

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

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**HOUSE BILL****No. 235**      Session of  
2017

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INTRODUCED BY WATSON, CONKLIN, WARD, SCHLOSSBERG, MURT, HEFFLEY,  
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BENNINGHOFF AND D. MILLER, JANUARY 31, 2017

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AS REPORTED FROM COMMITTEE ON CHILDREN AND YOUTH, HOUSE OF  
REPRESENTATIVES, AS AMENDED, MARCH 22, 2017

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## 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.

1 (3) Newborns are suffering through withdrawal from  
2 opioids because of prenatal exposure to these drugs.

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

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

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

11 Section 3. Definitions.

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

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

16 Section 4. Establishment.

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

22 Section 5. Responsibilities.

23 The task force is responsible for:

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

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

29 (3) Promoting the health, safety and permanency of  
30 substance-exposed infants and other young children at risk of

1 child abuse and neglect or placement in foster care due to  
2 parental alcohol and drug use.

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

8 Section 6. Members and meetings.

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

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

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

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

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

1 (5) Three members appointed by the Speaker of the House  
2 of Representatives, in consultation with the Majority Leader  
3 and the Minority Leader of the House of Representatives. One  
4 member under this paragraph may be a member of the House of  
5 Representatives.

6 (6) Four members appointed by the Governor.

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

- 10 (1) obstetric ~~and pediatric~~ medicine; <--
- 11 (2) PEDIATRIC MEDICINE; <--
- 12 ~~(2)~~ (3) behavioral health treatment; <--
- 13 ~~(3)~~ (4) early intervention programs; <--
- 14 ~~(4)~~ (5) county children and youth agency services; ~~or~~ <--
- 15 ~~(5) child advocacy.~~
- 16 (6) CHILD ADVOCACY; OR <--
- 17 (7) NEONATAL INTENSIVE CARE UNIT NURSING.

18 (c) Chairperson.--The Governor shall select the chairperson  
19 of the task force.

20 (d) Appointment.--The members of the task force shall be  
21 appointed within 25 days after the effective date of this  
22 section.

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

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

27 (g) Meetings.--

28 (1) The task force shall meet as necessary but no fewer  
29 than five times prior to November 30, 2017. The first meeting  
30 shall be convened within 45 days following the effective date

1 of this section.

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

4 (3) The chairperson shall schedule a meeting upon  
5 written request of eight members of the task force.

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

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

11 Section 7. Duties.

12 The task force has the following duties:

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

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

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

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

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

27 Section 8. Hearings.

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

30 Section 9. Agency cooperation.

1 The Department of Human Services, the Department of Health  
2 and the Joint State Government Commission shall cooperate to  
3 provide administrative or other assistance to the task force.  
4 Section 10. Reports.

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

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

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

16 Section 11. Expiration.

17 This act expires on March 1, 2018.

18 Section 12. Effective date.

19 This act shall take effect immediately.