



Madam Chair and Members of the Committee,

My name is Jade Woodard, Executive Director of Illuminate Colorado and Co-Chair of the Colorado Substance Exposed Newborns Steering Committee through the Attorney General's Substance Abuse Trend and Response Taskforce. Illuminate is a statewide nonprofit working to strengthen families, organizations, and communities to prevent child maltreatment. I am writing this letter in support of SB20-028 Substance Use Disorder Recovery on behalf of Illuminate, the Colorado Chapter of Prevent Child Abuse America.

This statute change to the Children's Code is a critical piece of supporting recovery for caregivers with a substance use disorder while also ensuring children's safety. Under current statute, if an infant tests positive at birth for a schedule I or II controlled substance, the birth parent may receive a substantiation of child abuse based on the positive test alone. De-emphasizing the focus on positive drug tests for controlled substances at time of birth is intended to increase consistency in holistic assessments of a family's needs and strengths, as well as align Colorado statute more closely to the federal 2016 Child Abuse Treatment and Prevention Act related to supporting families with a plan of safe care. Using a two-generation approach by keeping mothers and their children together during treatment improves physical and psychological outcomes--and works to prevent additional state costs down the line.

SB20-028 supports substance use disorder recovery by:

- Addressing the ways fear and stigma prevent pregnant people from accessing services.
- Ensuring families are assessed holistically.
- Supporting attachment and bonding within the birth parent/infant dyad.
- Incorporating shifts in clinical practices for neonatal abstinence syndrome.
- Acknowledging the limitations of toxicology testing related to prenatal substance exposure.
- Accounting for the implications of prenatal substance exposure.
- Aligning state and federal statute.

The bill language has been thoroughly vetted by a large group of committed stakeholders. It has taken more than five years of stakeholder meetings to arrive on this language and our stakeholder group is proud and hopeful about the positive impact to families this change will have. Being able to understand the impact of the Children's Code change in our data will be key to making sure we continue to get this right for families. The pandemic is further exacerbating social isolation, unemployment, and mental health stressors, all of which have been shown to increase substance use and increase the risk of relapse for those in recovery. The wellbeing and recovery of families must remain urgent and high priority.

Please join Illuminate Colorado in our support of SB20-028.

Thank you for your consideration. Please let me know if you have questions or comments, as I am available for any follow up.

Sincerely,

Jade Woodard, MPA
Executive Director
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Dear Members of the House Health and Insurance Committee,

I am Melanie Rose Rodgers, President and Co-founder of Safe Access Colorado, an state organization that serves patients and helps advocate for safe and legal medical cannabis access. I am testifying in support of SB20-28 on behalf of myself and for my organization, Safe Access Colorado. I ask for a YES vote on SB20-28.

Although SB20-28 Substance Use Disorder Recovery has been amended and stripped down, it still contains crucial statute change: a revision to child abuse and neglect definitions related to prenatal substance exposure in Colorado's Children's Code. This bill language has been thoroughly vetted by a large group of committed stakeholders, taking more than five years to arrive at this language. I was pleased to have taken part in those meetings in the past. They were difficult conversations then and it took years to get here. We have worked together to support this bill. Our stakeholder group is proud and hopeful about the positive impact to families this change will have.

SB20-28...

- **Addresses urgent need in the midst of the pandemic and budget shortfall:**
 - Using a two-generation approach by keeping parents and their children together during treatment improves physical and psychological outcomes--and works to prevent additional state costs down the line.
 - The pandemic is further exacerbating social isolation, unemployment, and mental health stressors, all of which have been shown to increase substance use and increase the risk of relapse for those in recovery.
 - The wellbeing and recovery of families must remain urgent and high priority.

- **Aligns with our state's CAPTA requirements:**
 - Federally, there has been a shift in how hospital staff and child welfare staff approach families with infants who are identified as affected by substance use.
 - Congress amended the Child Abuse Prevention and Treatment Act (CAPTA) regarding infants and their families in 2016 to require the creation of a Plans of Safe Care which address the needs of both infants and their affected caregivers.
 - Aligning state statute with federal requirements will ensure Colorado is fulfilling its obligations to serve families.

- **Acknowledges the limitations of toxicology testing alone related to prenatal substance exposure:**
 - Under current statute, if an infant tests positive at birth for a schedule I or II controlled substance, the birth parent may receive a substantiation of child abuse based on the positive test alone.
 - Toxicology testing has limitations and depending on collection, storage, and testing methods may not provide enough information to make a determination of child abuse based on safety and risk considerations.

- While a positive toxicology test may communicate an important piece of information, it does not provide a full picture of the impacts on a child or of the risks present.
- **Supports attachment and bonding within the maternal/infant dyad:**
 - Maternal and child outcomes are better when their needs are addressed in a dyad, and this acknowledgement can reduce apprehension and barriers to receiving services.
 - Whenever safe, families should remain together, and services should simultaneously address both the needs of the parents/caregivers and the needs of the child.
 - Pregnancy and the postpartum time period are psychologically and physiologically increased times of motivation to improve health and wellness, including addressing behavioral health issues.
- **Addresses the ways fear and stigma prevent pregnant people from accessing services:**
 - Fear of the child welfare system or criminal justice system may disincentivize a pregnant person with a substance use disorder from receiving prenatal care, giving birth in a medical setting, or seeking substance use disorder treatment, all of which may ultimately worsen the effects of prenatal substance exposure.
 - Research shows that the outcomes are best when a pregnant person using substances engages in both prenatal care and substance use disorder treatment.
 - Reducing fear increases engagement in services, promotes child and family well-being, and may prevent recurrence of prenatal substance exposure.
- **Ensures families are assessed holistically:**
 - Determinations of child abuse should be based on a thorough assessment of threats to the health or welfare of a child.
 - The context of the situation, home environment, child care/supervision, support systems, attachment, and a family's risk and protective factors should all be considered.
 - Substance use disorders in women often co-occur with mental health issues, trauma, sexual violence, and/or intimate partner violence, and thus must be supported in ways that factor in the broader context.
- **Incorporates shifts in clinical practices for neonatal abstinence syndrome:**
 - Parents are integral to the care of infants with neonatal abstinence syndrome (NAS).
 - New strategies to assess and treat NAS such as the Eat, Sleep, Console (ESC) Assessment and increased family engagement in care support skin-to-skin contact with parent(s), rooming in with parent, on-demand human milk feeding/breastfeeding, coordinating care with feeding times, as well as involvement, education, and empowerment of parents during the hospitalization.

- SB20-28, by supporting the recovery of parents, allows expanded opportunity to engage in the care of their infants.

Thank you.

Sincerely,

Melanie Rose Rodgers

President, Safe Access Colorado

Written testimony in support of SB20-028, the Substance Use Disorder Recovery Bill

*Submitted by Heather Thompson, MS, PhD
Deputy Director, Elephant Circle; heather@elephantcircle.org*

My name is Heather Thompson and I am Deputy Director of Elephant Circle, a birth justice organization. I am also testifying on behalf of the Colorado Coalition to Protect Children and Family Rights, a coalition dedicated to creating humane policies for families affected by substance abuse.

I am testifying in support of Senate Bill 028. In particular, I want to highlight our enthusiastic support for sections 2 and 3, which amend one of Colorado's definitions of child abuse and neglect as it relates to toxicology at birth and newborns.

Since 2014, Elephant Circle has been supporting families who experience CPS intervention during pregnancy or early parenting as a result of substance use. We also support and educate perinatal healthcare providers who work with these families.

We have witnessed the harm inflicted by the current definition many times.

The current definition directly links a newborn's positive drug test at birth to an automatic finding of child abuse or neglect. While it can be tempting to think that a simple drug test could determine abuse or neglect, the data are clear: the current definition is bad for Coloradans.

The current definition is harming families. We see firsthand how the fear and stigma created by this definition discourages pregnant parents from seeking needed support and treatment. Pregnancy is a time where motivation for behavior change is high – and can be an excellent time for families to successfully address substance abuse and addiction. But the current definition punishes parents, even in cases where CPS acknowledges there is *no safety risk*. This prevents families from seeking the resources they need.

As a physiologist, I know that newborn human mammals thrive when they are supported in the context of a parent-baby dyad. The current definition pits parents and babies against each other in the vulnerable hours just after birth, eroding the tremendous biologic potential of skin-to-skin contact during this time.

The current definition also undermines providers. We hear from providers regularly that the current definition hampers their ability to build a therapeutic relationship with their clients. Such a relationship is critical to perinatal success.

The current definition needs to be replaced.

Elephant Circle and the Coalition participated in a 5 year process in which an extraordinarily diverse group of stakeholders labored to replace the current definition with consensus language that would work for us all. Sections 2-3 of SB 028 are the result of that effort. I encourage a yes vote on SB 028.

Witness Signup List

SUBMITTED WRITTEN TESTIMONY

Committee House Health & Insurance
Meeting Date 06/10/2020 Upon Adjournment

| Registered | Bill Number | First Name | Last Name | Position on Bill | Representing | Status | Testifying | Text of Testimony |
|----------------|-------------|--------------|-----------|------------------|--|--------|----------------|---|
| 6/9/2020 20:45 | SB20-028 | Chara | Newman | For | Self | Open | Submitted text | I smoked cannabis while pregnant with my first child. It helped with my nausea and I was rather cheerful and healthy the entire pregnancy. I was 20 years old when I became pregnant. I didn't have to work. I exercised and ate healthy, unprocessed foods. |
| 6/10/2020 9:11 | SB20-028 | Heather | Thompson | For | Elephant Circle and the Colorado | Open | Uploaded file | |
| 6/9/2020 12:29 | SB20-028 | Jade | Woodard | For | Illuminate | Open | Uploaded | |
| 6/10/2020 8:06 | SB20-028 | Kimberly | Allen | For | Colorado Coalition to Protect Children and Family Rights | Open | Submitted text | Although SB20-28 Substance Use Disorder Recovery has been amended and stripped down, it still contains crucial statute change: a revision to child abuse and neglect definitions related to prenatal substance exposure in Colorado's Children's Code. This bill language has been thoroughly vetted by a large group of committed stakeholders, taking more than five years (4 years personally) to arrive at this language. Our stakeholder group is proud and hopeful about the positive impact to families this change will have. |
| 6/10/2020 8:53 | SB20-028 | Melanie Rose | Rodgers | For | Safe Access | Open | Uploaded | SB20-28 addresses urgent need in the midst of the pandemic and budget shortfall: Using a two-generation approach by keeping parents and their children together during treatment improves physical and psychological outcomes--and works to prevent |