

SB 2232

House Human Services Committee  
69th Legislative Session

Chair Ruby and Honorable Members of the House Human Services Committee, my name Dr. Danielle Thurtle, I am a pediatrician in Bismarck and I am writing asking for your support for SB 2232.

Stigma from medical providers, particularly around areas of child custody, are a large barrier for women of childbearing age when considering seeking treatment for their substance use disorder. Concerns over compulsory testing and mandatory reporting to state social services is a serious deterrent to seeking treatment for substance use disorders.

As the law currently stands, we are one of only 3 states in the country that REQUIRES compulsory testing of newborns for substance use at any time during pregnancy. This goes against recommended policy from the American Academy of Pediatrics, the Substance Abuse and Mental Health Services Administration and the American College of Obstetrics and Gynecology among other national organizations. If a woman is currently enrolled in and compliant with a treatment program there is no medical reason to drug test the infant. Drug testing is highly flawed, with many normal and subscribed medications, such as blood pressure medications frequently prescribed to pregnant mothers, yielding false-positive results and significant financial and social stress to families. In women who are currently prescribed a medication for their substance use disorder and enrolled in a treatment program, I have only ever felt the required drug testing of infants dissolves trust with the medical system and invites unnecessary scrutiny for the family that does not result in improved safety or care for the child.

The changes in the law from "shall" to "may" still allows clinicians the freedom to screen infants for illicit substances if there are clinical concerns for unexplained symptoms or if it is necessary for safe discharge planning for families while not mandating such testing where it is not needed. Additionally, changing the mandatory reporting of positive screens from "shall" to "may" also allows physicians to rule out false positive results of drug screening before reporting to county CPS unnecessarily. I ask that this Committee and the Legislature support SB 2232 for these reasons.

Thank you and I would be happy to take questions.

Danielle Thurtle, MD  
Pediatric Hospitalist