



# Illinois Society of Addiction Medicine

*A Chapter of the American Society of Addiction Medicine*

## **OFFICERS**

**President** Elise Wessol, DO, FASAM

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March 5, 2024

The Honorable Representative Mary Canty  
54<sup>th</sup> District  
280-S Stratton Office Building  
Springfield, IL 62706

The Honorable Representative Kelly Cassidy  
14th District  
269-S Stratton Office Building  
Springfield, IL 62706

The Honorable Senator Cristina Castro  
22nd District  
121 C Capitol Building  
Springfield, IL 62706

The Honorable Senator Sally Turner  
44th District  
Stratton Office Building  
Section B, Office A  
Springfield, IL 62706

## **Re: Illinois Society of Addiction Medicine's (ILSAM) Support for HB 5041/SB 3136: Family Recovery Plans Implementation Task Force Act**

Dear Rep. Canty, Rep. Cassidy, Sen. Castro and Sen. Turner -

On behalf of the Illinois Society of Addiction Medicine (ILSAM), the medical specialty society representing physicians and clinicians in Illinois who specialize in the prevention and treatment of addiction, we would like to express our strong support for HB 5041/SB 3136: Family Recovery Plans Implementation Task Force Act.

This legislation would: (1) require the development, provision, and monitoring of family recovery plans; (2) create the Family Recovery Plans Implementation Task Force within the Department of Human Services (DHS) to review models of family recovery plans that have been implemented in other states; (3) charge the proposed Task Force with reviewing and developing recommendations to replace punitive policies with notification policies for health care professionals reporting a positive toxicology screen of a newborn; (3) amend the Abused and Neglected Child Reporting Act to require the Department of Children and Family Services (DCFS) to develop a standardized Child Abuse Prevention and Treatment Act (CAPTA) notification form that is separate and distinct from the form for written confirmation reports of child abuse or neglect; (4) repeal a provision requiring the Department to report to the State's Attorney every report of a newborn infant whose blood, urine, or meconium contains a

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prohibited controlled substance; and (5) amend the Juvenile Court Act of 1987 to remove newborn infants whose blood, urine, or meconium contains any amount of a controlled substance from the list of children presumed neglected or abused under the Act.

ILSAM is deeply committed to public policy solutions that address the health and well-being of pregnant and parenting people, their families, and communities. Substance use disorder (SUD) is a stigmatized medical condition, and poorly understood for pregnant and parenting people, who face discrimination accessing care and treatment. Additionally, substance use is too often conflated for SUD and people diagnosed with a SUD are often labeled as criminals and unfit to be a parent. At the same time, pregnant people who use substances, as well as pregnant people with a SUD are often deterred from seeking treatment due to punitive public policies that equate perinatal and/or parental substance use as child neglect. In some cases, parents are referred for criminal prosecution and may even have their child removed from their custody. These policies are associated with a return to substance use,<sup>1,2</sup> parental overdose, and higher rates of parental Post-Traumatic Stress Disorder (PTSD).<sup>3, 4</sup>

Furthermore, these punitive decisions are often made based on binary toxicology test results that could include false positives. Importantly, a positive drug test alone is not sufficient evidence for a diagnosis of an SUD.<sup>5</sup> Rather, toxicology results should be used to inform the right treatment approach for the patient, and in line with professional society recommendations, should be done following explicit consent from patients knowledgeable of the risks and benefits of testing. Using positive toxicology tests as the basis for determining that a child is abused or neglected is scientifically invalid, impairs the patient-physician relationship, and can lead to devastating outcomes for parents and their children.

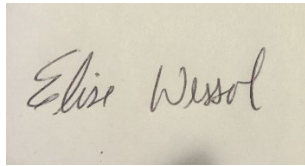
**ILSAM strongly supports reforms included in HB 5041/SB 3136 that will reverse the punitive approach taken to substance use and SUD during and after pregnancy and respond to the shared interests of the parent-newborn relationship by promoting evidence-based care.**

**Additionally, ILSAM supports reforms in this legislation that would guide the creation of family recovery plans of care.** Family plans of care are written, or electronic plans created by one or more professionals with expertise in child and family welfare and needs assessments. These professionals include a health care professional, child and adolescent social workers, case managers or other child welfare experts as applicable, intended to ensure the safety and wellbeing of an affected infant by identifying strengths, supports, and goals identified by families and caregivers in support of the safety of the child and unification of the family. Cooperation and coordination of supportive services for pregnant, peripartum, postpartum people and families are essential to help newborns and children in fostering treatment and safety. ILSAM stands ready to work with you on the implementation of this important component.

Thank you for the opportunity to express our support for HB 5041/SB 3136. We look forward to working with you to advance this important legislation to ensure the provision of evidence-based care for pregnant people and their families. Please do not hesitate to contact me if you have any questions or concerns at [elwessol@gmail.com](mailto:elwessol@gmail.com).

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Sincerely,

A photograph of a handwritten signature in cursive script that reads "Elise Wessol". The signature is written in dark ink on a light-colored, slightly textured paper background.

**Elise Wessol, DO, FASAM**  
**President, Illinois Society of Addiction Medicine**

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- 1 Wall-Wieler E, Roos LL, Bolton J, Brownell M, Nickel N, Chateau D. Maternal Mental Health after Custody Loss and Death of a Child: A Retrospective Cohort Study Using Linkable Administrative Data. *Can J Psychiatry*. 2018;63(5):322-328. doi:10.1177/0706743717738494
- 2 Schauburger CW, Borgert AJ, Bearwald B. Continuation in Treatment and Maintenance of Custody of Newborns After Delivery in Women With Opioid Use Disorder. *J Addict Med*. 2020;14(2):119-125. doi:10.1097/ADM.0000000000000534
- 3 Suomi A, Bolton A, Pasalich D. The Prevalence of Post-Traumatic Stress Disorder in Birth Parents in Child Protection Services: Systematic Review and Meta-analysis. *Trauma Violence Abuse*. Published online November 4, 2021:15248380211048444. doi:10.1177/15248380211048444
- 4 Thumath M, Humphreys D, Barlow J, et al. Overdose among mothers: The association between child removal and unintentional drug overdose in a longitudinal cohort of marginalised women in Canada. *Int J Drug Policy*. 2021;91:102977. doi:10.1016/j.drugpo.2020.102977
- 5 Baxter Sr, L., Brown, D. L., Hurford, D. M., Jacobs, W., Kleinschmidt, K., Kushner, M., ... & Williams, J. (2017). Appropriate use of drug testing in clinical addiction medicine. *J Addict Med*, 11, 1-56.

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