MNPQC

# LINK ECHO SERIES

## ECHO SERIES SESSION 3 OVERVIEW

APRIL 21, 2025

MDH TASK FORCE RECOMMENDATION 3:

**CONDUCT TOXICOLOGY TESTING ONLY WHEN IT SERVES A MEDICAL TREATMENT PURPOSE**

### Purpose

To deepen understanding of toxicology testing in perinatal care and Minnesota's child protection statutes- and their implications for reporting, care delivery, and family outcomes.

### Case Study: *"Nora"*

Illustrated real-world decision points around testing, reporting, and ethical care. Discussion of provider obligations and interpretation of law when managing patients with known substance use histories.

### Goal

To build knowledge on interpreting toxicology tests, navigating reporting laws, and aligning practices with both medical ethics and equity-centered, family-preserving care.

### Presenter Contact

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## WHY IT MATTERS

Perinatal toxicology testing and child protection reporting are complex, often misunderstood processes that can perpetuate inequities when not applied consistently or fairly. Clinical decisions, CPS involvement, and outcomes for families are often shaped by laws that may not reflect best practices or current medical understanding.

## KEY TAKEAWAYS FROM SESSION 3

1

**Toxicology Testing Has Limitations**

- Newborn testing ≠ adult testing
- Testing methods vary (urine, meconium, umbilical cord), each with different windows, sensitivities, and risks for false positives/negatives
- Screenings (immunoassay) can produce inaccurate results; confirmatory tests (mass spectrometry) are more reliable but less available

2

**Test Interpretation Requires Context**

- Know what's included in the panel
- Understand the substance's detection window
- Compare findings to clinical history
- Chain of custody and the type of test (screening vs confirmation) matter

3

**Legal Reporting is Required- But Evolving**

- Minnesota law required reporting for prenatal substance use in certain conditions (MN Statutes 260E.31, 260E.32, 253B.02)
- Mandated testing/reporting can reinforce disparities without improving outcomes
- Some protections exist for providers offering ongoing care

4

**Best Practices**

- Use consistent, evidence-based criteria for testing
- Seek consent and ensure transparency
- Train providers on testing/reporting, bias, and disparities
- Advocate for non-punitive, family-centered laws

## RESOURCES SHARED:

### Minnesota State Laws

Minn. Stat. §§ 260E.31 – Reporting of Prenatal Exposure to Controlled Substances •Subdivision 1.Reports required. (a) Except as provided in paragraph (b), a person mandated to report under this chapter shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy… •(b) A health care professional or a social service professional who is mandated to report under this chapter is exempt from reporting under paragraph (a) if the professional is providing or collaborating with other professionals to provide the woman with prenatal care, postpartum care, or other health care services, including care of the woman's infant. If the woman does not continue to receive regular prenatal or postpartum care, after the woman's healthcare professional has made attempts to contact the woman, then the professional is required to report under paragraph (a).

Minn. Stat. §§ 260E.32 – Toxicology Tests Required •Subdivision 1.Test; report. (a) A physician shall administer a toxicology test to a pregnant woman … to determine whether there is evidence that she has ingested a controlled substance if the woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose. •Subd. 2.Newborns. (a) A physician shall administer to each newborn infant … a toxicology test to determine whether there is evidence of prenatal exposure to a controlled substance if the physician has reason to believe, based on a medical assessment of the mother or the infant, that the mother used a controlled substance for a nonmedical purpose during pregnancy. •(b) If the test results are positive, the physician shall report the results as neglect under section260E.03.

Minn. Stat. §§ 253B.02- "Chemically dependent person" means any person (a) determined as being incapable of self-management or management of personal affairs by reason of the habitual and excessive use of alcohol, drugs, or other mind-altering substances; and (b) whose recent conduct as a result of habitual and excessive use of alcohol, drugs, or other mind-altering substances poses a substantial likelihood of physical harm to self or others as demonstrated by (i) a recent attempt or threat to physically harm self or others, (ii) evidence of recent serious physical problems, or (iii) a failure to obtain necessary food, clothing, shelter, or medical care. "Chemically dependent person" also means a pregnant woman who has engaged during the pregnancy in habitual or excessive use, for a nonmedical purpose, of any of the following substances or their derivatives: opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or alcohol.

### Online Sources

1. Task Force on Pregnancy Health and Substance Use Disorders
2. Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines
3. Best Practice Guide for Family Assessment and Family Investigation
4. Best Practice Guide for Responding to Prenatal Exposure to Substance Use
5. Minnesota Thriving Families, Safer Children
6. Mandated Reporter Training
7. Drug Policies by State