
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 235 Session of
2017

INTRODUCED BY WATSON, CONKLIN, WARD, SCHLOSSBERG, MURT, HEFFLEY,
DEAN, DRISCOLL, GAINY, ROTHMAN, SACCONI, R. BROWN, STEPHENS,
LONGIETTI, READSHAW, TOEPEL, O'NEILL, FEE, KAUFFMAN, TAYLOR,
FREEMAN, SCHWEYER, DEASY AND D. COSTA, JANUARY 31, 2017

REFERRED TO COMMITTEE ON CHILDREN AND YOUTH, JANUARY 31, 2017

AN ACT

1 Establishing a task force on the opioid abuse epidemic's impact
2 on children and providing for powers and duties of the task
3 force.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Opioid Abuse
8 Child Impact Task Force Act.

9 Section 2. Declaration of policy.

10 The General Assembly finds and declares as follows:

11 (1) This Commonwealth is one of the states which has
12 been hardest hit by an epidemic of heroin and prescription
13 opioid abuse and addiction that is plaguing American society.

14 (2) One of the more tragic consequences of this epidemic
15 is the devastating impact it has had and continues to have on
16 infants and children.

17 (3) Newborns are suffering through withdrawal from

1 opioids because of prenatal exposure to these drugs.

2 (4) Fatalities and near fatalities of infants and young
3 children have been linked to parental substance abuse.

4 (5) Cases of child abuse and neglect linked to parental
5 substance abuse are increasing, as are the number of children
6 being removed from their homes and placed in protective
7 custody because of their parents' drug addiction.

8 (6) The Commonwealth has a responsibility to protect its
9 residents, especially children.

10 Section 3. Definitions.

11 The following words and phrases when used in this act shall
12 have the meanings given to them in this section unless the
13 context clearly indicates otherwise:

14 "Task force." The task force established in section 4.

15 Section 4. Establishment.

16 A task force on the opioid abuse epidemic's impact on
17 children is established. The task force shall focus on improving
18 the safety, well-being and permanency of substance-exposed
19 infants and other young children affected by their parents'
20 substance abuse disorders.

21 Section 5. Responsibilities.

22 The task force is responsible for:

23 (1) Identifying strategies and making short-term and
24 long-term recommendations to prioritize the prevention of
25 substance-exposed infants.

26 (2) Improving outcomes for pregnant and parenting women
27 who are striving to recover from addiction.

28 (3) Promoting the health, safety and permanency of
29 substance-exposed infants and other young children at risk of
30 child abuse and neglect or placement in foster care due to

1 parental alcohol and drug use.

2 (4) Ensuring that the Commonwealth is compliant with the
3 Child Abuse Prevention and Treatment Act (Public Law 93-247,
4 42 U.S.C. § 5101 et seq.) related to identifying substance-
5 exposed infants and is developing multidisciplinary plans of
6 safe care for these infants.

7 Section 6. Members and meetings.

8 (a) Members.--The task force is comprised of the following
9 members:

10 (1) The Secretary of Human Services or a designee who
11 shall be an employee of the Department of Human Services. The
12 designee shall be appointed by the Secretary of Human
13 Services in writing, and a copy of the appointment shall be
14 submitted to the chairperson of the task force.

15 (2) The Secretary of Health or a designee who shall be
16 an employee of the Department of Health. The designee shall
17 be appointed by the Secretary of Health in writing, and a
18 copy of the appointment shall be submitted to the chairperson
19 of the task force.

20 (3) The Secretary of Drug and Alcohol Programs or a
21 designee who shall be an employee of the Department of Drug
22 and Alcohol Programs. The designee shall be appointed by the
23 Secretary of Drug and Alcohol Programs in writing, and a copy
24 of the appointment shall be submitted to the chairperson of
25 the task force.

26 (4) Three members appointed by the President pro tempore
27 of the Senate, in consultation with the Majority Leader and
28 the Minority Leader of the Senate. One member under this
29 paragraph may be a member of the Senate.

30 (5) Three members appointed by the Speaker of the House

1 of Representatives, in consultation with the Majority Leader
2 and the Minority Leader of the House of Representatives. One
3 member under this paragraph may be a member of the House of
4 Representatives.

5 (6) Four members appointed by the Governor.

6 (b) Qualifications.--Individuals appointed under subsection
7 (a) (4), (5) or (6) must possess professional experience and
8 expertise in:

9 (1) obstetric and pediatric medicine;

10 (2) behavioral health treatment;

11 (3) early intervention programs;

12 (4) county children and youth agency services; or

13 (5) child advocacy.

14 (c) Chairperson.--The Governor shall select the chairperson
15 of the task force.

16 (d) Appointment.--The members of the task force shall be
17 appointed within 25 days after the effective date of this
18 section.

19 (e) Quorum.--The physical presence of seven members
20 constitutes a quorum of the task force.

21 (f) Majority vote.--An action of the task force shall be
22 authorized or ratified by a majority vote of its members.

23 (g) Meetings.--

24 (1) The task force shall meet as necessary but no fewer
25 than five times prior to November 30, 2017. The first meeting
26 shall be convened within 45 days following the effective date
27 of this section.

28 (2) Additional meetings may be called by the chairperson
29 as necessary.

30 (3) The chairperson shall schedule a meeting upon

1 written request of eight members of the task force.

2 (4) A member not physically present may participate by
3 teleconference or video conference.

4 (h) Compensation.--Members of the task force shall not
5 receive compensation but shall be reimbursed for reasonable and
6 necessary expenses incurred in service of the task force.

7 Section 7. Duties.

8 The task force has the following duties:

9 (1) To examine and analyze the existing practices,
10 processes, procedures and laws relating to the diagnosis and
11 treatment of substance-exposed infants.

12 (2) To review and analyze the existing practices,
13 processes, procedures and laws relating to the safety, well-
14 being, permanency and placement of children at risk due to
15 their parents' substance abuse disorders.

16 (3) To hold public hearings for the taking of testimony
17 and the requesting of documents.

18 (4) To make relevant recommendations for improving the
19 safety, well-being and permanency of substance-exposed
20 infants and other children adversely affected by their
21 parents' substance abuse disorders.

22 (5) To issue a report in accordance with section 10.

23 Section 8. Hearings.

24 The task force shall hold public hearings as necessary to
25 obtain the information required to conduct its review.

26 Section 9. Agency cooperation.

27 The Department of Human Services, the Department of Health
28 and the Joint State Government Commission shall cooperate to
29 provide administrative or other assistance to the task force.

30 Section 10. Reports.

1 (a) General rule.--The task force shall prepare and submit,
2 by January 31, 2018, a final report on its activities, findings
3 and recommendations to the Governor, the Senate and the House of
4 Representatives. The task force may file status reports and
5 updates with the Governor, the Senate and the House of
6 Representatives as it deems appropriate.

7 (b) Adoption of report.--A report under this section shall
8 be adopted at a public meeting.

9 (c) Public record.--A report under this section shall be a
10 public record under the act of February 14, 2008 (P.L.6, No.3),
11 known as the Right-to-Know Law.

12 Section 11. Expiration.

13 This act expires on March 1, 2018.

14 Section 12. Effective date.

15 This act shall take effect immediately.