

HB 1268

Good Morning Chairman Senator Lee and Senate Human Service Committee Members,

My name is Bailie Graner and I am one of the bill writers for HB 1268. I am a Nurse with a Master's in Education, and a foster mom who has had 23 children in my care. This bill was thoughtfully written by foster parents, law enforcement, a nurse practitioner, a previous state case worker, a tribal member, and recovered addicts. We also met with Directors of the State 3 times prior to legislation and we used their perspective to help write this bill as well.

I would also like to address a question from the floor from the House of Representatives. With our phone conversation he told me that our century code does not have the definition of what it means to "pass" a drug test. I contacted Prebble Medical, a prestigious drug testing facility in Mandan who also has contracts throughout the state and in our rural areas, to best help with the bills verbiage. So I would move for a friendly amendment on line 11 to strike the word ~~pass~~ and insert ~~have a negative~~. The reason for this change is the word negative is measurable. The drug tests have a threshold and a negative is a true negative and a false positive is not possible according to Prebble Medical with their drug tests.

The purpose of this bill is that if drugs were a contributing factor to the hurting of a child, then that the parent should no longer be using those substances prior to an unsupervised visit. Currently, within our state's safety framework, children are even able to be reunified while knowing the parents are still using. We have following testimonies who will go into the facts, statistics and real examples of why allowing children to enter back into this environment is extremely dangerous.

Let's go through the bill and address why each line is written. Under section 1 paragraph 1; the word abuse was used so that a medically prescribed medication would not impede on the drug testing. Again, Prebble Medical has a systems review so that a medication cannot create a positive drug test.

We also wanted this to be all encompassing of all children who are in need of protection. On line 10 we used the verbiage of 'out of home placement' to include foster care, kinship, and guardianship. On line 14 we do not include marijuana in this bill for a few reasons. This drug will show a positive test up to 30 days and could possibly skew the parents' recovery process. There are surrounding states where marijuana is legal and this is not to be punitive bill but instead structured around safety and wellbeing of vulnerable children.

Please notice that there is not a specific time-range in which the drug testing is required to be completed by before the unsupervised visit. So that a drug test completed by rehabilitation facility, sober living, a job interview, healthcare, ect, would meet the drug testing requirements of this law. This equips the caseworker to be able to use their own judgement and can use those already completed test. The other reason we avoided time-frames was so that rural areas could get the testing when they needed to and can work with the rural area clinics. In my discussion with Prebble medical it was disclosed that they are already serving rural communities in ND mitigating the concern of access to drug testing in these areas. Prebble also noted that their most comprehensive test is only \$60.

We did not put on a specific drug testing method in the bill because there are variables that the social worker may need to have some flexibility with depending on the drug, the half life, and so on. A

hair follicle may be needed, or a 5 panel urine test and so on may fulfill the needs of the family safety plan.

This bill has \$95,000 in appropriation attached to it to fund this drug testing. The opposition will tell you this is not enough. They will tell you that the state spent more than this on drug testing in the last fiscal year. However it is important to note 2 things. #1 the current budget for drug testing is also used to fund other state needs such as transportation and is not solely used for parental drug testing and #2 that the \$95,000 requested with this bill is designed to meet the needs of this bill. To be used in addition to the current budget to ensure drug testing is completed every time for every child this bill applies to. Yes, drug testing is already happening in some counties but not all, it is happening for some children but not for all who meet the criteria outlined in this bill. Its use is inconsistent and varies county to county, caseworker to case worker. Drug testing is currently completed solely at the discretion of the caseworker and is not mandated when a child comes into care as a result of parental substance abuse. The goal of this bill is to ensure drug testing is completed on every child every time when the abuse of these substances contributed to the child's placement in protective care.

Now I want to tell you why having a policy is not enough and we need this to be a law. We held a meeting with the opposition who proposed a mandated state-wide drug testing policy after the committee hearing. As good as this sounds, a mandatory policy can still not be enforced. A policy by its nature is a guideline and cannot ensure that something happens for every child every time. My example; I was told that it is a mandatory policy that the case worker checks in on a foster child once a month for their well-being. In my son's case, we never even met his state employed case worker. We had her 6 months and never once met her. So tell me, how can a policy be enforced?

Our case workers want this. Of course, I haven't talked to all of them statewide, but when I talk to our various case-workers from the different zones, our tribal workers, they want to see this. Most of the time when I tell them I am bringing this to legislation they respond "wouldn't that be nice". Right now, with our safety framework so often I hear time and time again that their hands are tied. They know reunification won't uphold but are tied to this framework and it does not view drug use as a danger. That is why our previous zone employee was so instrumental and passionate in writing this bill. Her heart was broke within our broken system and wanted to make a positive change that will help to keep the kids safe.

A positive drug test would not stop visitation, instead it would move from an unsupervised visit to a supervised visit. This is to continue to strengthen the family bond while maintaining safety.

In closing a policy is not enough we need to make this a law. The general public assumes that parents are to be clean prior to re-unification, but that isn't the case. We want healthy families and reunification that works without further trauma to the kids.

Thank you and I stand for questions.