2025 HOUSE HUMAN SERVICES

HB 1268

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1268
1/21/2025

relating to mandatory drug testing by human service zones; and to provide an appropriation.

3:32 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman Ruby, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr, Members

Absent: Vice-Chairman Frelich

Discussion Topics:

- Reunification
- Safety
- Substance use disorders
- Safety Framework Practice Model
- Tools available
- Impacts of drug tests
- Pro considerations

3:32 p.m. Representative Rohr, District 31, introduced the bill.

3:36 p.m. Bailie Graner, Foster Parent, testified in favor and submitted testimony, #30581.

3:45 p.m. Tabitha Daraas, Foster Parent, testified in favor and submitted testimony, #30583.

4:04 p.m. Kimberly Jacobson, Director of the Agassiz Valley Human Service Zone, testified in opposition and submitted testimony, #30333.

4:32 p.m. Kelsey Bless, HHS - CFS, provided neutral testimony.

4:36 p.m. Chairman M. Ruby adjourned the meeting.

Jackson Toman, Committee Clerk

Testimony Prepared for the
House Human Services Committee
January 21, 2025
By: Kim Jacobson, Agassiz Valley Human Service Zone Director

RE: HB 1268: Mandatory drug testing by human service zones

Chair Ruby, and members of the House Human Services Committee, my name is Kim Jacobson. I serve as the Director of Agassiz Valley Human Service Zone, which includes the counties of Traill and Steele and as President of the North Dakota Human Service Zone Director Association. I am here today to provide testimony in opposition to HB 1268.

Human Service Zones are the legal designee of the North Dakota Department of Health and Human Services (NDHHS), managing a range of critical responsibilities including the legal custody of children in the public foster care system and foster care case management services. North Dakotans deeply value child safety, and this bill reflects that intent. However, good intentions can sometimes lead to unintended consequences. I am here today to share the concerns of the North Dakota Human Service Zone Director Association regarding HB 1268's practical application.

In North Dakota, child welfare services are guided by a combination of law, policy, and the Safety Framework Practice Model (SFPM), adopted in 2020 as part of social services redesign (SB 2124). This model ensures consistent, evidence-based practices across all Human Service Zones, focusing on child safety while respecting parental rights.

Key to this approach is distinguishing between immediate and potential dangers and tailoring interventions to each family's unique circumstances. SFPM emphasizes minimizing trauma to children, prioritizing in-home safety plans whenever possible, and using removal from

parental home as a last resort. When removal is necessary, diligent efforts to reunify families begin immediately.

HB 1268 speaks to the period after a child has been removed from the parental home. Unmitigated safety threats to children resulting in removal from a parental home can vary significantly. Often, those threats are multi-factored. Mental health, substance abuse, domestic violence, unsafe living conditions, along with physical/psychological/sexual abuse and/or neglect may be amongst the presenting safety factors. HB 1268 focuses on situations where controlled substances, chemical substances, or presence of drug paraphernalia were a contributing factor to out-of-home placement and places stipulations on visitation between a parent and child. Rarely, do we have a situation where only controlled substances are the contributing factor to child safety. Most frequently, this risk factor is present along with multiple other factors.

Supervised visitation and drug testing are existing options for human service zones, as legal custodians, when faced with concerns about substance abuse. These are part of the tools we have in our tool kit. However, they are not our only tools. As a system we continually focus on child safety. Drug testing is one example that can be used at various stages of our work with families. Frequently, engagement with the family and observation of behavior is a much stronger and more accurate indicator of a parent's ability to protect a child. Human service zones are in the business of working with and engaging with humans who are often in extraordinarily complex and challenging situations. There is no one test or assessment that can stand alone. To provide our best service, we need flexibility to develop safety plans and interventions that are fluid, results orientated and tailored to the child and family's unique needs.

To my understanding a motivating factor behind HB 1268 is the concern that not all human service zones are choosing to use drug testing in the same way or frequency. Assuming

that testing is not happening or that child safety is not being addressed is presumptive and inaccurate. Drug testing is confidential, results should not be shared. System partners may not realize what is happening behind the scenes and guiding practice/decisions. In addition, the human service zone is not the only entity that may be involved with the family. Some parents in the child welfare system are already getting drug tested through probation or as part of treatment. The exchange of drug testing information is highly regulated and not available to share with others.

The concept of tying drug test results to parent-child visitation can be complex. The half-life of drugs can vary. For example, one drug may remain in your system for over 30 days versus another just a day or two. The type of drug testing (blood, urine, saliva, or hair follicle) all look at different exposure/ingestion timelines and can vary greatly in cost. This can create great variability and complexity in interpretation of the results and should not be a sole determinate of visitation safety.

Drug testing research indicates that using drug testing to assist in foster care reunification can have both pros and cons. There is a risk relying solely on testing results without considering other factors impacting child safety and family stability. It is nationally recommended that drug testing be used as one piece of the child welfare comprehensive assessment process.

North Dakota's practice is consistent with national recommendations. We evaluate each family with its own unique circumstances; our decision making is guided by considering all the information that is available to us. We weigh the options for fair, equitable case management actions that support child safety and determine the course to move forward. When circumstances change, we re-evaluate and change course as appropriate. The actions we take may or may not include drug testing. When considering drug testing, potential pro considerations may include:

- **Potential Risk Identification:** Is further intervention/treatment needed for the parent to improve their ability to provide a safe environment for the child?
- **Change Motivation:** Will knowing that they will be tested encourage the parent to seek treatment and maintain sobriety to facilitate reunification?
- **Progress Monitoring:** Will repeated testing be available and can it track a the parent's progress in recovery and treatment plan goal achievement?
- **Decision-making Evidence:** Will the drug test results be used as part of a larger picture to inform decisions about child safety and reunification?

In contrast, adverse impact considerations that Human Service Zones consider include:

- **Information Limitations:** A single test only provides a point-in-time view of substance use. This does not necessarily reflect ongoing patterns or severity of addiction or measure exposure risk.
- **False positives or Unreliable Results:** Mistaken positive results can unfairly impede reunification efforts. In addition, inaccurate or adulterated/tampered testing can result in false indications of sobriety level.
- **Stigma and Discrimination**: Parents may feel judged and stigmatized by the testing process. This may unduly hinder their engagement with services and reunification efforts.
- **Access**: Access to reliable testing locations that offer timely and accurate results is limited. This is especially complex in rural communities. Frequently, the families we work with lack reliable transportation. This may result in undue barriers for the family and adversely impact their engagement, relationship with their child, and overall reunification efforts. In addition, is this duplicative to others working with this parent such as treatment or probation?
- **Overreliance on Testing:** As a system we work hard to have individualized care plans that focus on the safety needs of the child. Using drug tests as a primary factor of reunification can overlook the other important aspects of parental competency and child safety that are critical to the overall best interests of the child. The overall goal for reunification is to prepare the parent to have protective capacities so that they may keep their child safe regardless of the risks that may present.
- **Potential for Abuse:** Some parents may perceive, or experience being targeted based on bias or stereotypes.
- **Constitutionality:** Over testing of a parent and/or withholding child contact between parent and child may not be constitutional.

Working with families in the child welfare system is complex and requires flexibility and nimbleness when working with families. While House Bill 1268 has positive intent, the practical application is likely to hinder our system, unduly tie up resources, and could limit the rights of those we serve. For these reasons, I respectfully request a "do not pass" on House Bill 1268. Thank you for your consideration of my testimony. I stand for questions from the committee.

Good afternoon chairman Ruby and Human Service committee members,

My name is Bailie Graner and I am one of the creators of house bill 1268. I have been doing foster care since 2019 and have had 21 children whom we have cared for and we have 5 total children in our home now. The heart behind bill 1268 is that if an illegal substance is the contributing factor to the abuse/neglect of a child, then the parent or guardian should have a clean drug test from that substance prior to an unsupervised visit. This law includes foster care, kinship, and guardianship.

Currently, this is not the case. Right now in our safety framework, which is the model the state uses in child welfare, the parents/guardians are still able to use illegal substances even if it contributed to the abuse and neglect. The parent is able to write a safety plan. In this plan, they will say where the kids will go when they use drugs. There no way to hold the parents accountable to the plan, it does not account for withdrawals and crashes and the lifestyle around drug use. With this bill, we are saying if an illegal substance contributed to the neglect or abuse, then it makes sense that the parent be clean of that substance when they are going to have an unsupervised visit to help protect the child, and better set up the parent for success.

Without this law in place we are experiencing re-entry into the foster care system after a reunification when sobriety has not been obtained. This is extremely traumatizing to children when they go back and forth in and out of the system. I have a son whose twice failed reunifications can speak to this. We cannot keep traumatizing children. We want healthy parents so that reunification sticks and they able to raise their kids.

Please note that there is already funding for drug testing allotted into the budget. Right now the drug testing is in the same budget portion as transportation. The reason I bring this up is because yes we do have appropriations however we already have financials put towards it.

This bill allows each zone to do the testing as each one deems appropriate in according to their location and resources. They can use a third party, like prebble located here in Bismarck, or the zone themselves can administer the drug testing like they had before. A parent could also sign a release of information for a drug test they recently completed. Examples of these are; sober living facility, job interview, or a healthcare facility and that drug test can fulfill this law. Because of these factors drug testing can range from $0-$375 depending on the type of test. The most common test used from prebble here in Bismarck is $85.

We did not put on a quantity of tests within the bill because we want to leave that desecration up to the caseworker. If a drug test is failed, then a regular supervised visit happens and there is no withholding of the kids or punishment. Once a random drug test is clean, then the unsupervised visitation occurs. This can be a helpful tool for caseworkers to get a quick snapshot into where the individual is at in their recovery process.

We also do not have a time constraint on this bill because we don't want to burden our social workers. We want to instead we want to empower them. What sounds friendlier to you? "I want you to take this drug test because I believe you are under the influence"? or "This is a state law and we need you to take this drug test as a next step to reunification?" What I mean by that is now instead of the social worker requiring a drug test, they can now say that they are required to. It takes the social worker out of the bad guy role.

Some drug testing is already occurring. However, there are inconsistencies around the state amongst the case workers. We have other states that are specifically drug testing in child welfare. I have printed off for you the National Center on Substance Abuse and Child Welfare that talks about budget, policies and so on.

This bill was carefully designed by myself, other foster parents, law enforcement, a previous zone employee, and recovered addicts. We have also had meetings with Three rivers human service zone and the state prior to writing this bill. The bottom line is the kids safety. If drugs were a part of their hurt, then why can the drug use continue with reunification? As a writer of this bill I am encouraging you to ask me any questions and scenarios and I will gladly address all of them.

Bailie Graner

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Testimony Prepared for the
House Human Services Committee
January 21, 2025
By: Tabitha Deraas, MSN-Ed, BSN, RN and Burleigh County Foster Parent

RE: HB 1268: Mandatory drug testing

Chairman Ruby and member of the House Human Service Committee. I would like to thank you for the opportunity to give testimony today, in support of House Bill 1268.

My name is Tabitha Deraas, I am a foster parent, registered nurse and a co-author of this bill. I became a foster parent six years ago as a direct result of my experiences as a pediatric and neonatal ICU nurse. Over the course of one summer, we sent four children home from the NICU into environments that we as nurses did not feel were safe. We had documented and reported these concerns repeatedly, yet the babies were cleared to go home by CPS. Three of those babies are dead and one will be a vegetable for the rest of their life. As a NICU staff we were appalled and heartbroken. We didn't understand how this could happen so we asked Burleigh County to come educate our nurses about what we could do to prevent this from happening again. We were told we needed to keep doing what we were doing, reporting and documenting. But we were also told the county needed homes, homes willing to take on medically fragile children. Homes willing to take on babies withdrawing from drugs. Homes willing to take on NICU babies. So I became one of those homes.

Over the last six years, my husband and I have provided respite foster care, long term foster care, kindship or family member foster care and in home foster care prevention services. Through these foster care avenues we have welcomed eight children into our home. The illegal use of controlled substances or illicit drug use was a contributing factor to all of those removals. Of those children, one was adopted and the remaining seven were reunified with at least one of their biological parents. Drug use contributed to their removal however drug testing was not completed

prior to reunification. All of these children have reentered the foster care system two or more times since the original reunification. In the majority of these reentries into care, illegal use of controlled substances or illicit drug use was a contributing factor to the subsequent removals. Mandatory drug testing early on in the visitation process could have prevented these reentries and the subsequent retraumatization of these children.

I would like to be very clear. Our goal is always that the children in our care would be reunited with their biological parents when it is SAFE and HEALTHY to do so. Mandatory drug testing prior to unsupervised visitations, when the use of illegal substances were a contributing factor in the child's removal, is a step toward ensuring this safety.

When I first presented the idea of this bill to a social worker at the county, she was very clear about two things:

1.) Her and her peers support of mandatory drug testing
2.) The hurdles we would encounter when trying to pass a bill of this nature.

She presented me with this example:

She had recently returned a child to their biological parent, who had a known substance use disorder (SUD) and who was still actively using. The safety plan put in place for this child was as follows. When the mother identified that she was being triggered and needed to use methamphetamine. She was to first take her child to the grandparents' house, go and use methamphetamine and then pick up the child when she was sober. The social worker then posed this question to me, how is this child unsafe, if they are not physically present at the time of the drug use? It is important to note, as a foster parent I have been told more times than I can count, "risk of danger is not the same of imminent danger." And "we don't care what the parents do, so long as the child is not present." This viewpoint is very narrow and frankly destructive. It focuses solely on the moment of drug use and fails to take into account the overall impact of parental

substance abuse on children. Studies have shown the following for children raised in homes with active drug use:

- "We know that individuals who grow up in a family where there is an SUD are at significantly higher risk to develop SUDs due to genetic and environmental factors (Hawkins, Catalano, & Miller, 1992)."

- "Studies indicate that between one third and two thirds of child maltreatment cases involve some degree of substance use (U.S. Department of Health and Human Services [USDHHS], 1996) and (Child Welfare Information Gateway, 2021)."

- Children raised in homes with active drug use are at an increased risk for internalizing problems such as depression, anxiety, substance abuse... or externalizing problems such as opposition, conduct problems (stealing, lying, and truancy), anger outbursts, aggressivity, impulsivity, and again substance abuse (Lander L, Howsare J, Byrne M., 2013).

- A parent with a SUD is 3 times more likely to physically or sexually abuse their child. The effect of this is that these children are more than 50% more likely to be arrested as juveniles, and 40% more likely to commit a violent crime (USDHHS, 1996).

- Maltreated children of parents with a SUD are more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves (USDHHS, 2003).

- Ghertner et al., (2018) found that substance use was associated with more complex and severe cases of child maltreatment.

- Children in these families also often witness the convergence of poor communication and affect dysregulation with their caregivers that frequently results in domestic violence (Lander L, Howsare J, Byrne M., 2013).

- Common emotions these children experience are anxiety, fear, depression guilt, shame, loneliness, confusion, and anger (Lander L, Howsare J, Byrne M., 2013).

- Approximately 39% of children removed from their homes due to parental substance abuse reenter foster care within a year, often due to unresolved substance use disorders (NCSACW, 2020).

- In one study, 54% of adolescent runaways and homeless youth reported drug use in the home

- In terms of diagnosable mental and emotional disorders, children affected by parental substance abuse are virtually at higher risk for nearly every childhood disorder in the

Diagnostic Statistical Manual of Mental Disorders (DSM-V-TR; American Psychiatric Association, 2000). Of most significant correlation are the following: eating disorders, behavior disorders, anxiety disorders, depression, post-traumatic stress disorder, and SUDs.

- A variety of educational problems are also characteristic of children affected by parental substance use. Many of these culminating in increased truancy and dropout rates (Lander L, Howsare J, Byrne M., 2013).

The body of research available on the impacts of parental substance use on children is vast. This is simply a small snippet of what researchers have found over the last several decades. When we take this information into account, it is negligent to subject children to these well documented and known risks. I would like to point out that several of the statistics cited above were published by the US Department of Health and Human Services, of which the ND Department of Health and Human Services is a subsidiary. Those speaking in opposition of this bill are the also the ones publishing the research that supports this bill. Research that has been used by other states to enact laws similar to the one proposed today.

So, in answer to the social worker's original question, how is the child unsafe when they are not physically present when drug use is occurring? I would postulate that a child placed in an environment with known substance use is a child placed in danger, where the short term and long term emotional, physical, psychosocial and mental effects are well documented by a vast body of research. A vast body of research that points to the great disadvantages these children find themselves in.

Mandatory drug testing prior to unsupervised visitations, when use of an illegal substance was a contributing factor in the child's removal, is a step toward ensuring these children's futures and hindering the impact of their parents SUD on their growth, development, education, physical, emotional and mental health.

Let's take this from a national stage, back to North Dakota. To the kids right here at home. The first two children I cared for came into foster care as a direct result of parental substance use and the abuse and neglect that resulted from this substance use. These children were in care for over a year and half. We were told their mother had to pass a hair follicle drug test in order for reunification to take place. The test was never completed, six months later, the children were returned to their mother. About one year later those children reentered the foster care system. They went back to mom again, no drug test was done. They had reentered the foster care system again, a third time in six years. Mandatory drug testing early on in the visitation process could have prevented this volleying back and forth. Not only preventing the retraumatization of the children, but also allowing the mother time to get the needed services to truly step into recovery and thus be set up for success as a parent.

Another child we cared for was with our family for three years. During this time his mother continued to struggle with the SUD that contributed to his removal. Through a series of events we ended up with medical documentation of a drug screen positive for amphetamines. When this information was presented to our case worker, we asked when they would repeat the drug test. We were told the state does not mandate drug testing and therefore they would not requiring another test. We offered to pay for the testing if the county would enforce it and were told that was not an option. Instead, the mother was strongly encouraged (not required) to complete a "Drug and Alcohol Evaluation." One week after testing positive for amphetamines, she passed the "Drug and Alcohol Evaluation" with flying colors and no recommendations. When our case worker questioned this, the evaluator informed her that the evaluation is 100% dependent on the truthful testimony of the person being interviewed. So despite a positive drug test, she passed the eval and therefore visitations increased to unsupervised. We continued to see signs of drug use and were told by the case worker, "we don't care what she does when the child is not present." The child was returned to

their mother despite ongoing drug use. One month later, that three-year-old was forgotten at the school bus stop because mom was too high to come pick him up. Mandatory drug testing prior to beginning unsupervised visitations would have identified a risk that could have been mitigated with more time and more services to help identify and treat mom's SUD. During this time the child would have still had supervised visits with mom, while remaining in a safe environment as she began the process or refused the process of recovery.

The mandatory testing presented in this bill, is not designed to be the primary tool to determine reunification. It is designed to be one additional tool in the case workers tool kit to help guide the reunification process. While a one-time drug test provides only a snapshot of sobriety, a positive drug test can indicate a need for further intervention and treatment for the parent with the potential of improving their ability to provide a safe environment for their child. While a positive test identifies a potential risk, a negative test points to improvement and advances visitation. Drug testing results can be used as part of a larger picture to make informed decisions about child safety and family reunification. Additionally, repeated testing can track a parent's progress and their adherence to treatment plans.

The heart of HB 1268 is child safety and parent success! We want to set families up to succeed. This cannot happen when children are subjected to environments that include ongoing, untreated substance use and abuse. And when parents are not given the time needed to complete the recovery process. Mandatory drug testing prior to unsupervised visits in cases where the illegal use of controlled substances, chemical substances or the presence of drug paraphernalia were a contributing factor to the removal of a child from their home can help ensure this safety and success. I respectfully request a "Pass" on House Bill 1268.

Thank you for your consideration of my testimony. Attached to my testimony are references for all the statistics and facts I cited today. As a co-writer of this bill, I welcome any questions or clarifications you may have.

Reference List:

1.) American Psychiatric Association . Diagnostic and statistical manual of mental disorders. 4th ed. Author; Washington, DC: 2000. text rev. [Google Scholar]

2.) Child Welfare Information Gateway. (2021). Parental substance use and the child welfare system. U.S. Department of Health and Human Services. Retrieved from https://www.childwelfare.gov

3.) Garay M. The Effects of Parental Substance Use Disorders on Children and Families.

4.) Ghertener, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The relationship between substance use indicators and child welfare caseloads. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/pdf□report/relationship-between-substance□use-indicators-and-child-welfare□caseload

5.) Hawkins D, Catalano R, Miller J. Risk and protective factors for alcohol and other drug problems in adolescence and early childhood: Implications for substance abuse prevention. Psychological Bulletin. 1992;112(1):64–105. doi: 10.1037/0033-2909.112.1.64. [DOI] [PubMed] [Google Scholar]

6.) National Center on Substance Abuse and Child Welfare (NCSACW). (2020). Parental substance use and the child welfare system. U.S. Department of Health and Human Services. Retrieved from https://ncsacw.acf.hhs.gov/files/statistics-2020.pdf

7.) Lander L, Howsare J, Byrne M. The impact of substance use disorders on families and children: from theory to practice. Soc Work Public Health. 2013;28(3-4):194-205. doi: 10.1080/19371918.2013.759005. PMID: 23731414; PMCID: PMC3725219.

8.) U.S. Department of Health and Human Services. Administration on Children, Youth, and Families . Child maltreatment 2005. U.S. Government Printing Office; Washington, DC: 2007. [Google Scholar]

9.) U.S. Department of Health and Human Services. Children's Bureau . Child welfare information gateway: A bulletin for professionals. U.S. Government Printing Office; Washington, DC: 2003. [Google Scholar]

10.) U.S. Department of Health and Human Services. National Center on Child Abuse and Neglect. Third national incidence study of child abuse and neglect (NIS-3) U.S. Government Printing Office; Washington, DC: 1996. [Google Scholar]

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1268
2/10/2025

relating to mandatory drug testing by human service zones; and to provide an appropriation.

10:29 a.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr, Members
Members absent: Representative Dobervich

Discussion Topics:

- Committee action

10:31 a.m. Representative Rohr moved to amend the bill, LC#25.0946.01002, #36840.

10:32 a.m. Representative Bolinske seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	AB
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

10:34 a.m. Motion passed 12-0-1.

10:34 a.m. Representative Rohr moved a Do Pass as amended.

10:34 a.m. Representative K. Anderson seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	N
Representative Macy Bolinske	Y

Representative Jayme Davis	N
Representative Gretchen Dobervich	AB
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

10:37 a.m. Motion passed 10-2-1.

Representative Holle will carry the bill.

10:39 a.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

RS 2/10/25
1 of 1

25.0946.01002
Title.02000

Prepared by the Legislative Council staff for Representative Rohr
January 29, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1268

Introduced by

Representatives Rohr, Holle, Beltz, Fisher, Meier, Steiner

Senator Schaible

A BILL for an Act to create and enact a new section to chapter 27-20.3 of the North Dakota Century Code, relating to mandatory drug testing by human service zones; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 27-20.3 of the North Dakota Century Code is created and enacted as follows:

Mandatory drug testing.

1. If ~~use~~abuse of a controlled substance, chemical substance, or the presence of drug paraphernalia is a contributing factor to a finding that a child is in need of protection resulting in out-of-home placement, the human service zone shall require the parent to pass a drug test before an unsupervised visit with the child.
2. The ~~human service zone~~department of health and human services may require additional drug testing as needed for safety planning.
3. This section does not apply to marijuana.

SECTION 2. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - DRUG TESTING. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of ~~$100,000~~$95,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of drug testing by the human service zones, for the biennium beginning July 1, 2025, and ending June 30, 2027.

REPORT OF STANDING COMMITTEE
HB 1268

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS (25.0946.01002)** and when so amended, recommends **DO PASS** (10 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1268 was placed on the Sixth order on the calendar.

25.0946.01002
Title.

Prepared by the Legislative Council staff for Representative Rohr
January 29, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1268

Introduced by

Representatives Rohr, Holle, Beltz, Fisher, Meier, Steiner

Senator Schaible

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2025 SENATE HUMAN SERVICES

HB 1268

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1268
3/5/2025
9:01 a.m.

Relating to mandatory drug testing by human service zones; and to provide an appropriation.

9:01 a.m. Chairman Lee called the meeting to order.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Amendment Definition of Negative Drug Test
- Distinction Between Policy and Law
- Abuse and Neglect
- Child Removal Procedures

9:02 a.m. Bailie Graner testified in favor and submitted testimony #38772.

9:22 a.m. Tabitha Deraas, testified in favor and submitted testimony #38844.

9:34 a.m. Carrie Long Cloud, testified in favor.

9:38 a.m. Ashley Eastgate, submitted testimony in favor and submitted testimony #38848.

9:44 a.m. Madisyn R. Zahradka-Peterson testified in favor and submitted testimony #38789.

Additional written testimony:

Cassidy Lyngaas submitted written testimony in favor #38792.

Mallory Waters submitted written testimony in favor #38778.

9:49 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

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 transportatuon and is not soley 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. It's 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 it's 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 frame-work 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.

House Bill 1268

Good morning Chairman Senator Lee and Senate Human Service members,

My name is Mallory Waters and I have been doing foster care since 2024 and have had 9 children whom I have cared for, providing respite foster care and shelter care. I am a Pediatric Nurse at a local hospital, and my experiences lead me to becoming a foster parent. I have seen babies/children admitted to the hospital as a result of illegal drug use by parents.

Babies born addicted to illegal drugs, due to mothers' usage, are required to stay at the hospital for monitoring for a period of days following their birth. Despite the documentation done by nursing staff on parents behaviors, interaction with the baby, and time spent at the bedside many times these babies are sent home with parents without mandatory drug testing done. Children have also had to be admitted due to neglectful situations related to parental illegal drug use resulting in harm to the child. Having illegal drugs present in a home with children can lead to child accidental ingestion that could be lethal or cause long term effects on the child.

A child should not have to be subjected to this type of environment growing up. Having mandatory drug testing prior to unsupervised visits can be used as stepping stones along the way. This would show that parents are making progress in their sobriety journey, ultimately ensuring child safety, and a successful reunification.

Thank you for considering my testimony, I stand for questions at this time.

Mallory Waters

03/04/2025

HB 1268

Dear Chairman Senator Lee and Senate Human Service Committee Members.

My name is Madisyn Zahradka-Peterson, and I express my support for all individuals advocating for House Bill 1268. I am 28 years of age and serve as a School-Based Case Worker. I possess a bachelor's degree in social work. In addition to my professional responsibilities, I am a single mother of two biological children and have adopted my third child through the foster care system. Over the course of three years, I have served as a foster mother to numerous children, and I currently have five children in my care, whose ages range from 3 to 16 years of age.

I would like to take this opportunity to share my belief that HB 1268 is an essential addition to the North Dakota Century Code. I can speak on behalf of my professional role working for a foster care agency through their school-based case worker position, where I have advocated for family reunification. Additionally, as an active foster care parent, I have witnessed firsthand the negative impact that failed family reunification can have on children due to continued drug use and lack of drug testing and follow-up after reunification is granted.

My now 14-year-old adopted daughter, Hannah, shared how prior to living with me that in approximately 12 years of her life, she had lived in ten different foster placements. When she was younger, she was placed with an aunt who was stable and giving her proper routine, ensuring she made it to school, and meeting her other basic needs. However, due to reunification attempts when her mother allegedly became sober, Hannah was removed from a stable, loving home to reunify with her mother. Sadly, very shortly after the reunification with her mother, her mother relapsed, and Hannah was forced to live in a homeless shelter with her before bouncing around to several other foster placements prior to being placed in my care.

I have witnessed firsthand from my experiences with my daughter and other foster children in my care that the trauma endured by children in the foster care system can have long-lasting effects on their lives and create skewed perspectives of life itself. While the foster care system aims to bring thoughts of hope and joy to children through its mission of family reunification, it raises serious concerns when children are returned to environments from which they were originally removed due to the safety and well-being of the child or children within the care of their parent or parents.

It is crucial that safety planning involves drug testing before reunification or visitations, as well as after reunification has occurred. If our primary mission is family reunification, then we should mandate

the implementation of HB 1268 in the reunification process. Failing to do so would be a significant disservice—not only to the social workers and foster parents who dedicate themselves to working with these children, helping them address their trauma, and connecting them to community supports deemed necessary but most importantly, the children themselves.

It is imperative that we implement HB1268 before any unsupervised visits occur to ensure the safety and well-being of these vulnerable children placed within our foster care system. Enough is enough when you live the reality of not only being a social worker but also as an adoptive and foster mother personally enduring all the effects of the trauma left on a child after being placed in your care and made your responsibility.

HB 1268 would not only support peace of mind to all the foster parents, but it would afford us the reassurance that family reunification is something we can believe in wholeheartedly if proper safety planning and mandatory drug testing is made a requirement by law.

Thank you for your time,

Madisyn Zahradka-Peterson

Dear Senate Human Service Committee,

I am writing to express my strong support for HB 1268. As active foster parents, my husband and I have experienced firsthand the challenges and emotional toll that come with the foster care system. It has truly been an eye-opening journey.

This bill is crucial for ensuring that children are placed in the safest possible environments during the reunification process. Mandatory drug testing for parents whose illicit drug use has contributed to the removal of their children is essential. It not only prioritizes the well-being of the children but also holds parents accountable for their actions, providing them with the opportunity to demonstrate their commitment to recovery and responsible parenting.

By implementing this measure, we can reduce the risks associated with reunification and foster a more supportive environment for children and families in crisis. We owe it to our children to create a system that prioritizes their safety and well-being above all else.

Thank you for considering the importance of this bill. Together, we can make a meaningful difference in the lives of vulnerable children and their families.

I urge you to support HB 1268.

Cassidy Lyngaas

Foster Parent

Testimony Prepared for the
Senate Human Services Committee
March 5, 2025
By: Tabitha Deraas, MSN-Ed, BSN, RN and Burleigh County Foster Parent

RE: HB 1268: Mandatory drug testing

Chairman Lee and members of the Senate Human Service Committee. I would like to thank you for the opportunity to give testimony today, in support of House Bill 1268.

My name is Tabitha Deraas, I am a foster parent, registered nurse and a co-author of this bill. I became a foster parent six years ago as a direct result of my experiences as a pediatric and neonatal ICU nurse. Over the course of one summer, we sent four children home from the NICU into environments that we as nurses did not feel were safe. We had documented and reported these concerns repeatedly, yet the babies were cleared to go home by CPS. Three of those babies are dead and one will be a vegetable for the rest of their life. As a NICU staff we were appalled and heartbroken. We didn't understand how this could happen so we asked Burleigh County to come educate our nurses about what we could do to prevent this from happening again. We were told we needed to keep doing what we were doing, reporting and documenting. But we were also told the county needed homes, homes willing to take on medically fragile children. Homes willing to take on babies withdrawing from drugs. Homes willing to take on NICU babies. So I became one of those homes.

Over the last six years, my husband and I have provided respite foster care, long term foster care, kindship or family member foster care and in home foster care prevention services. Through these foster care avenues we have welcomed eight children into our home. The illegal use of controlled substances or illicit drug use was a contributing factor to all of those removals. Of those children, one was adopted and the remaining seven were reunified with at least one of their biological parents. Drug use contributed to their removal however drug testing was not completed

prior to reunification. All of these children have reentered the foster care system two or more times since the original reunification. In the majority of these reentries into care, illegal use of controlled substances or illicit drug use was a contributing factor to the subsequent removals. Mandatory drug testing early on in the visitation process could have prevented these reentries and the subsequent retraumatization of these children.

I would like to be very clear. Our goal is always that the children in our care would be reunited with their biological parents when it is SAFE and HEALTHY to do so. Mandatory drug testing prior to unsupervised visitations, when the use of illegal substances were a contributing factor in the child's removal, is a step toward ensuring this safety.

When I first presented the idea of this bill to a social worker at the county, she was very clear about two things:

1.) Her and her peers support of mandatory drug testing
2.) The hurdles we would encounter when trying to pass a bill of this nature.

She presented me with this example:

She had recently returned a child to their biological parent, who had a known substance use disorder (SUD) and who was still actively using. The safety plan put in place for this child was as follows. When the mother identified that she was being triggered and needed to use methamphetamine. She was to first take her child to the grandparents' house, go and use methamphetamine and then pick up the child when she was sober. The social worker then posed this question to me, how is this child unsafe, if they are not physically present at the time of the drug use? It is important to note, as a foster parent I have been told more times than I can count, "risk of danger is not the same of imminent danger." And "we don't care what the parents do, so long as the child is not present." This viewpoint is very narrow and frankly destructive. It focuses solely on the moment of drug use and fails to take into account the overall impact of parental

substance abuse on children. Studies have shown the following for children raised in homes with active drug use:

- "We know that individuals who grow up in a family where there is an SUD are at significantly higher risk to develop SUDs due to genetic and environmental factors (Hawkins, Catalano, & Miller, 1992)."

- "Studies indicate that between one third and two thirds of child maltreatment cases involve some degree of substance use (U.S. Department of Health and Human Services [USDHHS], 1996) and (Child Welfare Information Gateway, 2021)."

- Children raised in homes with active drug use are at an increased risk for internalizing problems such as depression, anxiety, substance abuse... or externalizing problems such as opposition, conduct problems (stealing, lying, and truancy), anger outbursts, aggressivity, impulsivity, and again substance abuse (Lander L, Howsare J, Byrne M., 2013).

- A parent with a SUD is 3 times more likely to physically or sexually abuse their child. The effect of this is that these children are more than 50% more likely to be arrested as juveniles, and 40% more likely to commit a violent crime (USDHHS, 1996).

- Maltreated children of parents with a SUD are more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves (USDHHS, 2003).

- Ghertner et al., (2018) found that substance use was associated with more complex and severe cases of child maltreatment.

- Children in these families also often witness the convergence of poor communication and affect dysregulation with their caregivers that frequently results in domestic violence (Lander L, Howsare J, Byrne M., 2013).

- Common emotions these children experience are anxiety, fear, depression guilt, shame, loneliness, confusion, and anger (Lander L, Howsare J, Byrne M., 2013).

- Approximately 39% of children removed from their homes due to parental substance abuse reenter foster care within a year, often due to unresolved substance use disorders (NCSACW, 2020).

- In one study, 54% of adolescent runaways and homeless youth reported drug use in the home

- In terms of diagnosable mental and emotional disorders, children affected by parental substance abuse are virtually at higher risk for nearly every childhood disorder in the

Diagnostic Statistical Manual of Mental Disorders (DSM-V-TR; American Psychiatric Association, 2000). Of most significant correlation are the following: eating disorders, behavior disorders, anxiety disorders, depression, post-traumatic stress disorder, and SUDs.

- A variety of educational problems are also characteristic of children affected by parental substance use. Many of these culminating in increased truancy and dropout rates (Lander L, Howsare J, Byrne M., 2013).

The body of research available on the impacts of parental substance use on children is vast. This is simply a small snippet of what researchers have found over the last several decades. When we take this information into account, it is negligent to subject children to these well documented and known risks. I would like to point out that several of the statistics cited above were published by the US Department of Health and Human Services, of which the ND Department of Health and Human Services is a subsidiary. Those speaking in opposition of this bill are the also the ones publishing the research that supports this bill. Research that has been used by other states to enact laws similar to the one proposed today.

So, in answer to the social worker's original question, how is the child unsafe when they are not physically present when drug use is occurring? I would postulate that a child placed in an environment with known substance use is a child placed in danger, where the short term and long term emotional, physical, psychosocial and mental effects are well documented by a vast body of research. A vast body of research that points to the great disadvantages these children find themselves in.

Mandatory drug testing prior to unsupervised visitations, when use of an illegal substance was a contributing factor in the child's removal, is a step toward ensuring these children's futures and hindering the impact of their parents SUD on their growth, development, education, physical, emotional and mental health.

Let's take this from a national stage, back to North Dakota. To the kids right here at home. The first two children I cared for came into foster care as a direct result of parental substance use and the abuse and neglect that resulted from this substance use. These children were in care for over a year and half. We were told their mother had to pass a hair follicle drug test in order for reunification to take place. The test was never completed, six months later, the children were returned to their mother. About one year later those children reentered the foster care system. They went back to mom again, no drug test was done. They had reentered the foster care system again, a third time in six years. Mandatory drug testing early on in the visitation process could have prevented this volleying back and forth. Not only preventing the retraumatization of the children, but also allowing the mother time to get the needed services to truly step into recovery and thus be set up for success as a parent.

Another child we cared for was with our family for three years. During this time his mother continued to struggle with the SUD that contributed to his removal. Through a series of events we ended up with medical documentation of a drug screen positive for amphetamines. When this information was presented to our case worker, we asked when they would repeat the drug test. We were told the state does not mandate drug testing and therefore they would not requiring another test. We offered to pay for the testing if the county would enforce it and were told that was not an option. Instead, the mother was strongly encouraged (not required) to complete a "Drug and Alcohol Evaluation." One week after testing positive for amphetamines, she passed the "Drug and Alcohol Evaluation" with flying colors and no recommendations. When our case worker questioned this, the evaluator informed her that the evaluation is 100% dependent on the truthful testimony of the person being interviewed. So despite a positive drug test, she passed the eval and therefore visitations increased to unsupervised. We continued to see signs of drug use and were told by the case worker, "we don't care what she does when the child is not present." The child was returned to

their mother despite ongoing drug use. One month later, that three-year-old was forgotten at the school bus stop because mom was too high to come pick him up. Mandatory drug testing prior to beginning unsupervised visitations would have identified a risk that could have been mitigated with more time and more services to help identify and treat mom's SUD. During this time the child would have still had supervised visits with mom, while remaining in a safe environment as she began the process or refused the process of recovery.

The mandatory testing presented in this bill, is not designed to be the primary tool to determine reunification. It is designed to be one additional tool in the case workers tool kit to help guide the reunification process. While a one-time drug test provides only a snapshot of sobriety, a positive drug test can indicate a need for further intervention and treatment for the parent with the potential of improving their ability to provide a safe environment for their child. While a positive test identifies a potential risk, a negative test points to improvement and advances visitation. Drug testing results can be used as part of a larger picture to make informed decisions about child safety and family reunification. Additionally, repeated testing can track a parent's progress and their adherence to treatment plans.

The heart of HB 1268 is child safety and parent success! We want to set families up to succeed. This cannot happen when children are subjected to environments that include ongoing, untreated substance use and abuse. And when parents are not given the time needed to complete the recovery process. Mandatory drug testing prior to unsupervised visits in cases where the illegal use of controlled substances, chemical substances or the presence of drug paraphernalia were a contributing factor to the removal of a child from their home can help ensure this safety and success. I respectfully request a "Pass" on House Bill 1268.

Thank you for your consideration of my testimony. Attached to my testimony are references for all the statistics and facts I cited today. As a co-writer of this bill, I welcome any questions or clarifications you may have.

Reference List:

1.) American Psychiatric Association . Diagnostic and statistical manual of mental disorders. 4th ed. Author; Washington, DC: 2000. text rev. [Google Scholar]

2.) Child Welfare Information Gateway. (2021). Parental substance use and the child welfare system. U.S. Department of Health and Human Services. Retrieved from https://www.childwelfare.gov

3.) Garay M. The Effects of Parental Substance Use Disorders on Children and Families.

4.) Ghertener, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The relationship between substance use indicators and child welfare caseloads. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/pdfreport/relationship-between-substanceuse-indicators-and-child-welfarecaseload

5.) Hawkins D, Catalano R, Miller J. Risk and protective factors for alcohol and other drug problems in adolescence and early childhood: Implications for substance abuse prevention. Psychological Bulletin. 1992;112(1):64–105. doi: 10.1037/0033-2909.112.1.64. [DOI] [PubMed] [Google Scholar]

6.) National Center on Substance Abuse and Child Welfare (NCSACW). (2020). Parental substance use and the child welfare system. U.S. Department of Health and Human Services. Retrieved from https://ncsacw.acf.hhs.gov/files/statistics-2020.pdf

7.) Lander L, Howsare J, Byrne M. The impact of substance use disorders on families and children: from theory to practice. Soc Work Public Health. 2013;28(3-4):194-205. doi: 10.1080/19371918.2013.759005. PMID: 23731414; PMCID: PMC3725219.

8.) U.S. Department of Health and Human Services. Administration on Children, Youth, and Families . Child maltreatment 2005. U.S. Government Printing Office; Washington, DC: 2007. [Google Scholar]

9.) U.S. Department of Health and Human Services. Children's Bureau . Child welfare information gateway: A bulletin for professionals. U.S. Government Printing Office; Washington, DC: 2003. [Google Scholar]

10.) U.S. Department of Health and Human Services. National Center on Child Abuse and Neglect. Third national incidence study of child abuse and neglect (NIS-3) U.S. Government Printing Office; Washington, DC: 1996. [Google Scholar]

Good morning Chairman Lee and Senate Human Service members, for the record my name is Ashley Eastgate.

I'm here because I have direct experience in growing up in a drug addicted and alcoholic home, as well as watching my step-kids be removed completey from their mothers care due to alcohol and drug abuse when my husband and I had to take her to court, so you could say I'm passionate about this topic.

First, from a child's perspective, that was me. My dad and my mom were both raging alcoholics and drug addicts, although I didn't know about the drugs until I was a bit older. I watched my dad turn into a violent guy the minute he ingested alcohol, and when that happened I witnessed my mother and brother be beaten. The cops would come, dad and or mom would go to jail and the minute they were released they were home, until the next time, then the next. I'm a firm believer that the way I grew up set me up for failure as a young adult. I watched the adults in my life continuously go through this cycle of addiction, jails, and treatment centers time and time again not knowing that it was not normal. Every time they left a part of me left with them. Every time I could not understand as I now do the absolute damage and trauma that inflicted upon me. Ultimately I turned to drugs and alcohol myself at the age of 9. It's the only thing I knew next to being violent because it's what I was surrounded by. I ultimately started my own turns with jails, institutions and treatment centers for the next 13 years following that. I was lucky enough to be placed in a position that made me want to live a different way of life at the age of 22 when I found recovery. Most people aren't that lucky and unfortunately many die before they ever have the chance to find recovery.

I met my now husband in 2019 through recovery. He had two boys, ages 7 & 8. The mom was and still is in active addiction. In the beginning we made our own verbal agreement of having the boys each one week on, and one week off. At times the mom would pull it together to get them to school on time or at all and other times she would call us at midnight, on her week with the boys asking where they were. Another week in her care we get a call from the 7 year olds grandpa explaining he got a call from our son crying that he was lost by the mall, miles away from home. When the mom got a call she laughed and said that it was his own fault. We took her to court and got primary custody but they continued visitation. Again we had issues more often than not. She would ask the boys if they came over on a space ship. She would call and would say that she could hear the youngest screaming, when he was not even home. The mom at one point showed up their elementary school at noon on a Friday to get the kids from school, when the cops were called she said she had a gun and got the entire school on lockdown. Eventually, we got full custody. She has only had the opportunity to see them through the family safety center the last 2 1/2 years, and has not done so once. They rarely ever hear from her as she is in and out of institutions. She was supposed to do drug testing every 6 months and bring us the results, and that has not happened once. It's my belief that it's not as important to her as continuing to live the life she is.

What I can tell you from watching this firsthand is this, the times she was out of the picture, the boys made so much progress. We have had them in therapy for years working through the trauma. The

minute she would pop back up we would take 20 steps back. We would have emotional outbursts of tears or anger, more incidents in school, etc. As children they don't understand why their parent behaves irrationally. All they receive from that is trauma. They ask all of the questions, why can't we see our mom, etc.. now they are at the age that they understand drugs have changed their mom. They pick up on drugs being around, what it looks like, what alcohol tastes like even at 7 years old. Children should never be susceptible to the chaos and dysfunction that comes from addiction. They are so smart and they pick up on those things an eventually end up using them themselves because they don't know what a normal family looks like. This can hep introduce these kids to a normal lifestyle, and most of them probably for the first time in their life, introduce them to love, a warm home with food on the table, a sense of normalcy and scheduling. Kids need guidance and support. When someone is in active addiction anything besides drugs and alcohol becomes secondary. Our children deserve to be the first priority, under all circumstances and that is what this bill does. Kids need sober parents. & parents will continue to keep doing what they're doing if there is not repercussions for their actions. I stand in favor of this bill and I hope you all will as well. Save our children from years of trauma, abuse and neglect.

Ashley Eastgate

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1268
3/5/2025
PM

Relating to mandatory drug testing by human service zones; and to provide an appropriation.

3:21 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Implementation of testing
- HIPPA Compliance
- Access to testing services
- Constitutionality of the bill

3:22 p.m. Representative Karen Rohr testified in favor and submitted testimony #39009.

3:24 p.m. Travis Finck, Executive Director of North Dakota Commission on Legal Counsel for Indigents, testified in opposition and submitted testimony #38676.

3:35 p.m. Kim Jacobson, Director of Agassiz Valley Human Service Zone, testified in opposition and submitted testimony #38793.

3:59 p.m. Kelsey Bless, Licensing Unit Administrator with Children and Family Services with Department of Health and Human Services, testified in opposition and submitted testimony #38699.

4:07 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

Testimony in Opposition to Engrossed HB 1268
69th Legislative Assembly
Senate Judiciary Committee
March 5, 2025
Testimony of Travis W. Finck, Executive Director, NDCLCI

Madam Chair Lee, members of the Senate Human Services Committee, my name is Travis Finck and I am the Executive Director for the North Dakota Commission on Legal Counsel for Indigents. The Commission is the state agency responsible for the delivery of indigent defense services in North Dakota, including the representation of children and parents in Child in Need of Protection Cases. I rise today on behalf of the Commission to provide testimony in opposition to House Bill 1268.

House Bill 1268 requires a parent to pass a drug test prior to exercising a constitutional right to parent the child. This bill has several flaws as amended that cause concern on behalf of indigent defense.

Concern #1: The type of drug test is not identified.

HB 1268 does not specify which type of drug test shall be administered prior to the visit, which causes more questions than solves the issues the bill is intended to prevent. There are a wide variety of tests with varying degrees of accuracy, varying cutoff levels to determine a positive test, and varying substances for which they test. To simply say a drug test is vague. Furthermore, dictating what type of test will be undergone should be driving the fiscal note in this bill. For example, a simple five panel urinalysis is going to have a different cost than a hair follicle test. Because it is vague, laws of statutory construction may render the statute void for vagueness.

The Bill also does not address what behavior is seeking to be prevented. For example, if you are taking a proscribed opiate for pain, you will test positive for a screen for opiates. Will you be prevented from an unsupervised visit for taking a proscribed medicine? Will you be prevented from an unsupervised visit if you test positive for opiates in a hair follicle test? By most scientific research, this would still test positive 90 days after consumption. Is a parent still under the influence 90 days after consumption?

Concern #2: The Bill does not specify what happens when funds are expended.

HB 1268 provides for $95,000 appropriation for drug testing by the zones. However, there is no contingency in the bill for what happens when the funds are depleted. If a drug test is required to be passed for an unsupervised visit and the money appropriated to DHHS is depleted, one can assume a parent would have to pay for the test themselves. This could result in an equal protection challenge to the statute, as those with means would still be able to pay for a test to have the visit whereas those without would be left without unsupervised visits. A constitutional challenge to the equal protection violation could cause a Child in Need of Protection case to be thrown out by the Court. Further, by preventing unsupervised visits, the Court could find the state has not gone through reasonable efforts of reunification. Money should not be used as a determining factor whether you can parent your children.

Concern # 3: This Bill is better as a policy than a statute.

HB 1268 mandates drug testing in the triggering circumstances. Current law and policy allow for testing but does not require it and it certainly does not dictate visitation cannot take place. Other states have placed drug testing for visitation in their statute but provide due process rights for the parents. In North Carolina for example, a positive drug test is insufficient to deny the court ordered visitation. N.C.G.S. 7B-905.1(b). Parents expecting to exercise unsupervised visits are entitled to have the state file a petition and the court to hold a hearing to review the test result and modify visitation plan. North Dakota should heed the example of North Carolina in acknowledging the constitutional rights of the parent.

For the reasons states herein, the Commission is in opposition to HB 1268 and respectfully requests a do not pass recommendation.

Respectfully Submitted:

Travis W. Finck
Executive Director, NDCLCI

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Testimony
Engrossed House Bill No. 1268
Senate Human Service Committee
Senator Judy Lee, Chairman
March 5, 2025

Chair Lee, and members of the Senate Human Services Committee, I am Kelsey Bless, Licensing Unit Administrator with Children and Family Services under the Department of Health and Human Services (Department). I appear before you in opposition of Engrossed House Bill No. 1268.

Child Welfare Policy. Engrossed House Bill No. 1268 requires custodial child welfare case managers to administer and consider results from a drug test before any unsupervised parent-child visit for all cases where parental substance abuse was a contributing factor to the removal.

Drug testing is a tool that child welfare case managers consider when engaging parents in visitation with a child. Local Human Service Zone staff working directly with the child will assess when and if drug testing should be utilized based on the parent/s involvement of law enforcement, probation, and drug court, in addition to hearsay and ongoing parental assessments, all of which are part of their regular practice in assessing both safety and case progress. Custodial case managers also factor in the knowledge that recovery is not linear. Like other chronic conditions, recurrence and relapse are often a part of the recovery process, which means that custodial case managers assess a broad range of considerations as they safety plan and engage with families. Ultimately, case managers are constantly revaluating when visits between parents and their children can occur, deciding if and when visits can transition from supervised to unsupervised, and considering if drug testing should be utilized to support such decision making.

In an effort to support consistency of practice regarding the intention of Engrossed House Bill No. 1268, the Department has drafted formal state policy that will go into effect on April 1, 2025. Policy is most often used as a driver of service delivery, accountability and as a reference when front line staff are seeking guidance or need assistance in knowing how to proceed in a case. The new policy language will be inserted into Manual Chapter 624-05, Permanency Planning. The policy will reiterate the requirement that custodial case managers are to utilize drug testing as one factor in the agency's full assessment of safety regarding visitation status for the child and his/her parents. The Department recognizes that having a clearly defined policy around this topic will lead to more consistency in how Human Service Zone staff use drug testing of parents as a tool from the point of initial contact to closure of a foster care case. The development of clear language in policy supports the intention of this Bill, grants staff guidance on how to align the use of drug testing with the Safety Framework Practice model, while factoring in the various nuances of each child and family's unique circumstances.

I also want to provide you with additional context regarding the North Dakota child welfare system as it relates to the issue of child safety and parental substance use.

Child Welfare Data. Today, the Department supervises and oversees the delivery of statewide child welfare services administered by local Human Service Zones, Tribal Nations and the Division of Juvenile Services. On any given day, there are roughly 1,150 children in foster care in North Dakota; 83% of the children are under Human Service Zone custody, 15% are under Tribal custody, while the remaining 2% are under the custody of the Division of Juvenile Services. This data does not account for all children under the custody of Tribal Nations; the Department only includes in its

count, the children who are Title IV-E eligible, which is where the state matches the federal funds that are used for the daily cares of the child. Each Tribal Nation has additional children in foster care who are not counted in this data and as such are not included in information typically captured by the Department.

Looking at data from the last four years (2020-2024), approximately 870 children enter the foster care system each year. While there are many reasons that explain why a child may be removed from their family home for safety reasons, the number one reason for foster care entry remains parental substance abuse. During this timeframe approximately 36% of children who entered foster care did so primarily because of parental substance use, which includes both the use of illegal drugs as well as alcohol abuse.

While family preservation or reunification is a primary goal in every child welfare case, experience tells us that outcome is not possible in every circumstance. Over the last four years our data shows that approximately 49% of children who exit a child welfare placement (i.e., case closure) are able to reunify with their parents; 9% of those children return to foster care within 12 months. The reasons for return to care can involve a variety of factors contributing to safety, which include but are not limited to parental substance use.

Child Welfare Practice Model. The Department implemented the Safety Framework Practice Model (SFPM) in December 2020 from the well-established Safety Assessment and Family Evaluation Model (SAFE) developed by Action for Child Protection. SFPM directs how the ND child welfare system engages and works with families. Child safety is the primary focus of SFPM and attention is provided to children who may be unsafe

based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to make child safety decisions. This ensures the child welfare system intervene in families' lives only when necessary. SFPM supports change-focused case planning, ongoing safety management, timely reunification and case closure when children are safe. Through SFPM practices, Human Service Zone staff utilize a variety of assessment tools, motivational interviewing techniques, family engagement strategies, referrals to behavioral health services, participation in Kinship ND, and shelter care options, while sometimes even identifying relatives to move into the home to maintain continuity for the child while collaborating with service providers to assist in monitoring parental goal achievement. Since implementation of SFPM, North Dakota has seen improvement in a number of key measures related to child safety and wellbeing.

- 55% improvement in assuring children remain safely at home
- 29% improvement assuring children remain connected to people, places and culture that are important to them
- 43% improvement involving children and parents in the case planning process
- 48% improvement ensuring frequent and quality visits occur with children

In addition, North Dakota has seen a decrease in the total number of children entering foster care and a concurrent increase in the number of kinship placements identified to support the out of home safety plan -- family helping family.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

NDHSZDA
NORTH DAKOTA HUMAN SERVICE ZONE DIRECTOR ASSOCIATION

Testimony prepared for the Senate Human Services Committee
HB 1268 - Mandatory drug testing by human service zones
Kim Jacobson, Agassiz Valley Human Service Zone Director
March 5, 2025

Chair Lee, and members of the Senate Human Services Committee, my name is Kim Jacobson. I serve as the Director of Agassiz Valley Human Service Zone, which includes the counties of Traill and Steele, and as President of the North Dakota Human Service Zone Director Association. I am here today to provide testimony in opposition to HB 1268. In addition, at the request of the Cass County State's Attorney Office and Assistant Cass County State's Attorney Rebecca Jund, I share with the committee their support of this testimony and opposition to HB 1268.

Human Service Zones are the legal designee of the North Dakota Department of Health and Human Services (NDHHS). We manage a range of critical responsibilities, including foster care case management and the legal custody of children in the public foster care system.

In North Dakota, child welfare services are guided by a combination of law, policy, and the Safety Framework Practice Model (SFPM) adopted in 2020. This model ensures consistent, evidence-based practices across all Human Service Zones, focusing on child safety while respecting parental rights.

This approach distinguishes between immediate and potential dangers. It also tailors interventions to each family's unique circumstances. SFPM emphasizes minimizing trauma to children, prioritizing in-home safety plans whenever possible, and using removal from parent's home as a last resort. When removal is necessary, diligent efforts to reunify families begin immediately.

House Bill 1268 proposes a new human service mandate for drug testing before very unsupervised parent/child visit in cases where substance use was a contributing factor in out-of-home placement for a child. North Dakotans deeply value child safety, and this bill reflects that intent. But rarely do we have a situation where controlled substances are the only threats to child safety. Mental health, unsafe living conditions, neglect, and domestic violence in the forms of physical, psychological, or sexual abuse, may be amongst the presenting safety factors. Although the supervised visitation and drug testing are tools that human service zones can and do use when faced with substance abuse concerns, they are not our only tools. It is important to understand that drug testing itself is not a safety plan – nor does drug testing equal safety.

Safety planning begins from our first encounter with families and continues until our services are no longer needed. Frequently, engagement with the family and observation of behavior is a much stronger and more accurate indicator of a parent's ability to protect a child. Human service zones are in the business of working with and engaging with humans who are often in extraordinarily complex and challenging situations. There is no one test or assessment that can stand alone. To provide our best service, we need flexibility to develop safety plans and interventions that are fluid, results orientated and tailored to the child and family's unique needs.

To my understanding a motivating factor behind HB 1268 is the concern that not all human service zones are choosing to use drug testing in the same way or frequency. Assuming safety planning is not occurring, and that child safety is not being prioritized is presumptive and inaccurate. Drug testing is a point in time tool. By federal law, drug testing and results are protected and confidential information. System partners may not realize what is happening behind the scenes and guiding practice/decisions including drug testing. In addition, the human service zone is not the only entity that may be involved with the family. Some parents in the child welfare system are already getting drug tested through probation or as part of treatment. When this is the case, releases of information are sought so that critical service providers can communicate and assist the family.

The concept of tying drug test results to parent-child visitation is further complicated by the ways that drugs metabolize in the human body. The half-life of drugs can vary. For example, one drug may remain in your system for over 30 days versus another just a day or two. Different types of drug tests (blood, urine, saliva, or hair follicle) evaluate different exposure and ingestion timelines and can vary in cost. This can create great variability and complexity in interpretation of the results and should not be a sole determinate of visitation safety. In addition, if drug testing is tied to parent-child visitation and progress towards reunification, it is vital that the testing be court admissible, performed under controlled observation environments, and administered by a properly credentialed or certified professional. In addition, the individuals involved in testing and processing may be called to testify under subpoena.

North Dakota's current practice is consistent with national recommendations for the use of drug testing in foster care reunification planning. This allows children and families to reap the benefits of appropriate drug testing. We evaluate each family with its own unique circumstances. Our decisions are guided by considering all the information and avoiding a one-size-fits-all response to unique circumstances. We prioritize fair, equitable actions that support child safety, reunification goals, and family rights. When circumstances change, we adjust our plans as needed. Where controlled substances are a factor in child welfare cases, zones consider whether drug testing will help with:

- **Potential Risk Identification:** Is further intervention/treatment needed for the parent to improve their ability to provide a safe environment for the child?
- **Change Motivation:** Will knowing that they will be tested encourage the parent to seek treatment and maintain sobriety to facilitate reunification?
- **Progress Monitoring:** Will repeated testing be available and can it track the parent's progress in recovery and treatment plan goal achievement?

But human service zones also weigh potential adverse outcomes of drug testing, such as:

- **Limitations of Results:** A single test only provides a point-in-time view of substance use. This does not necessarily reflect ongoing patterns or severity of addiction or measure exposure risk.
- **False positives and Unreliable Results:** Mistaken positive results can unfairly impede reunification efforts. In addition, inaccurate or adulterated/tampered testing can result in false indications of sobriety level.
- **Stigma and Discrimination**: Parents may feel judged and stigmatized by the testing process. This may unduly hinder their engagement with services and reunification efforts.
- **Access**: Access is limited to reliable, professionally certified testing locations that provide timely, accurate, and court-admissible results. This is especially complex in rural communities. Frequently, the families we work with lack reliable transportation. This may result in undue barriers for the family and adversely impact their engagement, relationship with their child, and overall reunification efforts. In addition, this may duplicate drug testing that occurs in a parent's addiction treatment or probation plan.
- **Overreliance on Testing:** As a system, we work hard to have individualized care plans that focus on the safety needs of the child. Using drug tests as a primary factor of reunification can overlook the other important aspects of parental competency and child safety that are critical to the overall best interests of the child. The overall goal for reunification is to prepare the parent to have protective capacities so that they may keep their child safe regardless of the risks that may present.
- **Potential for Abuse:** Some parents may perceive or experience targeting based on bias or stereotypes.
- **Constitutionality and General Legal Risk:** Over testing of a parent and/or withholding child contact between parent and child may not be constitutional and may be considered grounds to initiate civil rights lawsuits. As the legal custodians of foster children, and as the employer of child welfare team members, our legal risks are significant. Flexibility and informed decision-making are key to mitigating these risks, while prioritizing child safety.
- **Statewide Impact Limitations:** If passed, House Bill 1268 would not impact tribal child welfare children and families. As they are sovereign nations, this law would not transfer.

Working with families in the child welfare system is complex and requires flexibility when working with families. While House Bill 1268 has positive intent, in practice it is likely to hinder delivery, unduly tie up resources, limit the rights of those we serve, and increase legal liability. It would be more effective for human service zones and partner with the Department to develop and strengthen policies around child welfare-related drug testing. I respectfully request a "do not pass" on House Bill 1268. Thank you for your consideration of my testimony. I stand for questions from the committee.

3/5/2025 - Engrossed HB1268

Senate Human Services

Good Afternoon Chairman Lee and Committee Members,

For the record, my name is Representative Karen Rohr, and I represent District 31 which includes part of Morton County, all of Grant County and Sioux County and part of Hettinger County.

I stand before you today to introduce engrossed HB1268 on behalf of a constituent. This bill relates to mandatory drug testing of parents by Human Service Zones.

Prior to inviting my constituent to come forward and go over the need for the bill and the provisions of the bill, I want to inform the committee of a couple of items.

First, prior to submitting this bill, the foster parent and I met with Human Service Zone Directors and staff to discuss foster parent concerns regarding the need for drug testing of parents before unsupervised visits and to come up with a workable solution as part of their safety planning and/or providing education to the custodians.

The way I arrived at the appropriation: Based on information from the Director of Family Services Division for the ND DHS, I was informed that each zone has their own budget, with different funds for drug testing purposes. For the appropriation, I used $5000.00 x19 zones for a total of $95,000.

I stand for questions.

At this time, I would like to introduce Bailie Graner. Bailie is very familiar with the legislative process. Some of you may recognize her name as she testified before your committee last session on a bill to streamline the adoption process and paperwork.

Bailie is a farmwife, a nurse, and has been a foster parent for about 5 ½ years. So not only is Bailie the mother of two of her own children, she has also adopted foster children.

Thank you ~ Representative Karen Rohr

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1268
3/17/2025

Relating to mandatory drug testing by human service zones; and to provide an appropriation.

3:18 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Legal Accountability
- Policy Solution
- Chemical Substance Definition
- Alcohol abuse
- Federal Statute

3:20 p.m. Kim Jacobson, Director of Agassiz Valley Human Service Zone, answered committee questions.

3:53 p.m. Jessica Thomasson, ND Health and Human Services, testified in neutral and submitted testimony #42524.

4:00 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

CFS DRAFT-- 624-05-15-25-12 DRAFT **(April 1, 2025 Issuance)**

Reasonable or Active Efforts - Drug Testing Prior to Overnight Visitation.
When a child in need of protection is removed from their home due to parental substance use and placed in out-of-home care by a public agency, the parent(s) may be subject to drug testing. When parental substance use is a primary factor in removal, custodial agency workers must consult with supervision to determine if substance use constitutes continued risk to safety and if there are adequate protective factors to mitigate safety concerns. Custodial agency workers must engage with the parent to identify family strengths, while partnering with the parent's SUD treatment provider, probation, drug court and other service providers to collectively evaluate areas of concern specific to parental substance use. Early identification and referral to SUD treatment are critical components for success in the case plan. Custodial case workers must engage in reasonable or active efforts to help the parent schedule required SUD evaluations, remind the parent of upcoming appointments, arrange transportation and support the parent in navigating the various systems.

Custodial agency workers must assess whether a drug test is required for the parent before any overnight visits, including trial home visits, or reunification can occur in the home. Drug testing applies when a child is removed from the parental home and any of the following are a contributing factor to the removal:

1. Use of a controlled substance, or
2. The presence of drug paraphernalia.

The drug testing is confidential and the requirement does not apply to marijuana.

Based on the details of the case, the custodial agency will determine how drug testing will be administered; including what type of test will be performed (Ex: sample of hair, sweat, urine, saliva or blood) and where the test will be conducted (Ex: agency office, local lab, third party provider). The parent must pass the drug test administered to them in order for overnight visits including trial home visit or reunification to occur. If the parent does not pass the drug test, unsupervised overnight visitation will be cancelled. The custodial agency must continue supervised visitation in efforts to strengthen and maintain relationships within the family. The custodial agency may require additional drug testing, at any time, to ensure safety and to facilitate safety planning for the child.

Drug testing only determines whether a person has used a particular substance during a specific period of time. Results are only as good as the timeframe in which they are administered and are one part of the ongoing assessment of a parent's substance use. Drug tests are used to monitor parental substance use and to encourage engagement in recovery, they are not used to punish parents. Custodial case workers are trained to recognize recovery is not linear. Like other chronic conditions, recurrence and relapse are often a part of the recovery process, which means that custodial case managers assess a broad range of considerations as they safety plan and engage with families. Custodial case workers are constantly re-evaluating when visits between parents and their children can occur, deciding if and when visits can transition from supervised to unsupervised, and considering if drug testing should be utilized to support case plan decisions. Through testing, treatment support systems, and comprehensive safety assessments, custodial agency case workers have various tools necessary to benefit both parents and children in efforts to safely reunify.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1268
3/26/2025

A BILL for an Act to create and enact a new section to chapter 27-20.3 of the North Dakota Century Code, relating to mandatory drug testing by human service zones; and to provide an appropriation.

3:05 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Testing Frequency
- Parental Visit Frequency
- Four-Day Testing Window

3:05 p.m. Senator Lee opened a discussion on Testing Frequency.

3:08 p.m. Kim Jacobson, Director of Agassiz Valley Human Service Zone, answered committee questions.

3:27 p.m. Johnathan Alm, Chief Legal Advisor and General Counsel to Health and Human Services, answered committee questions.

3:31 p.m. Senator Roers moved Do Not Pass.

3:32 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0

Senator Roers will carry the bill.

3:36 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

REPORT OF STANDING COMMITTEE
ENGROSSED HB 1268 (25.0946.02000)

Human Services Committee (Sen. Lee, Chairman) recommends **DO NOT PASS** (6 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1268 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.