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HOUSE OF REPRESENTATIVES  
149th GENERAL ASSEMBLY

HOUSE BILL NO. 140

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO INFANTS WITH PRENATAL SUBSTANCE EXPOSURE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1 Section 1. Amend Title 16 of the Delaware Code by inserting a new chapter to read as follows:

2 Chapter 9B. Infants with Prenatal Substance Exposure.

3 § 901B. Purpose.

4 The child welfare policy of this State shall serve to advance the best interests and secure the safety and well-being  
5 of an infant with prenatal substance exposure, while preserving the family unit whenever the safety of the infant is not  
6 jeopardized. To further this policy, this chapter:

7 (1) Requires that notifications of infants with prenatal substance exposure be made to the Division by the  
8 healthcare provider involved in the delivery or care of the infant.

9 (2) Requires a coordinated, service-integrated response by various agencies in this State's health and child  
10 welfare systems to work together to ensure the safety and well-being of infants with prenatal substance exposure by  
11 developing, implementing, and monitoring a Plan of Safe Care that addresses the health and substance use treatment  
12 needs of the infant and affected family or caregiver.

13 § 902B. Definitions.

14 As used in this chapter:

15 (1) "Division" is as defined in § 902 of this title.

16 (2) "Family assessment and services" is as defined in § 902 of this title.

17 (3) "Healthcare provider" is as defined in § 714 of this title.

18 (4) "Infant with prenatal substance exposure" means a child not more than 1 year of age who is born with and  
19 identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder. The

20 healthcare provider involved in the delivery or care of the infant shall determine whether the infant is affected by the  
21 substance exposure.

22 (5) “Investigation Coordinator” is as defined in § 902 of this title.

23 (6) “Internal information system” is as defined in § 902 of this title.

24 (7) “Plan of Safe Care” or “Plan” means a written or electronic plan to ensure the safety and well-being of an  
25 infant with prenatal substance exposure following the release from the care of a healthcare provider by addressing the  
26 health and substance use treatment needs of the infant and affected family or caregiver, and monitoring these plans to  
27 ensure appropriate referrals are made and services are delivered to the infant and affected family or caregiver. The  
28 monitoring of these plans may be time limited based upon the circumstances of each case.

29 (6) “Substance abuse” means the chronic, habitual, regular, or recurrent use of alcohol, inhalants, or controlled  
30 substances as identified in Chapter 47 of this title.

31 (7) “Withdrawal symptoms” means a group of behavioral and physiological features in the infant that follow  
32 the abrupt discontinuation of a drug that has the capability of producing physical dependence. Withdrawal symptoms  
33 resulting exclusively from a prescription drug used by the mother or administered to the infant under the care of a  
34 prescribing medical professional, in compliance with the directions for the administration of the prescription as  
35 directed by the prescribing medical professional, its compliance and administration verified by the healthcare provider  
36 involved in the delivery or care of the infant, and no other risk factors to the infant are present, is not included in the  
37 definition and does not warrant a notification to the Division under § 903B of this title.

38 § 903B. Notification to Division; immunity from liability.

39 (a) The healthcare provider who is involved in the delivery or care of an infant with prenatal substance exposure  
40 shall make a notification to the Division by contacting the Division report line as identified in § 905 of this title.

41 (b) When two or more persons who are required to make a notification have joint knowledge of an infant with  
42 prenatal substance exposure, the telephone notification may be made by one person with joint knowledge who was selected  
43 by mutual agreement of those persons involved. The notification must include all persons with joint knowledge of an infant  
44 with prenatal substance exposure at the time the notification is made. Any person who has knowledge that the individual  
45 who was originally designated to make the notification has failed to do so, shall immediately make a notification.

46 (c) A notification made under this section is not to be construed to constitute a report of child abuse or neglect  
47 under § 903 of this title, unless risk factors are present that would jeopardize the safety and well-being of the infant.

48 (d) The immunity provisions under § 908 of this title will also apply to this chapter.

49 § 904B. Notification information.

50 (a) Upon receipt of a notification of an infant with prenatal substance exposure, the Division shall enter it into the  
51 Division's internal information system.

52 (b) Upon receipt of a notification of an infant with prenatal substance exposure, the Division shall notify the office  
53 of the Investigation Coordinator of the notification in sufficient detail to permit the Investigation Coordinator to undertake  
54 its duties as specified in § 906 of this title.

55 § 905B. State response to notifications of infants with prenatal substance exposure.

56 (a) In implementing the Division's role in protecting the safety and well-being of infants with prenatal substance  
57 exposure, upon receipt of a notification under § 903B of this title, the Division shall do all of the following:

58 (1) Determine if the case requires an investigation or family assessment.

59 (2) Develop a Plan of Safe Care.

60 (3) Provide copies of the Plan of Safe Care to all agencies and providers involved in the care or treatment of  
61 the infant with prenatal substance exposure and affected family or caregiver.

62 (4) Implement and monitor the provisions of the Plan of Safe Care.

63 (b) For any case accepted by the Division for investigation or family assessment, the Division may contract for  
64 services to comply with § 906 of this title and § 905B of this chapter.

65 (c) For cases that are not accepted by the Division for investigation or family assessment, or those cases accepted  
66 for family assessment where the report does not involve a multidisciplinary case under § 906(e)(3) of this title, but that still  
67 meet the definition of an infant with prenatal substance exposure, the Division shall contract for services to do any of the  
68 following:

69 (1) Protect the safety and well-being of the infant with prenatal substance exposure following release from the  
70 care of healthcare providers while preserving the family unit whenever the safety of the infant is not jeopardized.

71 (2) Develop a Plan of Safe Care.

72 (3) Provide copies of the Plan of Safe Care to all agencies and providers involved in the care or treatment of  
73 the infant with prenatal substance exposure and affected family or caregiver.

74 (4) Implement and monitor the provisions of the Plan of Safe Care.

75 (5) Provide a final report to the Division to assist the Division in complying with Section 906B of this  
76 Chapter.

77 (d) For any case referred for contracted services under this chapter, the contractor shall immediately notify the  
78 Division if it determines that an investigation is required or is otherwise appropriate under § 906 of this title. The contracted

79 staff who have conducted the assessment may remain involved in the provision of services to the child and family as  
80 appropriate.

81 (e) In implementing the Investigation Coordinator's role in ensuring the safety and well-being of infants with  
82 prenatal substance exposure, the Investigation Coordinator, or the Investigation Coordinator's staff, shall have electronic  
83 access and the authority to track within the Department's internal information system each notification of an infant with  
84 prenatal substance exposure.

85 § 906B. Data and reports.

86 (a) The Division shall document all of the following information in its internal information system for all  
87 notifications of infants with prenatal substance exposure under this chapter:

88 (1) The number of infants identified as being affected by substance abuse, withdrawal symptoms, or Fetal  
89 Alcohol Spectrum Disorder.

90 (2) The number of infants for whom a Plan of Safe Care was developed, implemented and monitored.

91 (3) The number of infants for whom referrals were made for appropriate services, including services for the  
92 affected family or caregiver.

93 (4) The implementation of such Plans to determine whether and in what manner local entities are providing, in  
94 accordance with state requirements, referrals to and delivery of appropriate services for the infant and affected family  
95 or caregiver.

96 (b) The Department of Health and Social Services, the Investigation Coordinator and healthcare providers shall  
97 assist the Division in complying with this section.

98 (c) In addition to any required federal reporting requirements, the Division, with assistance from the Department  
99 of Health and Social Services and the Investigation Coordinator, shall provide an annual report to the Child Protection  
100 Accountability Commission and Child Death Review Commission summarizing the aggregate data gathered on infants with  
101 prenatal substance exposure.

102 (d) To protect the privacy of the affected family or caregivers, including the infant named in a report, this chapter  
103 is subject to the privacy and confidentiality provisions in § 906 and § 909 of this title.

104 Section 2. This Act shall be known and may be cited as "Aiden's Law."

#### SYNOPSIS

This non-punitive, public-health oriented bill seeks to codify certain sections of the federal law known as the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act (CARA), that requires states to have policies and procedures in place to address the needs of infants born with and identified as being affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, including a requirement that healthcare providers involved in the delivery or care of such infant notify the child protection services system. This bill

formalizes a uniform, collaborative response protocol for the development of a Plan of Safe Care for infants with prenatal substance exposure and their affected family or caregivers.