after the contact, examination, attention, treatment, or testing that prompted the report.

4 (d) In the case of a substance-exposed newborn in a hospital or birthing center, a  
5 health care practitioner shall notify and provide the information required under this section  
6 to the head of the institution or the designee of the head.

7 (e) A health care practitioner is not required to make a report under this section  
8 if the health care practitioner:

9 (1) has knowledge that the head of an institution or the designee of the  
10 head or another individual at that institution has made a report regarding the  
11 substance-exposed newborn; or

12 (2) has verified that, at the time of delivery:

13 (i) the mother was using a controlled substance as currently  
14 prescribed for the mother by a licensed health care practitioner;

15 (ii) the newborn does not display the effects of withdrawal from  
16 controlled substance exposure as determined by medical personnel;

17 (iii) the newborn does not display the effects of fetal alcohol spectrum  
18 disorder; and

19 (iv) the newborn is not affected by substance abuse.

20 (f) To the extent known, an individual who makes a report under this section  
21 shall include in the report the following information:

22 (1) the name, date of birth, and home address of the newborn;

23 (2) the names and home addresses of the newborn's parents;

24 (3) the nature and extent of the effects of the prenatal alcohol or drug  
25 exposure on the newborn;

26 (4) the nature and extent of the impact of the prenatal alcohol or drug  
27 exposure on the mother's ability to provide proper care and attention to the newborn;

28 (5) the nature and extent of the risk of harm to the newborn; and

29 (6) any other information that would support a conclusion that the needs  
30 of the newborn require a prompt assessment of risk and safety, the development of a plan

1 of safe care for the newborn, and referral of the family for appropriate services.

2 (g) Within 48 hours after receiving the notification pursuant to subsection (c) of  
3 this section, the local department shall:

4 (1) see the newborn in person;

5 (2) consult with a health care practitioner with knowledge of the newborn's  
6 condition and the effects of any prenatal alcohol or drug exposure; and

7 (3) attempt to interview the newborn's mother and any other individual  
8 responsible for care of the newborn.

9 (h) (1) Promptly after receiving a report under subsection (c) of this section,  
10 the local department shall assess the risk of harm to and the safety of the newborn to  
11 determine whether any further intervention is necessary.

12 (2) If the local department determines that further intervention is  
13 necessary, the local department shall:

14 (i) develop a plan of safe care for the newborn;

15 (ii) assess and refer the family for appropriate services, including  
16 alcohol or drug treatment; and

17 (iii) as necessary, develop a plan to monitor the safety of the newborn  
18 and the family's participation in appropriate services, **INCLUDING, IN ALLEGANY  
19 COUNTY, GARRETT COUNTY, AND WASHINGTON COUNTY, MONITORING, IF  
20 APPROPRIATE, AN OPIOID-EXPOSED NEWBORN THROUGH THE MOBILE  
21 APPLICATION PILOT PROGRAM UNDER § 5-704.5 OF THIS SUBTITLE.**

22 (i) A report made under this section does not create a presumption that a child  
23 has been or will be abused or neglected.

24 (j) The Secretary of Human Services shall adopt regulations to implement the  
25 provisions of this section.

26 **5-704.5.**

27 **(A) THIS SECTION APPLIES ONLY IN ALLEGANY COUNTY, GARRETT  
28 COUNTY, AND WASHINGTON COUNTY.**

29 **(B) THE ADMINISTRATION, IN CONSULTATION WITH THE LOCAL  
30 DEPARTMENT, SHALL IMPLEMENT A PILOT PROGRAM TO COMMUNICATE WITH  
31 OPIOID-ADDICTED PARENTS OF OPIOID-EXPOSED NEWBORNS AND CHILDREN  
32 THROUGH A MOBILE APPLICATION.**

1 (C) THE LOCAL DEPARTMENT SHALL ASSESS THE RISK OF HARM TO AND  
2 SAFETY OF AN OPIOID-EXPOSED NEWBORN AS REQUIRED UNDER THE PROVISIONS  
3 OF § 5-704.2 OF THIS SUBTITLE.

4 (D) (1) THE ADMINISTRATION SHALL DEVELOP A MOBILE APPLICATION  
5 TO BE USED BY PARENTS OF OPIOID-ADDICTED NEWBORNS OR WHO ARE  
6 DETERMINED BY THE ADMINISTRATION TO HAVE OPIOID ADDICTIONS THAT COULD  
7 RESULT IN HARM OR POTENTIAL HARM TO A CHILD.

8 (2) THE MOBILE APPLICATION DEVELOPED UNDER THIS SUBSECTION  
9 SHALL PROVIDE A METHOD FOR A PARENT TO COMMUNICATE PERIODICALLY IN  
10 ORDER TO SIGNAL THAT THE PARENT IS CONSCIOUS AND ABLE TO CARE FOR THE  
11 PARENT'S CHILDREN.

12 (3) THE ADMINISTRATION MAY CONTRACT WITH A THIRD PARTY TO  
13 DEVELOP THE MOBILE APPLICATION REQUIRED UNDER THIS SUBSECTION.

14 (E) THE ADMINISTRATION SHALL DEVELOP AN EVALUATION PROCESS FOR  
15 THE MOBILE APPLICATION PILOT PROGRAM TO DETERMINE THE EFFECTIVENESS OF  
16 THE PROGRAM.

#### 17 Article – State Finance and Procurement

18 11-203.

19 (a) Except as provided in subsection (b) of this section, this Division II does not  
20 apply to:

21 (1) procurement by:

22 (xviii) the Department of Natural Resources, for negotiating or entering  
23 into grants, agreements, or partnerships with nonprofit entities related to conservation  
24 service opportunities; [and]

25 (xix) the State Archives for preservation, conservation, proper care,  
26 restoration, and transportation of fine art or decorative art that is:

27 1. in the custody of the Commission on Artistic Property; and

28 2. owned by or loaned to the State; AND

29 (XX) THE SOCIAL SERVICES ADMINISTRATION FOR THE  
30 DEVELOPMENT AND IMPLEMENTATION OF A MOBILE APPLICATION IN ACCORDANCE  
31 WITH § 5-704.5 OF THE FAMILY LAW ARTICLE.

1           SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 31,  
2 2021, and December 31, 2022, the Social Services Administration shall report to the  
3 General Assembly, in accordance with § 2-1257 of the State Government Article, on the  
4 effectiveness of the pilot program established under this Act in monitoring opioid-exposed  
5 newborns through a mobile application.

6           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
7 October 1, 2020. It shall remain effective for a period of 2 years and 3 months and, at the  
8 end of December 31, 2022, this Act, with no further action required by the General  
9 Assembly, shall be abrogated and of no further force and effect.