

2025 SENATE HUMAN SERVICES

SB 2232

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2232
2/3/2025
9:01 AM

Relating to reporting requirements for prenatal exposure to controlled substances and alcohol abuse and toxicology test requirements; and to repeal section 50-25.1-18 of the North Dakota Century Code, relating to reporting requirements for prenatal exposure to alcohol misuse.

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

9:01 a.m. Vice-Chairman Weston called the meeting to order.

Discussion Topics:

- Medical provider referrals
- Mandatory reporting of prenatal substance abuse
- Zero tolerance practice
- Nationwide mandatory testing
- Effects of prenatal alcohol exposure

9:01 a.m. Senator Meyer Introduced the Bill in favor and submitted testimony #33754.

9:04 a.m. Courtney Koebel Executive Director, ND Medical association testified in favor.

9:08 a.m. Ana Tobiasz, Practicing Physician with ND Medical Association, testified in favor and submitted testimony #33624.

9:18 a.m. Dr. Danielle Thurtle, Practicing Pediatrician with ND Medical Association testified in Favor and submitted testimony #33060.

9:29 a.m. Dr. Erica Holland, Practicing Physician, testified in favor and submitted testimony #33351.

9:34 a.m. Rhonda Allery, Director, Mountain Lakes Human Service Zone, answered committee questions.

Additional written testimony:

Dr Collette Lessard, a board-certified physician Obstetrics and Gynecology, submitted testimony in favor #33617.

9:37 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

SB 2232
Senate Human Services Committee
69th Legislative Session

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

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

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

The amendments in the law from "shall" to "may" still allows pediatricians and practitioners the freedom to screen infants for illicit substances if there are clinical concerns for unexplained symptoms or concerns in providing a safe discharge plans for families while not mandating such testing where it is not needed. Additionally, changing the mandatory reporting of positive screens from "shall" to "may" also allows physicians to rule out false positive results of drug screening before reporting to county CPS unnecessarily.

I ask that this Committee and the Legislature support SB 2232 for these reasons. Thank you and I would be happy to take questions.

Danielle Thurtle, MD
Pediatric Hospitalist

SB 2232
Senate Human Services Committee
69th Legislative Session

Chair Lee and members of the Senate Human Services Committee, my name is Dr. Erica Hofland. I am a practicing Obstetrician Gynecologist in Dickinson and I am writing asking for your support for SB 2232.

Substance use disorder is a medical condition that is seen in various patient encounters including the provision of pregnancy and postpartum care. Treatment of substance use disorders can be impaired by outdated mandated reporting laws. Restrictive laws can lead to concealment of substance abuse by a patient and therefore lead to a delay in appropriate therapy and treatment. In the most extreme, outdated reporting laws can also lead to significant delays to entry into care which places both a patient and pregnancy at risk for preventable complications. This bill will allow me to reassure my patients that physician teams are allies. Our questions and request for personal information on substance use is meant to be supportive, not punitive. This open communication will aid physician-patient decision making about treatment plans and options for management of substance use disorders. Should these patient driven plans for treatment not be followed there is still a pathway to notify local agencies to ensure safety of the neonate.

I ask that this Committee and the Legislature support SB 2232. I would be happy to provide any other information this Committee requires.

Dr. Erica Hofland, FACOG
erica_hofland@hotmail.com
701-290-8240

Senate Human Services Committee**SB 2232****Monday February 3, 2025**

Chair Lee and Committee Members, I am Dr Collette Lessard, a board-certified physician in Obstetrics and Gynecology. I have been practicing for nearly 12 years and have spent my entire career in Grand Forks, North Dakota. I am also writing as the Legislative Chair for the North Dakota section of the American College of Obstetricians and Gynecologists (ACOG).

I am writing in support of SB 2232. As we are all aware, substance and alcohol use disorders are serious health and social problem in our country. These affect women in pregnancy and the postpartum period. Our current state law mandates that health care professionals with knowledge of any substance or alcohol use in pregnancy are mandated to report that patient to child welfare services. Failure to report in these cases results in that health care professional being guilty of a class B misdemeanor (*"50-25.1-13. Penalty for failure to report - Penalty and civil liability for false reports. Any individual required by this chapter to report or to supply information concerning a case of known or suspected child abuse, neglect, or death resulting from abuse or neglect who willfully, as defined in section 12.1-02-02, fails to do so is guilty of a class B misdemeanor"*). This current law assumes that any substance use in pregnancy is directly equivalent to child abuse.

An important part of a physician-patient relationship is patient privacy. Patients need to feel that their clinician's office is a safe place where they can discuss their health care problems and needs openly. Substance use disorder is no different. Pregnancy is a highly motivating time for women with substance use disorder to take the necessary steps to maintain sobriety and make these changes for themselves and their family. However, they need to be able to be open and honest about their substance use disorder without fear of punishment. For example, when a woman establishes pregnancy care and endorses that she has recently used a controlled substance or alcohol, the healthcare system should be a safe and confidential place for her to do this. Currently with our state law, I am mandated to report her within a few days of that visit to Child Protective Services. This erodes the patient-physician relationship and her trust and privacy with her health care team. This will lead to hesitancy for some patients to return at all for prenatal care. Rather, she should be able to openly discuss her substance use. As the healthcare professional, I would counsel her on the danger of using in pregnancy and advise her stop using and assist her in getting the support and help she needs to do so. I would encourage her to come in for regular prenatal care, where we will continue to check in on her substance use disorder. If that woman continues to choose to use controlled substances or alcohol and puts herself and her pregnancy at risk, I can and will still report to child protective services. However, SB 2232 gives me the ability to work with my patient, develop trust and rapport with her and support her in her ability to maintain sobriety, without immediate mandated reporting for even one instance of substance use or alcohol use in the pregnancy.

The American College of Obstetricians and Gynecologists has stated that practitioners have an ethical responsibility to advocate against punitive laws and specifically to, “discourage the separation of parents from their children solely based on substance use disorder, either suspected or confirmed.”

We need change in cases of parental substance use (either history of use or positive toxicology test result) and mandated reporting. Clinicians should be able to complete an individualized assessment of protective factors and risks and make a good faith determination in their professional opinion that there is not concern for child abuse or neglect. In those instances, the clinician should not need to report to child protective services but should clearly document their assessment and plan and continue to provide regular prenatal care and support and resources for their patient’s needs.

I am requesting you all to give a “do pass” and support SB 2232 so that we can improve on our care for women suffering from substance and alcohol use disorders in pregnancy.

Respectfully,

Collette Lessard, MD, FACOG

Senate Bill 2232
Senate Human Services Committee
February 3, 2025

Chair Lee and members of the Senate Human Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician who has practiced in the state since 2017. My training and expertise is in providing care to individuals experiencing pregnancy complications and high risk pregnancies. I am also representing the American College of Obstetricians and Gynecologists as the ND Section Chair and also the North Dakota Medical Association. I urge a DO PASS on SB 2232.

Pregnant women with substance use disorders are commonly encountered in my practice. Addiction and substance abuse is a health condition in the same way that hypertension, heart disease, cancer, or diabetes are health conditions. It is not a moral failing. Behavioral and medical interventions are effective at treating substance use disorders. There are multiple studies indicating that prenatal care and access to treatment improves outcomes for both maternal and fetal/neonatal health. I have also seen this in my practice firsthand.

On the other hand, drug enforcement policies that deter individuals from seeking prenatal care are contrary to the wealth of the mother and the fetus/neonate. Seeking obstetric–gynecologic care and being honest about your health conditions and seeking help for those health conditions should not expose a woman to penalties. Being mandated to report women with substance use disorders to child protective services is a barrier in maintaining a safe physician patient relationship. I have encountered this on several occasions where pregnant individuals stopped returning for prenatal care after they were reported for using substances in pregnancy, even though they were seeking help and were engaged in counseling and treatment. This exposes them to worse outcomes, including higher rates of preterm birth and low neonatal birth weight, in addition to potential ongoing untreated substance use in pregnancy and all the risks that accompany this such as exposure to infectious diseases, hypertensives crises, and placental abruption, among others. They miss out on vital aspects of health care monitoring and prevention. It also fosters distrust of the medical system if your private health care concerns are being reported to child protective services.

SB 2232 still allows for reporting of substance use in pregnancy if the physician or other health care worker has concerns but allows for using discretion in doing so.

I urge you to give a DO PASS to SB 2232 which helps to preserve the physician patient relationship and will improve our ability to help patients seeking medical care, thereby improving obstetric and neonatal outcomes.

Respectfully,

Dr Ana Tobiasz, MD
Maternal Fetal Medicine Physician
American College of Obstetricians and Gynecologist, ND Section Chair
NDMA member

Sen Scott Meyer, D18
Grand Forks, ND

SB 2232

This is a simple bill. A constituent and friend of mine from our days at UND, Dr. Collette Lessard-Anderson, brought this issue to my attention. She practices obstetrics and gynecology in Grand Forks, ND.

In discussions, Dr. Lessard told me that substance use disorder is a medical condition that she has seen in various patient encounters including the provision of pregnancy and postpartum care. Treatment of substance use disorders can be impaired by outdated mandated reporting laws.

Madam Chair, our current state law, mandates that health care professionals with knowledge of any substance or alcohol use in pregnancy are mandated to report that patient to child welfare services.

Failure to report in these cases results in that health care professional being guilty of a class B misdemeanor. This current law assumes that any substance used in pregnancy is directly equivalent to child abuse.

This intent of the bill updates code by combining both controlled substance and alcohol use. The bill further provides for a waiver of

reporting if the woman receives and complies with medical care during the pregnancy.

The bill further amends the code to allow more physician discretion on when to test. As the law currently stands, we are one of only 3 states in the country that REQUIRES compulsory testing of newborns for substance use at any time during pregnancy. The changes in the law from "shall" to "may" still allows pediatricians and practitioners the freedom to screen infants for illicit substances if there are clinical concerns for unexplained symptoms or concerns in providing a safe discharge plans for families while not mandating such testing where it is not needed.

Dr. Lessard will be able to explain the bill further, as she is testifying virtually.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2232
2/3/2025
9:40 AM

Relating to reporting requirements for prenatal exposure to alcohol misuse.

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

9:40 a.m. Chairman Lee opened the hearing.

Discussion Topics:

- Committee action

9:42 a.m. Senator Hogan moved a Do Pass.

9:42 a.m. Senator Van Oosting 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

Measure passed 6-0-0.

Senator Van Oosting will carry the bill.

9:42 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

REPORT OF STANDING COMMITTEE
SB 2232 ([25.0343.03000](#))

Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2232 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

2025 HOUSE HUMAN SERVICES

SB 2232

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2232
3/17/2025

Relating to an exemption for postpartum exposure to controlled substances and alcohol, relating to reporting requirements for prenatal exposure to controlled substances and alcohol abuse and toxicology test requirements, and relating to reporting requirements for prenatal exposure to alcohol misuse.

2:28 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Representatives Beltz, Bolinske, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Members Absent: Vice-Chairman Frelich, Representatives K. Anderson, Davis, Dobervich

Discussion Topics:

- Reporting requirements
- Testing requirements

2:29 p.m. Senator Roers, District 27, introduced the bill.

2:31 p.m. Donna Thronson, NDMA, testified in favor and introduced Dr. Ana Tobiasz and Dr. Danielle Thurtle.

2:32 p.m. Ana Tobiasz, NDMA Board Member, testified in favor and submitted testimony, #42048.

2:37 p.m. Dr. Danielle Thurtle, Pediatrician, testified in favor and submitted testimony, #41795.

Additional written testimony:

Collette Lessard, Physician of the Altru Health Systems, submitted testimony in favor, #41830.

Erica Hofland, Ob/Gyn Physician, submitted testimony in favor, #41989.

2:42 p.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk

SB 2232

House Human Services Committee

69th Legislative Session

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

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

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

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

Thank you and I would be happy to take questions.

Danielle Thurtle, MD

Pediatric Hospitalist

House Human Services Committee**SB 2232****Monday March 17, 2025**

Chair Ruby and Committee Members, I am Dr Collette Lessard, a board-certified physician in Obstetrics and Gynecology. I have been practicing for nearly 12 years and have spent my entire career in Grand Forks, North Dakota. I am also writing as the Legislative Chair for the North Dakota section of the American College of Obstetricians and Gynecologists (ACOG).

I am writing in support of SB 2232. As we are all aware, substance and alcohol use disorders are serious health and social problems in our country. These affect women in pregnancy and the postpartum period. Our current state law mandates that health care professionals with knowledge of any substance or alcohol use in pregnancy are mandated to report that patient to child welfare services. Failure to report in these cases results in that health care professional being guilty of a class B misdemeanor (*"50-25.1-13. Penalty for failure to report - Penalty and civil liability for false reports. Any individual required by this chapter to report or to supply information concerning a case of known or suspected child abuse, neglect, or death resulting from abuse or neglect who willfully, as defined in section 12.1-02-02, fails to do so is guilty of a class B misdemeanor"*). This current law assumes that any substance use in pregnancy is directly equivalent to child abuse.

An important part of a physician-patient relationship is patient privacy. Patients need to feel that their clinician's office is a safe place where they can discuss their health care problems and needs openly. Substance use disorder is no different. Pregnancy is a highly motivating time for women with substance use disorder to take the necessary steps to maintain sobriety and make these changes for themselves and their family. However, they need to be able to be open and honest about their substance use disorder without fear of punishment. For example, when a woman establishes pregnancy care and endorses that she has recently used a controlled substance or alcohol, the healthcare system should be a safe and confidential place for her to do this. Currently with our state law, I am mandated to report her within a few days of that visit to Child Protective Services. This erodes the patient-physician relationship and her trust and privacy with her health care team. This will lead to hesitancy for some patients to return at all for prenatal care. Rather, she should be able to openly discuss her substance use. As the healthcare professional, I would counsel her on the danger of using in pregnancy and advise her stop using and assist her in getting the support and help she needs to do so. I would encourage her to come in for regular prenatal care, where we will continue to check in on her substance use disorder. If that woman continues to choose to use controlled substances or alcohol and puts herself and her pregnancy at risk, I can and will still report to child protective services. However, SB 2232 gives me the ability to work with my patient, develop trust and rapport with her and support her in her ability to maintain sobriety, without immediate mandated reporting for even one instance of substance use or alcohol use in the pregnancy.

The American College of Obstetricians and Gynecologists has stated that practitioners have an ethical responsibility to advocate against punitive laws and specifically to, “discourage the separation of parents from their children solely based on substance use disorder, either suspected or confirmed.”

We need change in cases of parental substance use (either history of use or positive toxicology test result) and mandated reporting. Clinicians should be able to complete an individualized assessment of protective factors and risks and make a good faith determination in their professional opinion that there is not concern for child abuse or neglect. In those instances, the clinician should not need to report to child protective services but should clearly document their assessment and plan and continue to provide regular prenatal care and support and resources for their patient’s needs.

I am requesting you all to give a “do pass” and support SB 2232 so that we can improve on our care for women suffering from substance and alcohol use disorders in pregnancy.

Respectfully,

Collette Lessard, MD, FACOG

SB 2232
House Human Services Committee
69th Legislative Session

Chair Ruby and members of the House Human Services Committee, my name is Dr. Erica Hofland. I am a practicing Obstetrician Gynecologist in Dickinson and I am writing asking for your support for SB 2232.

Substance use disorder is a medical condition that is seen in various patient encounters including the provision of pregnancy and postpartum care. Treatment of substance use disorders can be impaired by outdated mandated reporting laws. Restrictive laws can lead to concealment of substance abuse by a patient and therefore lead to a delay in appropriate therapy and treatment. In the most extreme, outdated reporting laws can also lead to significant delays to entry into care which places both a patient and pregnancy at risk for preventable complications. This bill will allow me to reassure my patients that physician teams are allies. Our questions and request for personal information on substance use is meant to be supportive, not punitive. This open communication will aid physician-patient decision making about treatment plans and options for management of substance use disorders. Should these patient driven plans for treatment not be followed there is still a pathway to notify local agencies to ensure safety of the neonate.

I ask that this Committee and the Legislature support SB 2232. I would be happy to provide any other information this Committee requires.

Dr. Erica Hofland, FACOG
erica_hofland@hotmail.com
701-290-8240

Senate Bill 2232
House Human Services Committee
March 17, 2025

Chair Ruby and members of the Senate Human Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician who has practiced in the state since 2017. My training and expertise is in providing care to individuals experiencing pregnancy complications and high risk pregnancies. I am also representing the American College of Obstetricians and Gynecologists as the ND Section Chair and also the North Dakota Medical Association. I urge a DO PASS on SB 2232.

Pregnant women with substance use disorders are commonly encountered in my practice. Addiction and substance abuse is a health condition in the same way that hypertension, heart disease, cancer, or diabetes are health conditions. It is not a moral failing. Behavioral and medical interventions are effective at treating substance use disorders. There are multiple studies indicating that prenatal care and access to treatment improves outcomes for both maternal and fetal/neonatal health. I have also seen this in my practice firsthand.

On the other hand, drug enforcement policies that deter individuals from seeking prenatal care are contrary to the wealth of the mother and the fetus/neonate. Seeking obstetric–gynecologic care and being honest about your health conditions and seeking help for those health conditions should not expose a woman to penalties. Being mandated to report women with substance use disorders to child protective services is a barrier in maintaining a safe physician patient relationship. I have encountered this on several occasions where pregnant individuals stopped returning for prenatal care after they were reported for using substances in pregnancy, even though they were seeking help and were engaged in counseling and treatment. This exposes them to worse outcomes, including higher rates of preterm birth and low neonatal birth weight, in addition to potential ongoing untreated substance use in pregnancy and all the risks that accompany this such as exposure to infectious diseases, hypertensives crises, and placental abruption, among others. They miss out on vital aspects of health care monitoring and prevention. It also fosters distrust of the medical system if your private health care concerns are being reported to child protective services.

SB 2232 still allows for reporting of substance use in pregnancy if the physician or other health care worker has concerns but allows for using discretion in doing so.

I urge you to give a DO PASS to SB 2232 which helps to preserve the physician patient relationship and will improve our ability to help patients seeking medical care, thereby improving obstetric and neonatal outcomes.

Respectfully,

Dr Ana Tobiasz, MD
Maternal Fetal Medicine Physician
American College of Obstetricians and Gynecologist, ND Section Chair
NDMA member

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2232
3/31/2025

Relating to an exemption for postpartum exposure to controlled substances and alcohol, relating to reporting requirements for prenatal exposure to controlled substances and alcohol abuse and toxicology test requirements, and relating to reporting requirements for prenatal exposure to alcohol misuse.

3:45 p.m. Chairman M. Ruby opened the meeting.

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

Discussion Topics:

- Committee action

3:47 p.m. Chairman M. Ruby introduced amendments LC#25.0343.03001 #44497.

3:52 p.m. Courtney Koebele, North Dakota Medical Association, testified and answered questions.

4:03 p.m. Victoria Christian, Legislative Counsel, testified and answered questions.

4:07 p.m. Vice-chairman Frelich moved to adopt the amendment LC# 25.0343.03002.

4:08 p.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	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

4:10 p.m. Motion passed 13-0-0.

4:10 p.m. Representative Dobervich moved a Do Pass as amended.

4:10 p.m. Representative Rios seconded the motion.

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

4:11 p.m. Motion passed 7-6-0.

Chairman M. Ruby will carry the bill.

4:12 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

March 31, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

VG 3/31/25
1 of 4

SENATE BILL NO. 2232

Introduced by

Senators Meyer, Lee, Roers

Representatives Dobervich, O'Brien, Stemen

1 A BILL for an Act to create and enact a new section to chapter 50-25.1 of the North Dakota
2 Century Code, relating to an exemption for postpartum exposure to controlled substances and
3 alcohol; to amend and reenact sections 50-25.1-16 and 50-25.1-17 of the North Dakota Century
4 Code, relating to reporting requirements for prenatal exposure to controlled substances and
5 alcohol abuse and toxicology test requirements; and to repeal section 50-25.1-18 of the North
6 Dakota Century Code, relating to reporting requirements for prenatal exposure to alcohol
7 misuse.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1. AMENDMENT.** Section 50-25.1-16 of the North Dakota Century Code is
10 amended and reenacted as follows:

11 **50-25.1-16. Prenatal exposure to controlled substances or alcohol misuse - Reporting**
12 **requirements.**

13 1. ~~An~~Except as provided for under subsection 2, an individual required to report under
14 section 50-25.1-03 who has knowledge of or reasonable cause to suspect that a
15 woman is pregnant and has ~~used a~~engaged in the abuse of a controlled substance ~~for~~
16 ~~a nonmedical purpose or alcohol misuse~~ during the pregnancy shall report the
17 circumstances to the department or authorized agent if the knowledge or suspicion is
18 derived from information received by that individual in that individual's official or
19 professional capacity.

2. An individual required to report under section 50-25.1-03 is exempt from reporting under subsection 1 if the individual is providing or collaborating with other professionals to provide the woman with prenatal, or ~~other health care~~ substance abuse services, including voluntary entrance into a licensed treatment program. If the woman discontinues regular prenatal care, fails to follow treatment recommendations, or continues to engage in the abuse of a controlled substance or alcohol misuse, the individual shall report in accordance with subsection 1.
3. Any individual may make a voluntary report if the individual has knowledge of or reasonable cause to suspect that a woman is pregnant and ~~has used or engaged in the abuse of a controlled substance for a nonmedical purpose or alcohol misuse~~ during the pregnancy.
34. If a report alleges a pregnant woman's ~~use~~ abuse of a controlled substance ~~for a nonmedical purpose or alcohol misuse~~, the department or authorized agent immediately shall initiate an appropriate assessment that must include a referral for assessment of the presence of a substance use disorder with expectation to follow any treatment recommendations, and a referral for prenatal care. The department or authorized agent may also take any appropriate action under chapter 25-03.1.
4. ~~A report and assessment under this section is not required if the pregnant woman voluntarily enters treatment in a licensed treatment program. If the pregnant woman does not complete voluntary treatment, continues to use controlled substances for a nonmedical purpose, or fails to follow treatment recommendations, an individual required to report under section 50-25.1-03 who has knowledge of the failure to complete voluntary treatment, continued use of controlled substance for nonmedical purpose, or failure to follow treatment recommendations shall make a report as required by this section.~~
5. A report under this section must be made as described in section 50-25.1-04 and must be sufficient to identify the woman, the nature and extent of use, if known, and the name and address of the individual making the report.

SECTION 2. AMENDMENT. Section 50-25.1-17 of the North Dakota Century Code is amended and reenacted as follows:

50-25.1-17. Toxicology testing - Requirements.

1. If the woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose or alcohol misuse, upon the consent of the pregnant woman, or without consent if a specimen is otherwise available, a physician ~~shall~~may administer a toxicology test to a pregnant woman under the physician's care or to a woman under the physician's care within eight hours after delivery to determine whether there is evidence that she has ingested a controlled substance or alcohol. If the test results are positive, the physician ~~shall~~may report the results under section 50-25.1-03.1. A negative test result or the pregnant woman's refusal to consent to a test does not eliminate the obligation to report under section 50-25.1-03 if other evidence gives the physician reason to believe the patient has used a controlled substance for a nonmedical purpose or has engaged in alcohol misuse.
2. If a physician has reason to believe based on a medical assessment of the mother or the infant that the mother used a controlled substance for a nonmedical purpose or engaged in alcohol misuse during the pregnancy, the physician ~~shall~~may administer, without the consent of the child's parents or guardian, to the newborn infant born under the physician's care a toxicology test to determine whether there is evidence of prenatal exposure to a controlled substance or alcohol. If the test results are positive, the physician ~~shall~~may report the results as neglect under section 50-25.1-03. A negative test result does not eliminate the obligation to report under section 50-25.1-03 if other medical evidence of prenatal exposure to a controlled substance or alcohol misuse is present.
3. A physician or any other medical personnel administering a toxicology test to determine the presence of a controlled substance or alcohol in a pregnant woman, in a woman within eight hours after delivery, or in a child at birth or during the first month of life is immune from civil or criminal liability arising from administration of the test if the physician ordering the test believes in good faith that the test is required under this section and the test is administered in accordance with ~~an established protocol and~~ reasonable medical practice. A physician or any other medical personnel who

1 determines in good faith not to administer a toxicology test under this section is
2 immune from liability for not administering the test.

3 **SECTION 3.** A new section to chapter 50-25.1 of the North Dakota Century Code is created
4 and enacted as follows:

5 **Postpartum exposure to controlled substances or alcohol misuse - Reporting**
6 **requirements.**

7 An individual required to report under section 50-25-03 with knowledge or reasonable cause
8 to suspect a postpartum woman has engaged in the abuse of a controlled substance or alcohol
9 misuse is exempt from reporting when the individual is providing or collaborating with other
10 professionals to provide the woman or her infant with ~~health care~~ postpartum or substance
11 abuse services, including voluntary entrance into a licensed treatment program. If the woman
12 discontinues regular postnatal care, fails to cooperate in the provision of services for the infant,
13 fails to follow treatment recommendations, or continues to engage in the abuse of a controlled
14 substance or alcohol misuse, the individual shall report in accordance with section 50-25-03.

15 **SECTION 4. REPEAL.** Section 50-25.1-18 of the North Dakota Century Code is repealed.

**REPORT OF STANDING COMMITTEE
AMENDED SB 2232**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.0343.03002](#)) and when so amended, recommends **DO PASS** (7 YEAS, 6 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). SB 2232, as amended, was placed on the Sixth order on the calendar.

25.0343.03001
Title.

Prepared by the Legislative Council
staff for Representative M. Ruby
March 25, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

SENATE BILL NO. 2232

Introduced by

Senators Meyer, Lee, Roers

Representatives Dobervich, O'Brien, Stemen

1 A BILL for an Act to create and enact a new section to chapter 50-25.1 of the North Dakota
2 Century Code, relating to an exemption for postpartum exposure to controlled substances and
3 alcohol; to amend and reenact sections 50-25.1-16 and 50-25.1-17 of the North Dakota Century
4 Code, relating to reporting requirements for prenatal exposure to controlled substances and
5 alcohol abuse and toxicology test requirements; and to repeal section 50-25.1-18 of the North
6 Dakota Century Code, relating to reporting requirements for prenatal exposure to alcohol
7 misuse.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1. AMENDMENT.** Section 50-25.1-16 of the North Dakota Century Code is
10 amended and reenacted as follows:

11 **50-25.1-16. Prenatal exposure to controlled substances or alcohol misuse - Reporting**
12 **requirements.**

13 1. ~~An~~Except as provided for under subsection 2, an individual required to report under
14 section 50-25.1-03 who has knowledge of or reasonable cause to suspect that a
15 woman is pregnant and has ~~used a~~engaged in the abuse of a controlled substance ~~for~~
16 ~~a nonmedical purpose or alcohol misuse~~ during the pregnancy shall report the
17 circumstances to the department or authorized agent if the knowledge or suspicion is
18 derived from information received by that individual in that individual's official or
19 professional capacity.

- 1 2. An individual required to report under section 50-25.1-03 is exempt from reporting
2 under subsection 1 if the individual is providing or collaborating with other
3 professionals to provide the woman with prenatal, mental health, or other health-
4 care substance abuse services, including voluntary entrance into a licensed treatment
5 program. If the woman discontinues regular prenatal care, fails to follow treatment
6 recommendations, or continues to engage in the abuse of a controlled substance or
7 alcohol misuse, the individual shall report in accordance with subsection 1.
- 8 3. Any individual may make a voluntary report if the individual has knowledge of or
9 reasonable cause to suspect that a woman is pregnant and has used or engaged in the
10 abuse of a controlled substance for a nonmedical purpose or alcohol misuse during the
11 pregnancy.
- 12 34. If a report alleges a pregnant woman's use or abuse of a controlled substance ~~for a~~
13 ~~nonmedical purpose or alcohol misuse~~, the department or authorized agent
14 immediately shall initiate an appropriate assessment that must include a referral for
15 assessment of the presence of a substance use disorder with expectation to follow
16 any treatment recommendations, and a referral for prenatal care. The department or
17 authorized agent may also take any appropriate action under chapter 25-03.1.
- 18 4. ~~A report and assessment under this section is not required if the pregnant woman~~
19 ~~voluntarily enters treatment in a licensed treatment program. If the pregnant woman~~
20 ~~does not complete voluntary treatment, continues to use controlled substances for a~~
21 ~~nonmedical purpose, or fails to follow treatment recommendations, an individual~~
22 ~~required to report under section 50-25.1-03 who has knowledge of the failure to~~
23 ~~complete voluntary treatment, continued use of controlled substance for nonmedical~~
24 ~~purpose, or failure to follow treatment recommendations shall make a report as~~
25 ~~required by this section.~~
- 26 5. A report under this section must be made as described in section 50-25.1-04 and must
27 be sufficient to identify the woman, the nature and extent of use, if known, and the
28 name and address of the individual making the report.

29 **SECTION 2. AMENDMENT.** Section 50-25.1-17 of the North Dakota Century Code is
30 amended and reenacted as follows:

50-25.1-17. Toxicology testing - Requirements.

1. If the woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose or alcohol misuse, upon the consent of the pregnant woman, or without consent if a specimen is otherwise available, a physician ~~shall~~may administer a toxicology test to a pregnant woman under the physician's care or to a woman under the physician's care within eight hours after delivery to determine whether there is evidence that she has ingested a controlled substance or alcohol. If the test results are positive, the physician ~~shall~~may report the results under section 50-25.1-03.1. A negative test result or the pregnant woman's refusal to consent to a test does not eliminate the obligation to report under section 50-25.1-03 if other evidence gives the physician reason to believe the patient has used a controlled substance for a nonmedical purpose or has engaged in alcohol misuse.
2. If a physician has reason to believe based on a medical assessment of the mother or the infant that the mother used a controlled substance for a nonmedical purpose or engaged in alcohol misuse during the pregnancy, the physician ~~shall~~may administer, without the consent of the child's parents or guardian, to the newborn infant born under the physician's care a toxicology test to determine whether there is evidence of prenatal exposure to a controlled substance or alcohol. If the test results are positive, the physician ~~shall~~may report the results as neglect under section 50-25.1-03. A negative test result does not eliminate the obligation to report under section 50-25.1-03 if other medical evidence of prenatal exposure to a controlled substance or alcohol misuse is present.
3. A physician or any other medical personnel administering a toxicology test to determine the presence of a controlled substance or alcohol in a pregnant woman, in a woman within eight hours after delivery, or in a child at birth or during the first month of life is immune from civil or criminal liability arising from administration of the test if the physician ordering the test believes in good faith that the test is required under this section and the test is administered in accordance with ~~an established protocol and~~ reasonable medical practice. A physician or any other medical personnel who

1 determines in good faith not to administer a toxicology test under this section is
2 immune from liability for not administering the test.

3 **SECTION 3.** A new section to chapter 50-25.1 of the North Dakota Century Code is created
4 and enacted as follows:

5 **Postpartum exposure to controlled substances or alcohol misuse - Reporting**
6 **requirements.**

7 An individual required to report under section 50-25-03 with knowledge or reasonable cause
8 to suspect a postpartum woman has engaged in the abuse of a controlled substance or alcohol
9 misuse is exempt from reporting when the individual is providing or collaborating with other
10 professionals to provide the woman or her infant with health care services, including voluntary
11 entrance into a licensed treatment program. If the woman discontinues regular postnatal care,
12 fails to cooperate in the provision of services for the infant, fails to follow treatment
13 recommendations, or continues to engage in the abuse of a controlled substance or alcohol
14 misuse, the individual shall report in accordance with section 50-25-03.

15 **SECTION 4. REPEAL.** Section 50-25.1-18 of the North Dakota Century Code is repealed.