

Federal Legislation Regarding Infant Plan of Safe Care

Federal law requires that all infants determined to be affected by maternal substance use must have a *Plan of Safe Care* in place on discharge from the birth hospital.

Key points

- The required elements of the Plan of Safe Care vary from state to state
- Some states are working to develop specific guidance for hospitals and providers.
- This law specifically includes neonatal withdrawal
- Prenatal providers should discuss relevant state rules and hospital policies about the Plan of Safe Care with patients prior to delivery

Relevant Federal legislation

As amended in 2010, the Child Abuse Prevention and Treatment Act (CAPTA) requires states to include in their state plans an assurance that the State has in effect and is enforcing a State law, or has in effect and is operating a statewide program relating to child abuse and neglect that includes the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder.

 The CAPTA Reauthorization Act of 2010: https://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf

S524, *The Comprehensive Addiction and Recovery Act of 2016* was signed into law on July 22, 2016. Title V, Section 503, "Infant Plan of Safe Care" amends CAPTA to address the health and substance use disorder treatment needs of the infant and affected family or caregiver; and to ensure the development and implementation by the State of monitoring systems regarding the implementation of plans to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for the infant and affected family or caregiver.

 The Comprehensive Addiction and Recovery Act of 2016: https://www.congress.gov/bill/114th-congress/senate-bill/524

SAMHSA's Clinical Guidance for the Treatment of Pregnant and Parenting Women with Opioid Use Disorder and their Infants emphasizes that the Plan of Safe Care includes both mother and infant, and should address potential maternal comorbid medical or mental health conditions (SAMHSA, 2018). Therefore, the plan must include accessible and timely supports available to the mother when needed.