



Sarah Inskip, she/her
Opponent Testimony for Senate Bill 216
Ohio Senate Judiciary Committee
Tuesday, February 8, 2022

Chairman Manning, Vice Chair McColley Ranking Member Cecil Thomas, and members of the Senate Judiciary Committee, thank you for allowing me to provide testimony in opposition to Senate Bill 216.

My name is Sarah Inskip and I'm the Ohio Policy and Movement Building Director with URGE: Unite for Reproductive and Gender Equity. URGE is a multi-state Reproductive Justice organization led by and for young Black and brown queer, transgender, and gender-nonconforming people in the South and Midwest. As a Reproductive Justice organization dedicated to gender equity, bodily autonomy, and ability to parent children in safe and sustainable communities, URGE opposes policies such as Senate Bill 216 because it would penalize birthing parents, separate families, and increase criminalization rather than investing and making holistic health care and harm reductionist approaches more accessing in our state.

An alarming trend has taken place across the country with policymakers focusing on criminalization of substance use during pregnancy. 25 states in addition to the District of Columbia consider substance use during pregnancy to be child abuse.¹ It's clear that with the introduction of Senate Bill 216, that some misguided policymakers seek to make Ohio the 26th despite years of overwhelming research and evidence demonstrating that child removal results in both emotional distress and trauma for the child and prevents parents from getting the support and help they need.

If passed and enacted, Senate Bill 216 would mandate that Child Protective Services (CPS) conduct a drug test on any pregnant person and/or newborn if the agency receives a "report of child abuse regarding alleged substance-exposed infant". Among the myriad of concerns of mandating testing and/or reporting, studies have shown that it strains provider-to-patient relationship, causing a breakdown of trust, and patients disengaging in prenatal and postpartum care for fear of facing legal consequences such as incarceration and family separation.² People seeking any form of health care – whether it be obstetric-gynecological, mental health care, and/or treatment for a substance use disorder – should not fear incarceration, loss of child custody, or discontinuation of housing and other social services. Ohioans should be able to access the health care services they need, without judgement or stigma, and be supported getting the care they need to keep them and their family healthy and together.

Legislation that seeks to increase criminalization disparately impacts Black people and families. A study found that in a hospital setting Black women and their newborns were 1.5 times more

¹ Guttmacher. *Substance Use During Pregnancy*. <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>.

² Roberts SC, Nuru-Jeter A. Women's perspectives on screening for alcohol and drug use in prenatal care. *Womens Health Issues* 2010;20:193–200.



likely be to tested in comparison to non-Black women during prenatal care and after delivery despite rates of positive toxicology tests being equivalent among races.³ Racial bias in health care systems is widely documented, and under Senate Bill 216, Black women and families with low-incomes in Ohio will continue to the targets of policies such as this and will face greater legal consequences as a result. This legislative body should instead be focused on further investing and implementing programs to address the state's alarming Black infant and maternal mortality rates, which includes widening access to comprehensive reproductive health care services such sexual health education, contraception access and routine preventative care, and abortion services.

Additionally, the reunification requirements under Senate Bill 216 are simply not realistic and will set the individual convicted up for failure. Both parents - regardless the other having a diagnosed substance use disorder - must complete mandated training, which includes inpatient rehabilitation provided by a community addiction service provider in addition to completing an in-home study. The bill prohibits CPS from granting custody to any person in the household, including another adult such as a grandparent or other family member, or from leaving the child with the parent in a protective supervision status. Contact between the parent and the child is prohibited until they comply with all previously mentioned requirements. The parent and the child are not allowed to be in the same household, which includes non-custodial relationships, putting family members and loved ones in the difficult position to choose between supporting the parent or the child. Monthly drug testing is then required for three months before a child can be reunited with their parent/caregiver/guardian, and six months after the reunification. If the parent is not enrolled in Medicaid, they will be required to pay for their mandated substance testing, regardless of whether they can afford it. Reunification begins with supervised visits only. Following the completed monthly testing requirements, unsupervised weekends visits can begin. Following reunification, monthly home is required for three months. Additionally, monthly examinations of the child are conducted health care professional and coordinated with CPS occur for six months followed by six more months of drug testing, if the other parent has not gone through the requirements, they are not allowed to see the child, and if a home visit or medical appointment must be rescheduled the parent has to notify CPS within 24 hours. If, at any point, there is one positive drug test throughout the screening period, this entire process starts over. This punitive process would set anyone up for failure. These requirements go beyond punishing the convicted individual, but their family members and support people from being able to help provide for the child who is exposed to the trauma of constant government intervention and the high possibility of their parent being unable to comply with this rigorous process.

While perhaps well intentioned, Senate Bill 216 will not help pregnant and birthing Ohioans or their families. A positive drug test does not determine a person's ability to be a good parent.

³ Kunins, Hillary Veda et al. "The effect of race on provider decisions to test for illicit drug use in the peripartum setting." *Journal of women's health* (2002) vol. 16,2 (2007): 245-55. doi:10.1089/jwh.2006.0070



Using drugs and having a medically diagnosed substance use disorder is not a moral failing and the Ohio legislature should not be further criminalizing it as such. It's overdue that Ohio retracts punitive legislation and works to identify and implement evidence-based strategies outside the legal system to address the needs of people who use drugs. With that, I urge a no vote on Senate Bill 216, and am happy to answer any questions the committee has.