Task Force on Pregnancy Health and Substance Use Disorder Meeting Minutes

Date: June 6, 2024
Minutes prepared by: Mary Ottman

- Go to the Task Force Meeting Information (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 ▪ Amal Ali ▪ Caroline Hood ▪ Dr. Cresta Jones ▪ Dr. Kari Gloppen ▪ Dr. Kurt Devine ▪ Hannan Shire ▪ Heidi Holmes ▪ Kristen Bewley ▪ Lisa Edmundson ▪ Marlena Hansen ▪ Meagan Thompson ▪ Rebecca Wilcox	▪ Brittany Wright ▪ Dr. Chris Derauf ▪ Dr. Fran Prekker ▪ Dr. Shanna Vidor ▪ Margarita Ortega ▪ Tammy DesJarlais ▪ Tanisha Brown

Decisions made

No voting was conducted at this meeting.

Meeting notes

1. **Welcome**

   Mary Ottman, Minnesota Department of Health staff, welcomed all Task Force members, re-grounded members on the task force deliverables, and reviewed the meeting agenda.

2. **Task Force Co-Chair, Dr. Kurt Devine,** reminded the members that there are barriers, and reminded task force members that we need to review what is right for the patient – Task

Force proposals go against the current statutes. We will need to explain why we differ with current law.

3. **Stephanie Heim, (MN Management, Analysis and Development - MAD - facilitator)** - No decisions will be made today. We will need to hear your concerns and questions. When we gather in August, we vote to approve the final draft.

4. **Group agreements** were reviewed and read by task force members using Mural.

5. **Presentation of testing protocol outline**

   Grounding: Reference interview summary, including our shared values and goals.

   Samantha Grant (MAD facilitator) -you received this draft ahead of the meeting to review.

   Strong case statements/arguments were made to justify the need to repeal the current statues of toxicology testing and reporting. E.g., No medical association has recommended uniform testing, Minnesota is one of two states that require toxicology testing for pregnant and birthing parents, Minnesota is one of four states that mandate toxicology testing in newborns, etc.

   None of the major medical associations recommend overall administered toxicology testing.

   Recommending universal screening as the appropriate medical intervention for pregnant people.

   Recommended three screening tools that are validated. Not recommending just one tool. Medical organizations can make their own decisions to include the use of validated verbal or written screening tool for universal screening.

   Testing is not a good predictor, timing is tricky, relying on screening is a more sensitive measure.

   Toxicology testing only recommended if the test outcome alters medical management or if there are obvious signs of withdrawal and recent substance use that pose risks to the infant.

   Testing is intended for clinical management. Testing only for infants when results would alter medical management of infant.

   Appoint a team for determining continuing updates on testing protocols with best evidence medicine.

   A breakdown of the statute and concerns were highlighted and a high-level overview of why the current statute is out of date with medical practice was reviewed. Concerns identified in the current state statute do not align with medical practice or research and are considered outdated.

   4 P's is validated, not 5 P's. This was suggested by Meagan Thompson

6. **Testing – Reflection and discussion**

7. **Breakout rooms were used for small group discussions**. Discussions about the strengths, weaknesses, opportunities, and threats in testing and reporting protocol outline, and review the progress made.

   Five Gradients of agreement with the draft protocol on Testing from *I love it* to *I loathe it.* Small groups used a rectangle to suggest what should be changed or improved in the draft. All members were in the love or like the proposal gradient of agreement.

8. **Comments** in large group included:

   Liked that the draft was very evidence based –discusses why they are recommending what they are.

   Concerns about how our recommendations will be used for those at the bedside. Only do test if it will affect medical care. No out if you think testing is needed.

   We need this draft to get a legal perspective. What can they back legally – framework of how it should be written for people to understand it, working through legal elements. Attendants emphasized seeking legal counsel for legislative changes, involving healthcare professionals, soliciting feedback, and mandating education on updated guidelines.

   How do we roll it out for medical professionals? Unintended biases are still there –on both aspects of testing

   Policies and procedures – how do we present the new policy?

   Implementation is key – Cresta Jones suggested getting feedback from the birth justice, health equity groups, and patients with lived experiences - have to have a way for all medical professionals to understand a new statute

   Highlight new statute with medical organizations

   Best practices are not always accepted by professionals - overall goals are not always accepted

   Regarding the testing protocol, there is a great need to educate the providers. Kurt Devine suggested, "It is difficult to change how providers/people think about some of these things. Therefore, to improve the system and support, education will play a big part in rolling this statute out and decrease some of the effects/impacts that the statute has had on families."

   Another Task Force members stated: People may be hesitant about promoting evidence-based policies or practices (EBPs) due to embedded biases, especially because EBPs are well grounded in the "white wealthy population." So, we want to be sure that there are no embedded biases with the EBPs that support the protocol we are promoting.

9. **Presentation of Reporting protocol outline**

Kurt Devine (Co-Chair) – it is important to remember exposure to a substance does not mean SUD or always indicates child abuse or neglect.

Is this child neglect or abuse? This is a disease. We are looking for progress, not perfection.

There will be much overlap of draft protocols with testing and reporting

Goals – What are they?

It is difficult to get support to patients that they need

A conversation and teamwork are a part of these patients' care

Plan of safe care is key – draw these patients in, prenatal care is paramount

Is the patient under the influence, does the infant have issues? Is the patient able to keep and emotionally able to parent the baby?

Does the patient have the social supports?

Can we provide it?

A Report may mean the patient needs support - this is not child abuse

260 E should be eliminated

So much will be about education of providers. Change may be difficult for providers. We need to improve support and systems

Operationalizing priorities will be challenging

Poverty and neglect are two different topics – Poverty just needs support

10. Next Steps

Refine the protocol for reporting and testing over the summer. We need developers – commitment will be 3 meetings over the summer

Editors needed –to review at least one draft

Identify what your engagement is over the next 2 months – August we will vote on protocols and move into the final development stages of the report

Please contact MDH leadership for any communications with the media or the public

Next meeting, we will vote on our final draft protocol –your oath of office must be signed and submitted to vote

No other business was discussed.

Next meeting

Date: **Thursday, August 8, 2024**

Time: Noon to 2 p.m.

Location: Virtual

Agenda items: Submit proposed agenda items to mary.ottman@state.mn.us.

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