2025 HOUSE TRANSPORTATION

HB 1370

2025 HOUSE STANDING COMMITTEE MINUTES

Transportation Committee
Room JW327E, State Capitol

HB 1370
2/6/2025

Relating to onsite screening tests and administrative hearings for refusing to submit to a chemical test.

11:02 a.m. Chairman D. Ruby opened the hearing.

Members Present: Chairman D. Ruby, Vice Chairman Grueneich, Representatives Christianson, Dressler, Finley-DeVille, Frelich, Hendrix, Johnston, Kasper, Koppelman, Maki, Morton, Osowski, Schatz

Discussion Topics:
- Oral fluids
- Drug related impairment
- Additional tool

11:02 a.m. Representative Heinert introduced the bill.

11:09 a.m. Tarek Chase, ND Highway Patrol, testified in favor and submitted testimony #35474.

11:28 a.m. Janelle Portscheller, State Toxicologists, Office of Attorney General Crime Laboratory Division, testified in favor and submitted testimony #35921 and #35922.

11:40 a.m. Chairman D. Ruby closed the hearing.

Janae Pinks, Committee Clerk

NORTH Dakota | Highway Patrol
Be Legendary.

TESTIMONY OF
Trooper Tarek Chase

Good morning, Chairman Ruby and members of the Transportation Committee. My name is Tarek Chase, and I'm a State Trooper with the North Dakota Highway Patrol. I have worked as a State Trooper for 16 years. Currently, I serve as North Dakota's Drug Recognition Expert and Standardized Field Sobriety Testing State Coordinator. My duties include overseeing the training, certification, and recertification for all Drug Recognition Expert (DRE) officers in North Dakota. I also oversee the training of Standardized Field Sobriety Testing Instructors and assist in coordinating impaired driving-related training across the state.

I am testifying on behalf of the North Dakota Highway Patrol in support of House Bill 1370.

Brief overview:

Drinking and driving is a problem that has been plaguing our nation for many years. Unfortunately, North Dakota is no different. According to the 2023 North Dakota Department of Transportation Crash Summary, 191 people have died in alcohol-related crashes over the last five years and alcohol is a factor in approximately 35% of all fatal crashes annually.

The effects of alcohol on driving are well known and well documented, including how alcohol is metabolized and eliminated from the body. However, many other drugs do not act the same way, making it crucial to have specialized training and tools for law enforcement officers to identify impairment caused by substances other than alcohol.

To provide more context, all licensed law enforcement officers in North Dakota attend a Standardized Field Sobriety Testing (SFST) Course which provides them with a basic foundation to administer field sobriety tests on suspected impaired drivers. The standardized field sobriety tests are scientifically validated to provide officers with criteria to establish probable cause for the arrest of an impaired driver. This impairment could be caused by alcohol or drugs. In order to effectively provide this training, The SFST Program requires highly trained officers to instruct and mentor other law enforcement. The goal of SFST Instructors is to teach law enforcement students the knowledge and skills necessary to administer field sobriety tests on suspected impaired drivers and to interpret the results of the tests.

Drug Recognition Expert (DRE) is a title given to law enforcement officers that have completed a rigorous and demanding training course focused on identifying the cause of impairment in an individual as the result of a Driving Under the Influence arrest. The DRE administers a series of

standardized and systematic tests, in a controlled environment, to determine:

- Is the person impaired?
- Is the impairment due to an injury, illness, or other medical condition?
- Is the impairment drug-related?
  - If so, which category or combination of categories of drugs is the cause?

This means, the DRE is trained to identify impairment in the human body as it relates to ingesting specific drug categories. For example: if an individual were to ingest methamphetamine and deemed to be impaired based on officer's observations and field sobriety tests, the DRE, through their series of tests, could identify the cause of impairment to be a Central Nervous System Stimulant, a category under which methamphetamine falls under.

Looking deeper into the problem:

Anecdotal information shows an increase in drugged driving. I have seen this firsthand. Prior to transitioning to my current position, approximately half of the DUI arrests I made over the course of several years were due to impairment by a drug or drugs. And since I have contact with all the Drug Recognition Experts in the state, I receive similar reports from them as well.

Another concerning factor is the legalization of Cannabis across the country, providing citizens, including North Dakotans, with easier access to Cannabis products. Our neighboring states, Minnesota and Montana, as well as Canada, have all legalized the use of Cannabis for medicinal and recreational purposes.

Oral fluid testing technology:

In 2022, North Dakota participated in an oral fluid testing pilot project to determine the feasibility of a roadside oral fluid testing device during drugged driving investigations. An Oral Fluid Technical Advisory Committee was formed to identify an acceptable oral fluid screening device and to create proper protocols and procedures to operate this device. This committee was made up of members from the North Dakota Department of Transportation, North Dakota Crime Laboratory, North Dakota Highway Patrol, Upper Great Plains Transportation Institute, Drug Recognition Experts, the North Dakota Traffic Safety Resource Prosecutor, and myself.

Through the initial research, the Oral Fluid Technical Advisory Committee selected the SoToxa Device based on several factors including, but not limited to, portability, digital display, on-board heater, battery life, and the ability to provide results in five minutes or less. We also reviewed pilot projects and recommendations from several other states including a very large project that was conducted in Michigan. This device was well researched and found to be the best tool on the market at the time.

As part of the Oral Fluid Pilot Program, trained DREs administered the SoToxa device to volunteer subjects following a DUI arrest but only with the subject's consent. From January of 2022 to July of 2023, 57 samples were collected, with 52 of the samples tested through the North Dakota State Toxicology Laboratory or third-party testing laboratory for confirmation. Of

the 52 samples, at least one drug was detected in 82% of the cases. In the cases where a drug or drugs were detected, Cannabis was identified in approximately one third of the samples (29%). Furthermore, and possibly the most concerning, the results showed that 55% of the samples had polysubstance use identified. Meaning, cases where two or more drugs are found in the subject's system, including alcohol and/or other drugs.

Other benefits to testing oral fluid samples include: fast and easy collection, minimally invasive (similar to a breath test), gender neutral collection, no medical personnel required for collection, and it detects recent drug use. One other thing I'd like to mention is that oral fluid testing could also assist in the detection of a medical emergency being experienced by the driver. If the SoToxa device does not detect any drugs in the subject's system, but the officer's observations indicate the subject is not safe to operate a vehicle, the officer can look to medical emergencies that can mimic drug impairment; potentially saving the subject's life.

The results of this pilot program confirm the presence of drug-impaired drivers on North Dakota's roadways and highlights the need to provide law enforcement with additional tools to detect drug impairment. The committee found the device to be a viable and beneficial tool for law enforcement officers.

It's important to clarify that the oral fluid testing device does not determine impairment. It is a screening tool, not an evidentiary test. The results of the field sobriety tests determine impairment. The oral fluid testing device provides additional confirmation to the officer for the arrest of DUI and to continue with chemical testing. This aligns with current procedures for alcohol-related DUIs, where officers use roadside breath screening devices to confirm the results of the field sobriety tests.

Because drugs are becoming common place in society, the revisions in this bill are to recognize that change. By including the terms "oral fluid", "presence of other drugs", and "alcohol or other drugs", law enforcement can better identify the potential cause of impairment with the use of tools and technology during roadside testing with the goal of keeping North Dakota roadways safe.

Please consider these changes and I will stand for any questions. Thank you Chairman Ruby and the committee.

STATE OF NORTH DAKOTA
OFFICE OF ATTORNEY GENERAL
www.attorneygeneral.nd.gov
(701) 328-2210

Drew H. Wrigley
ATTORNEY GENERAL

House Transportation Committee

February 6, 2025

Testimony of Janelle Portscheller

State Toxicologist & Toxicology Unit Technical Leader

Office of Attorney General Crime Laboratory Division

HB 1370

Chairman Ruby and members of the Transportation Committee. I am Janelle Portscheller, State Toxicologist and Toxicology Unit Technical Leader with the Office of Attorney General Crime Laboratory Division. I have been employed by the Office of Attorney General Crime Laboratory Division for 20 years. My job duties include overseeing the daily operations of the Toxicology Unit which includes the Biological and Breath Alcohol Sections. The Biological Section is responsible for analyzing specimens such as blood or urine for the presence of Alcohol-Volatiles, Carboxyhemoglobin, and Drugs. We serve the entire state, and our casework includes samples from law enforcement agencies for Impaired Driving; County Coroner & State Medical Examiner cases for unattended deaths and traffic fatalities; and Drug Facilitated Sexual Assaults. The Breath Alcohol Section is responsible for the selection of evidentiary and non-evidentiary breath alcohol instruments, the maintenance of the breath alcohol instruments, and the training and certification of law enforcement officers on the proper use of the breath alcohol instruments.

I'm testifying today in support of HB 1370. The Crime Laboratory Division was recently involved in a Pilot Project for an Oral Fluid Roadside Drug Screening Device, which began in

January of 2022 and ended in July of 2023. The Pilot Project was started by the Oral Fluid Technical Advisory Committee which included several state agencies. Today I would like to present the results on the evaluation of the SoToxa Roadside Oral Fluid Screening Device. I have passed out a handout with general information on oral fluid and additional information to review at your convenience.

Before jumping into the results, it is important to understand why oral fluid needs to be considered as an additional sample type to consider for drug impaired driving. Currently, there is not an equivalent device to evaluate drug use in breath samples. Although, there are some devices that are being developed that have the potential to detect Cannabis use in breath. Alcohol is not the only substance that can cause impairment while driving. Therefore, it is important to have an additional tool officers can use at roadside to help detect drug use.

Oral fluid can be collected in a non-invasive manner as compared to blood and there are no gender collection issues compared to urine. Oral fluid specimens can also be easily collected at roadside proximate to the time of driving. Detection of drugs in oral fluid likely represents recent drug use. The detection window for any drug depends on a variety of factors including the type of drug, route of administration, dose, history of use, and sensitivity of the testing method. It is important to note that the detection of a drug does not necessarily mean a person is impaired by a drug.

The analysis of oral fluid for the presence of drugs has been scientifically studied and has been used as a sample matrix in European countries for drug impaired driving since the early 2000s. In addition, oral fluid roadside screening devices have been evaluated and are in use in several other states as a tool to establish probable cause for impaired driving cases. The SoToxa device is currently in use in over 35 states and Canada.

Drugs enter the oral fluid rapidly for drugs that are smoked, inhaled, or snorted. Drugs that are orally ingested are first absorbed into the body and distributed to the blood. Once in the blood, drugs can cross membranes into the oral fluid. Drugs that are injected into the body can appear in the oral fluid within minutes.

The SoToxa device is a small hand-held device that can be used at roadside. The device contains a lateral flow immunoassay and operates on similar principles of a home pregnancy test or COVID test. An oral fluid sample is collected by the sample collection device. A test cartridge is inserted into the instrument and then the oral fluid collection device is inserted into the test cartridge. The device contains a camera, which reads the test results that are available within 5 minutes. The results for each panel are simply given as a positive or negative result. After the test, the oral fluid collection device and test cartridge are disposed, and the device internally stores the results of the test. In addition, there is an external printer that allows for the results to be printed from the device.

Use of the SoToxa device can help an officer establish probable cause and make an arrest in a drug impaired driving case. Once an arrest has been made, evidential samples of blood or urine will need to be collected and submitted to the Crime Laboratory Division for confirmation testing. The results obtained by the confirmation testing conducted by the Crime Laboratory Division are evidential and can be used in criminal charges. The results of the SoToxa test would not be used in criminal proceedings.

The test cartridge for the SoToxa device contains six test panels: Cocaine, Opiate, Methamphetamine, Cannabis, Benzodiazepine, and Amphetamine. While the device has limited test panels, the top 10 drugs the Crime Laboratory Division has detected for impaired driving cases from 2020 to 2023 were evaluated and found a high percent of the drugs can be detected with the SoToxa device (See handout page 13).

To evaluate the device, the SoToxa results were compared to evidential blood specimens for each case. Each of the six test panels was evaluated for sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and accuracy. As shown on page 16 of the handout, most test panels achieved sensitivity, specificity, PPV, NPV, and accuracy above 80%. However, there were a few exceptions:

- **Cocaine Test Panel**: The PPV was lower due to a limited number of cocaine-positive cases in the study. Cocaine is not commonly detected in ND drug impaired driving cases.

- **Amphetamine Test Panel**: Specificity and PPV were 71% and 70%, respectively. These lower values were due to several false positives, potentially caused by structurally similar drugs giving a positive result.

- **Benzodiazepine Test Panel**: Sensitivity was 50%, not because of a device limitation, but due to the poor transfer of benzodiazepines from the blood to oral fluid, which is characteristic of this drug class.

Also, on page 16 of the handout, the results in red text are from the much larger roadside oral fluid study conducted in Michigan. You can see the results obtained for each test panel by ND are very similar to the results obtained by Michigan.

Therefore, the Oral Fluid Technical Advisory Committee was very pleased with the outcomes of the Pilot Project. The committee recommends the use of the SoToxa Roadside Oral Fluid Drug Screening Device as an additional tool for officers to use at roadside to help detect drug impaired driving within North Dakota to keep our roadways safe.

Thank you for your attention, Chairman Ruby and Members of the Committee. I would be happy to answer any questions you have.

Oral Fluid Pilot Project Data Analysis

January 2022 – July 2023

Oral Fluid Technical Advisory
Committee Study Results

1

Oral Fluid Technical Advisory Committee

- Traffic Safety Resource Prosecutor (TSRP)
  - Kristi Pettit-Venhuizen
  - Aaron Birst
  - Peter Halbach
- Crime Laboratory Division
  - Janelle Portscheller
- ND DOT – Safety Division
  - Sandy Wilson
- Sheriff's Office
  - Shannon Wellen (DRE)

- NDHP
  - Trp. Tarek Chase (DRE)
  - Lt. Adam Dvorak (DRE)
- NDSU – Upper Great Plains Transportation Institute
  - Kimberly Vachal
  - Jaclyn Anderson
- Police Department
  - Matthew Woodley (DRE)
- Judicial Outreach Liaison
 - Judge John W. Grinsteiner

2

Terminology Oral Fluid vs. Saliva

- Physiologically different
- Saliva – fluid secreted from saliva glands
- Oral Fluid – encompasses not just the saliva but also nasal, bronchial secretions and other components such as bacteria, cellular elements, electrolytes, immunoglobins, proteins, and food debris.
- Saliva is a subcomponent of Oral Fluid

3
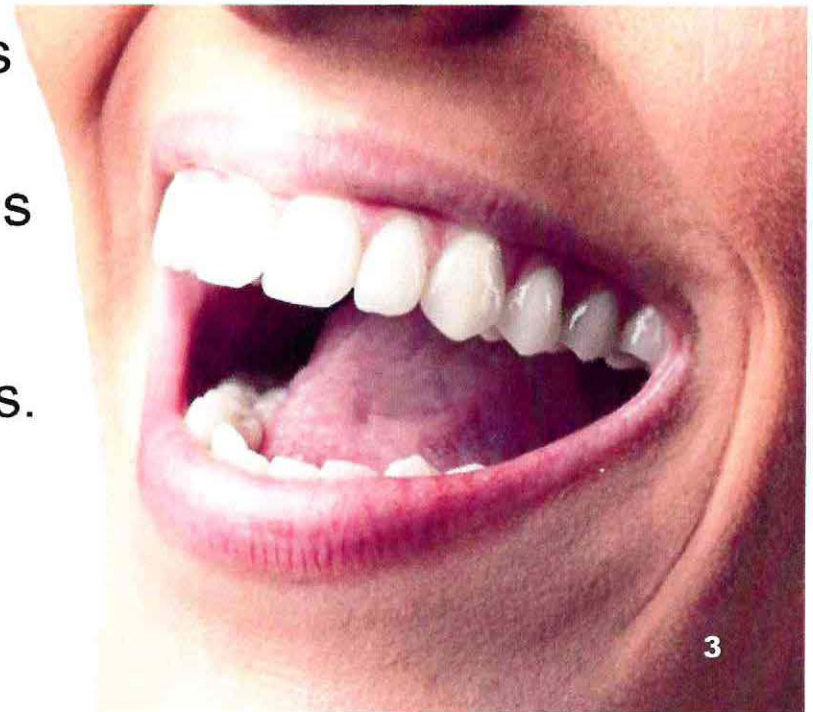
What is Oral Fluid

- 90% Saliva
- 3 major salivatory glands
  - Parotid
  - Submandibular
  - Sublingual
- Healthy adults produce 0.5 – 1.5 L of oral fluid per day
- Oral fluid pH 6.2 to 7.4

Salivary gland ducts

Parotid gland

Sublingual gland

Submandibular gland

4
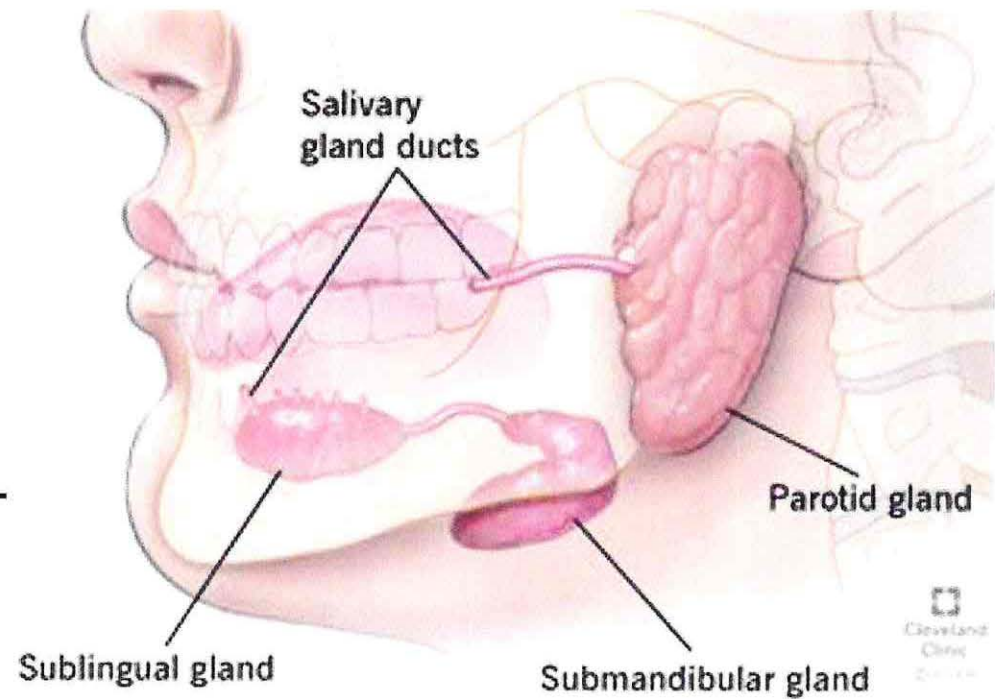
How Drugs Enter Oral Fluid

- Unionized unbound drugs enter the oral fluid by passive diffusion across membranes from the blood to oral fluid
- Basic drugs will have a higher concentration in the oral fluid than in the blood due to ion trapping (e.g. Methamphetamine)
- Neutral and acidic drugs will have a lower concentration in the oral fluid than in the blood (e.g. Benzodiazepines)
- Drugs that are smoked, inhaled, snorted or taken as edibles appear rapidly in the oral fluid because of buccal cavity contamination
- Passive inhalation (will rapidly dissipate after source has been removed)
- Drugs that are administered orally in capsules do not contaminate the oral mucosa
- Drugs administered intravenously are detected in the oral fluid within minutes of injection

Why Test Oral Fluid?

- Samples can be collected on-site
- Samples can be collected with a collection device
- No medically qualified person needed
- Gender neutral sample collection
- Samples are difficult to adulterate
- Drug detection windows reflect recent drug use

Oral Fluid Impaired Driving Studies

- European Studies
  - ROSITA (1999 – 2000) & ROSITA-2 (2003 – 2005)
  - DRUID (2006 – 2011)
- Canadian Roadside Survey – 2008, 2010, 2012, 2014
- USA Studies
  - NHTSA National Roadside Survey – 2007 & 2013/2014
  - California & Washington Initiatives 2012 – 2014
  - Michigan Roadside Oral Fluid 2017-2018 & 2019-2020

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Types of Oral Fluid Programs

Roadside Screening with Device (Probable Cause)
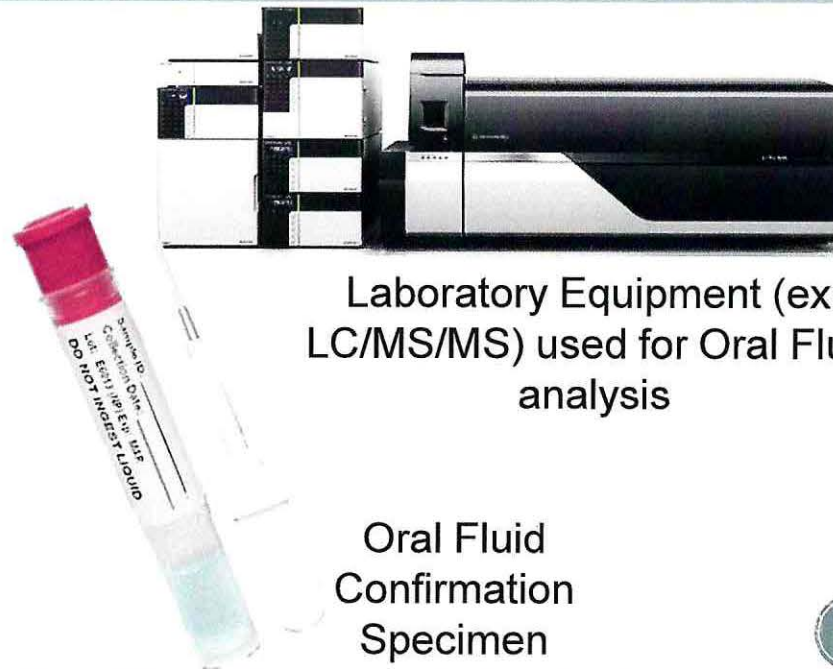
Applicable to presentation today

Laboratory Confirmation (Evidentiary)
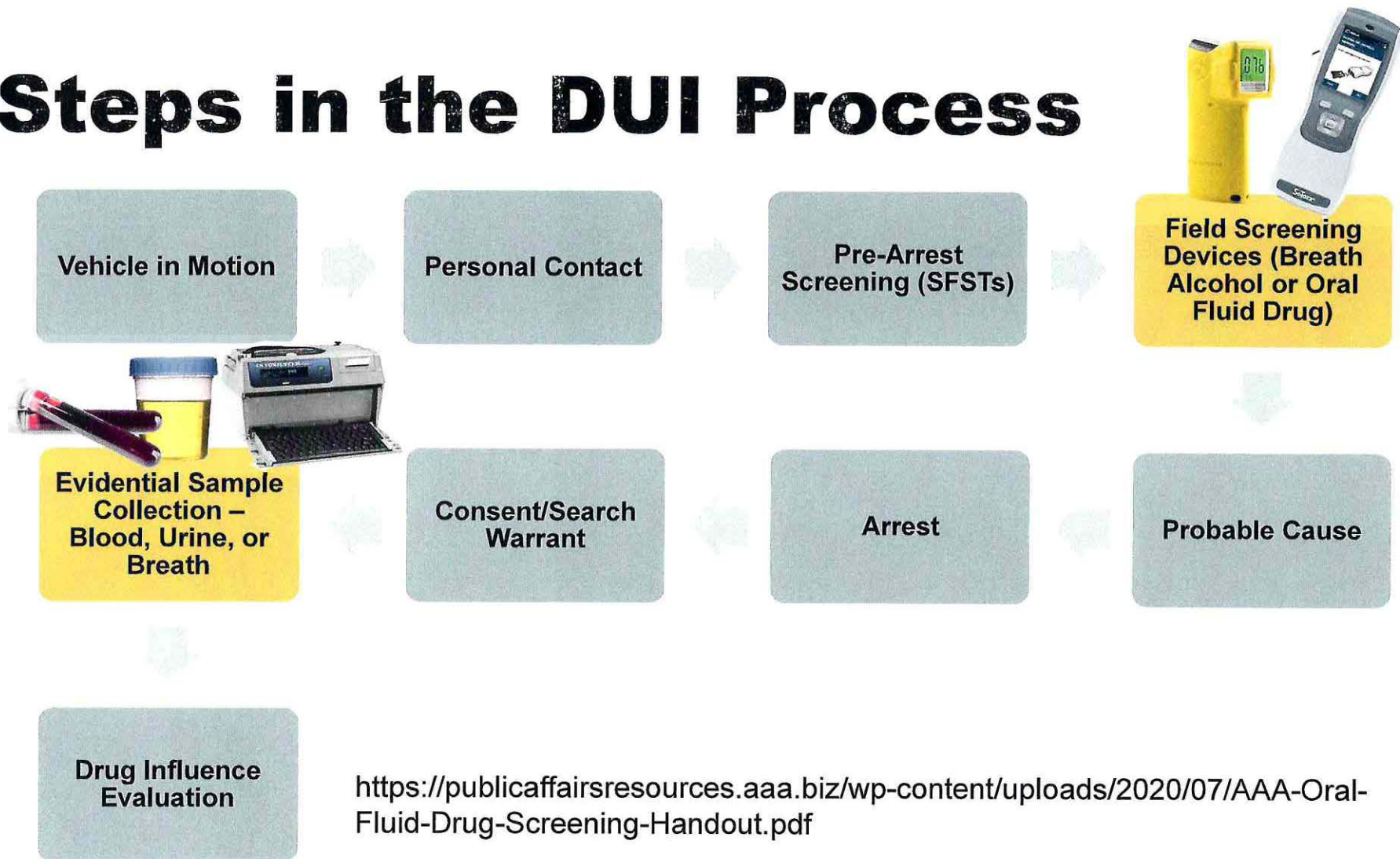
Not Applicable to presentation today

DrugWipe

SoToxa

Dräger Drug Test 5000

Laboratory Equipment (ex. LC/MS/MS) used for Oral Fluid analysis

Oral Fluid Confirmation Specimen

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Steps in the DUI Process

Vehicle in Motion	Personal Contact	Pre-Arrest Screening (SFSTs)	**Field Screening Devices (Breath Alcohol or Oral Fluid Drug)**
Evidential Sample Collection – Blood, Urine, or Breath	Consent/Search Warrant	Arrest	Probable Cause

Drug Influence Evaluation

https://publicaffairsresources.aaa.biz/wp-content/uploads/2020/07/AAA-Oral-Fluid-Drug-Screening-Handout.pdf

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How the SoToxa Device Works

- Results are ready in 5 minutes

- Results are displayed as Positive or Negative for each test panel on the device

- The officer does not need to interpret the test results

- Test cartridges are disposed after use

- Test results stored on device and can be printed with a supplied external printer
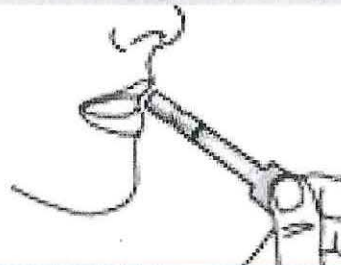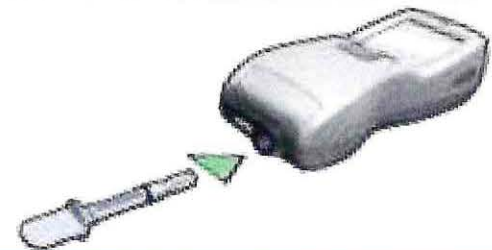
HOW IT WORKS

1 Insert test cartridge into analyser.

2 Collect oral fluid sample.

3 Insert collection device into test cartridge.

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Principles of the SoToxa Device

- Lateral Flow Immunoassay which uses principles of Competitive Binding
- Test Panels:
  - Cocaine
  - Opiate
  - Methamphetamine/MDMA
  - Cannabis
  - Benzodiazepine
  - Amphetamine
- Cross Reactivity – Compounds with similar chemical structure can give a positive test result
  - Because of Cross Reactivity - False Positives & False Negatives are Possible
  - Therefore, they non-evidentiary Tests
  - Evidential Samples need to be collected and submitted to a laboratory for evidentiary testing

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Pilot Study Numbers
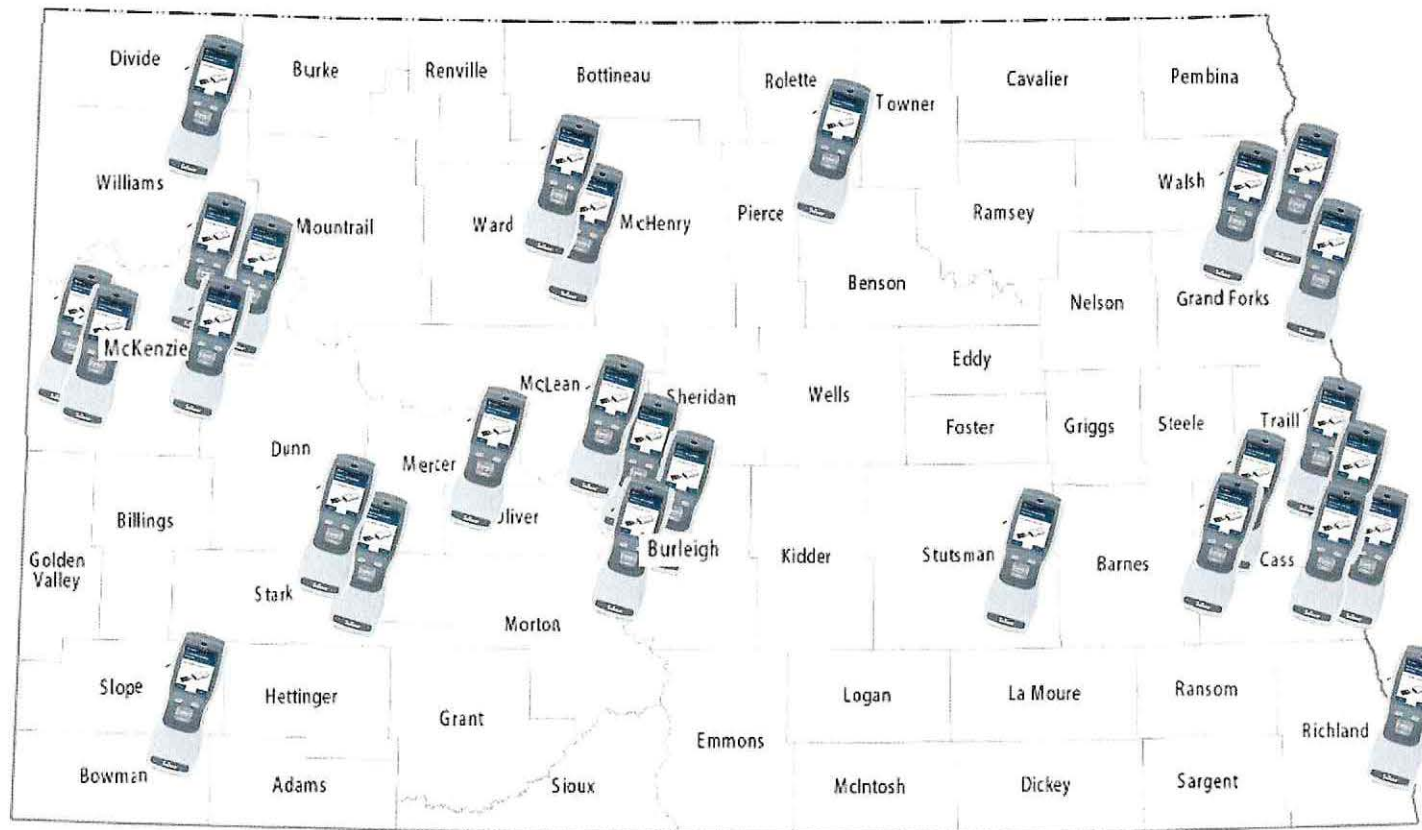
- 31 DRE Officers were trained on the device

- 28 devices assigned to DRE Officers

- 16 Law Enforcement Agencies

- 13 State Counties

- 52 completed tests with SoToxa and Evidential Blood Specimen results were obtained

- Devices purchased with Federal DOT Grant Funds from NHSTA

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ND Crime Laboratory Division Top 10 Drugs Detected from Impaired Driving Cases 2020 - 2023

2020
1 THC-COOH
2 Amphetamine
3 Methamphetamine
4 Fentanyl
5 Norfentanyl
6 Diphenhydramine
7 Morphine
8 Alprazolam
9 7-Aminoclonazepam
10 Benzoylecgonine

2021
1 Amphetamine
2 Methamphetamine
3 Δ^9-THC-COOH
4 Fentanyl
5 Norfentanyl
6 Δ^8-THC-COOH
7 Alprazolam
8 Diphenhydramine
9 Buprenorphine
10 EDDP (A Methadone Metabolite)

2022
1 Δ^9-THC-COOH
2 Amphetamine
3 Methamphetamine
4 Fentanyl
5 Norfentanyl
6 Δ^8-THC-COOH
7 7-Aminoclonazepam
8 Alprazolam
9 Clonazepam
10 Benzoylecgonine

2023
1 Δ^9-THC-COOH
2 Amphetamine
3 Methamphetamine
4 Δ^8-THC-COOH
5 Fentanyl
6 Quetiapine
7 Alprazolam
8 7-Aminoclonazepam
9 Cyclobenzaprine
10 Norfentanyl

Drugs in Red Text = Drugs Detectable by the SoToxa Device

Note high percent of drugs present in drug impaired driving cases can be detected by the SoToxa Device

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SoToxa Device Evaluation

- SoToxa results were compared to laboratory evidential blood specimen results for the same subject
- Each device test panel evaluated for Sensitivity, Specificity, Positive Predictive Value (PPV), Negative Predictive Value (NPV), and overall Accuracy

Roadside Screening Device

Laboratory Test (ex. LC/MS/MS)

	Positive	Negative	
Positive	True Positive (TP)	False Positive (FP)	
Negative	False Negative (FN)	True Negative (TN)	
	Sensitivity $\dfrac{TP}{(TP + FN)}$	Specificity $\dfrac{TN}{(TN + FP)}$	
	PPV $\dfrac{TP}{(TP + FP)}$	NPV $\dfrac{TN}{(TN + FN)}$	Accuracy $\dfrac{TP + TN}{(TP + TN + FP + FN)}$

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Device Evaluation Definitions

- **True Positive (TP)** – Test device and gold standard detect the drug

- **True Negative (TN)** – Test device and gold standard do not detect the drug

- **False Positive (FP)** – Test device detects a drug but the drug is not detected with the gold standard

- **False Negative (FN)** – Test device does not detect the drug but the gold standard detects the drug

- **Sensitivity** – A measure of the number of true positives as a rate of all positives (i.e. a positive is not missed)

- **Specificity** – A measure of the number of true negatives as a rate of all negatives (i.e. a negative is not missed)

- **Positive Predictive Value (PPV)** – A measure of the number of true positives as a rate of reported positives (i.e. a false positive is not missed)

- **Negative Predictive Value (NPV)** – A measure of the number of true negatives as a rate of reported negatives (i.e. a false negative is not missed)

- **Accuracy** – Measures the percentage of all samples correctly as classified by the tests

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SoToxa Device Evaluation Summary

Test Panel	Sensitivity	Specificity	PPV	NPV	Accuracy
Cocaine	100% (91%)	98% (95%)	50% (67%)	100% (99%)	98% (94%)
Narcotic – Opiate	100% (94%)	100% (91%)	100% (35%)	100% (99.6%)	100% (91%)
Methamphetamine	100% (95%)	94% (95%)	90% (85%)	100% (99%)	96% (95%)
Cannabis	88% (86%)	100% (92%)	100% (96%)	90% (77%)	94% (88%)
Benzodiazepine	50% (34%)	100% (91%)	100% (40%)	84% (89%)	87% (83%)
Amphetamine	100% (84%)	71% (87%)	70% (69%)	100% (94%)	83% (86%)

Black Text = North Dakota data (SoToxa vs. Blood, Samples = 52)
Red Text = Michigan data (SoToxa vs. Blood, Samples = 584-597)

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Conclusions

- Oral Fluid is a non-invasive sample collection method which allows for in field sample collection proximate to the time of driving

- Oral Fluid drug analysis represents recent drug use

- Roadside Oral Fluid Drug Screening Devices are an extra tool to assist officers in establishing probable cause

- A limited number of positive tests results were obtained for the Cocaine & Opiate test panels

- Low Sensitivity and Positive Predictive Values for Benzodiazepine test panel is a result of this class of drug not crossing from blood into the oral fluid and is not a device flaw

- The Sensitivity, Specificity, Positive Predictive Values, Negative Predictive Values, and device Accuracy for the remaining panels were similar to the results obtained by the Michigan Oral Fluid Study.

- The SoToxa device is therefore a good additional roadside tool to give officers to help establish probable cause for a drug impaired driving.

2025 HOUSE STANDING COMMITTEE MINUTES

Transportation Committee
Room JW327E, State Capitol

HB 1370
2/7/2025

Relating to onsite screening tests and administrative hearings for refusing to submit to a chemical test.

9:18 a.m. Chairman D. Ruby opened the meeting.

Members Present: Chairman D. Ruby, Vice Chairman Grueneich, Representatives Christianson, Dressler, Frelich, Johnston, Hendrix, Kasper, Maki, Morton, Osowski, Schatz
Members Absent: Representatives Finely-DeVille, Koppelman

Discussion Topics:
- Field sobriety tests
- Officer training

9:31 a.m. Representative Grueneich moved a Do Pass.

9:31 a.m. Representative Christianson seconded the motion.

Representatives	Vote
Representative Dan Ruby	Y
Representative Jim Grueneich	Y
Representative Nels Christianson	Y
Representative Ty Dressler	N
Representative Lisa Finley-DeVille	AB
Representative Kathy Frelich	N
Representative Jared Hendrix	N
Representative Daniel Johnston	N
Representative Jim Kasper	N
Representative Ben Koppelman	AB
Representative Roger A. Maki	N
Representative Desiree Morton	N
Representative Doug Osowski	N
Representative Mike Schatz	N

9:39 a.m. Motion failed 3-9-2.

9:39 a.m. Representative Morton moved a Do Not Pass.

9:30 a.m. Representative Schatz seconded the motion.

Representatives	Vote
Representative Dan Ruby	N

Representative Jim Grueneich	N
Representative Nels Christianson	N
Representative Ty Dressler	Y
Representative Lisa Finley-DeVille	AB
Representative Kathy Frelich	Y
Representative Jared Hendrix	Y
Representative Daniel Johnston	Y
Representative Jim Kasper	Y
Representative Ben Koppelman	AB
Representative Roger A. Maki	Y
Representative Desiree Morton	Y
Representative Doug Osowski	Y
Representative Mike Schatz	Y

9:41 a.m. Motion passed 9-3-2

9:41 a.m. Representative Schatz will carry the bill.

9:41 a.m. Chairman D. Ruby closed the meeting.

Janae Pinks, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1370 (25.1010.01000)

Transportation Committee (Rep. D. Ruby, Chairman) recommends **DO NOT PASS** (9 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). HB 1370 was placed on the Eleventh order on the calendar.

2025 HOUSE STANDING COMMITTEE MINUTES

Transportation Committee
Room JW327E, State Capitol

HB 1370
2/13/2025

Relating to onsite screening tests and administrative hearings for refusing to submit to a chemical test.

3:33 p.m. Chairman D. Ruby called the meeting to order.

Members Present: Chairman D. Ruby, Vice Chairman Grueneich, Representatives Christianson, Dressler, Finley-DeVille, Frelich, Johnston, Hendrix, Kasper, Koppelman, Maki, Morton, Osowski, Schatz

Discussion Topics:
- Law enforcement overreach
- DNA

3:33 p.m. Vice Chairman Grueneich moved to reconsider.

3:33 p.m. Representative Koppelman seconded the motion.

Representatives	Vote
Representative Dan Ruby	Y
Representative Jim Grueneich	Y
Representative Nels Christianson	Y
Representative Ty Dressler	N
Representative Lisa Finley-DeVille	N
Representative Kathy Frelich	N
Representative Jared Hendrix	N
Representative Daniel Johnston	N
Representative Jim Kasper	N
Representative Ben Koppelman	Y
Representative Roger A. Maki	N
Representative Desiree Morton	N
Representative Doug Osowski	N
Representative Mike Schatz	N

3:44 p.m. Motion failed 4-10-0.

3:44 p.m. Chairman D. Ruby closed the meeting.

Janae Pinks, Committee Clerk