

# Meeting Summary for Women & Children's Health Committee

## Zoom Meeting

Apr 14, 2025 09:21 AM Eastern Time (US and Canada) ID: 961 1955 9508

### Quick recap

The meeting focused on discussing the complexities of Connecticut's laws regarding substance use during pregnancy, the handling of newborn and infant cases, and the need for clarification in policies regarding mandated reporting. The participants also discussed the proposed House Bill 6186: An Act Concerning Medical Records Pertaining to Prenatal Care and Mandated Reports regarding mandated reporting and prenatal care information, the new workflow for handling cases involving newborns with prenatal substance exposure, and the need to improve the reporting and investigation of child welfare cases. The conversation ended with a call for continued conversation and collaboration to ensure the best outcomes for both mothers and babies.

### Next steps

Representative Keitt to continue fine-tuning the language of House Bill 6186 based on feedback received during the meeting.

Vin Russo to share the updated law with protections around mandated reporting with the committee.

Vin Russo and DCF team to update policies, regulations, practice guides, forms, SDM tool, and CAPTA guide if the bill passes, in preparation for potential October 1st or January 1st effective date.

DCF to continue working on addressing racial disparities in reporting and investigations, as highlighted in their annual Racial Justice Report.

**[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which\\_year=2024&bill\\_num=5436](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2024&bill_num=5436)**

The mandated reporter sections are Sections 40 – 48

Committee members to review the updated CAPTA notification portal workflow shared by Shelly Nolan (DMHAS) in the chat.

**Family Care Plan & CAPTA Training | SEPI-CT**  
**capta-user-flow-november-2023.pdf**

**PROUD Trainings | Connecticut Hospital Association**

Representative Keitt and colleagues to continue working with stakeholders to refine the bill.

### Summary

#### Maternal Records and Mandated Reporting

David Kaplan, the meeting administrator, welcomed participants and informs them that the meeting will be recorded live on CT-N. As people join, Co-Chairs Rep. Sarah Keitt and Amy Gagliardi started the meeting, introducing the main presenter, Karolyn Ryan

Papakota, a maternal rights lawyer. Karolyn began her presentation on House Bill 6186, concerning maternal records pertaining to prenatal care and mandated reports. She shared her screen to show a PowerPoint presentation, starting with the bill's text and explained its context within existing mandated reporting laws.

### Connecticut's Substance Use and DCF Regulations

Karolyn discussed the complexities of the law regarding substance use during pregnancy in Connecticut. She highlighted that the state does not have a clear definition of neglect in this context, unlike some other states like Louisiana and Arkansas. Karolyn also mentioned a unique Connecticut statute (21a-422a) that protects cannabis users from investigations due to positive toxicology. She explained the difference between a DCF investigation and a substantiation, and how the lack of a clear definition in Connecticut gives DCF more discretion in their regulations. Karolyn also pointed out that the DCF's operational definitions of child abuse and neglect have been revised recently, with the presence of legal or illegal substances in a parent's bodily fluids not forming the sole basis for any action or proceeding by the department.

### Newborn Cases and Mandated Reporting

Karolyn discussed the specialized child welfare system's handling of newborn and infant cases, emphasizing the importance of distinguishing between neglect and high-risk newborn investigations. She highlighted the vulnerability of newborns and the potential for increased investigations due to their reliance on caregivers. Karolyn also presented data on the high acceptance rate of CPS reports from hospitals, noting a higher rate for black and Hispanic women. She explained the process of mandated reporting at hospitals, including the use of the CAPTA portal for anonymous data notifications. Karolyn then shared a case from 2011 where a mother was found guilty of neglect due to her use of Vicodin during pregnancy, but the substantiation was later reversed. She concluded by discussing the need for clarification in policies regarding mandated reporting and the importance of ensuring the safety of children while avoiding overburdening parents. Vin, Chief of Government Relations and Policy at DCF, provided updates on policy changes and emphasized the department's focus on ensuring child safety without overburdening parents. He also discussed the importance of prevention work and the updated mandated reporter law, which now allows for preliminary inquiries to determine the need for a report.

### Prenatal Care Reporting Bill Clarification

The discussion focuses on the proposed bill regarding mandated reporting and prenatal care information. Attorney Ryan clarifies that under the new bill, information shared during prenatal care would be protected and not included in mandated reports to child protective services. Dr. Ostfeld-Johns raises concerns about how this might prevent sharing relevant positive information about a parent's progress during pregnancy. Shelly Nolan highlights potential impacts on women in substance use treatment programs. The group also discusses recent changes to the reporting portal workflow and the need for clarification on what information can be shared in reports.

### Newborn Substance Exposure Case Workflow

The meeting focused on discussing the new workflow for handling cases involving newborns with prenatal substance exposure. The team discussed the potential diversion of additional cases from having their cases accepted based on the description of the supports in place. They also discussed the importance of treatment and parenting support during pregnancy. The team clarified that the CAPTA portal is only for newborns with prenatal substance exposure, and if there are concerns about abuse or neglect, a social worker would pick up the phone and call the care line. The team also discussed the issue of homelessness and its impact on families, emphasizing the need to differentiate between poverty and neglect. The conversation ended with a discussion on the importance of respecting legal rights while providing necessary support to families.

### Improving Child Welfare Case Reporting

The meeting focused on the need to improve the reporting and investigation of child welfare cases, particularly those involving prenatal records. The participants discussed the need to ensure that reports are not solely based on prenatal records and that there is a need for more nuanced reporting. They also discussed the importance of addressing racial disparities in reporting and investigation. The participants agreed that the Department of Children and Families (DCF) needs time to update its policies, regulations, and practices to ensure compliance with any new legislation. The conversation ended with a call for continued conversation and collaboration to ensure the best outcomes for both mothers and babies.