

The Honorable Senator Suzanne Chun Oakland
The Senate Committee on Human Services

SB 1177

Thursday, February 12, 2009

Conference Room 0116, at 1:45 pm.

Introduction:

My name is Joseph W. Turban, MD, and I am the medical director at Ku Aloha Ola Mau, the methadone clinic formerly known as DASH, Inc.

I would like to offer testimony on SB1177, as I am in favor of this measure.

I feel this measure is important, as we as a society should protect those who are unable to protect themselves. If indeed this concept is true, then who of us is more helpless than a fetus? A fetus is totally at the mercy of the whim of the mother. After the fetus is born, an outside party can intervene on his/her behalf, but such intervention is not possible while *in utero*.

The argument may be made that the fetus is not a legal entity, and is not entitled to protection under the law, but several states have passed legislation contrary to that notion. Others would argue against legislature that creates an adversarial relationship between mother and baby, which could potentially violate the mother's constitutional rights. This is not an invalid argument; however, I submit, when a woman has made a conscious decision to become a mother (and in Hawaii, she is afforded that decision), she accepts a responsibility to act in that baby's best interest. And if she engages in behavior that is clearly detrimental to the health of the baby, there should at least be a mechanism in place so that she can be referred and helped to the extent necessary to complete her pregnancy with a minimum disruption to the health of the fetus.

As it stands now, there is no adequate mechanism in place. I feel it is somewhat perplexing that, Child Welfare Services (CWS) may be consulted on a one year old, a one month old, a one day old, or even a one minute old baby, but not while the baby is still within the mother. Does the mother assume a greater level of responsibility after the baby has been born? I say no, that responsibility starts the moment she makes the decision to become a mother. And if we hold her accountable for her actions after the baby is born, it seems contradictory not to hold her to the same standard while the baby is *in utero*.

Some of my colleagues have told me they feel this measure could discourage potential at-risk mothers from seeking prenatal care for fear of the dreaded "CPS" referral. When I explore further with them, it becomes clear that there is a perception among mothers that CPS is a punitive organization that will take their children away. I feel this possible perception of CWS should not deter us from doing the right thing, and protecting those

among us unable to protect themselves. Measures on how to possibly improve the perception about CWS are beyond the scope of this testimony.

Before closing, I would like to mention the case of a young pregnant mother-to-be, who was felt to be at risk, and a call was made to CWS, but the response was that CWS was unable to make a referral until the baby was born. After approximately one month, the baby was found to have a fractured limb, and CWS was then involved. I cannot help but wonder, if the suffering on the part of the baby could not have been prevented had CWS been allowed to investigate and intervene, if appropriate.

I humbly ask that you give this measure your fullest consideration, and in your eminent knowledge, craft this legislation so that we can protect our future fetuses.

Joseph W. Turban, MD

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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809

February 12, 2009

MEMORANDUM

TO: Honorable Suzanne Chun Oakland
Senate Committee on Human Services

FROM: Lillian B. Koller, Director

SUBJECT: S.B. 1177 - RELATING TO PRENATAL EXPOSURE TO CONTROLLED
SUBSTANCES

Hearing: Thursday, February 12, 2009, 1:45 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of this bill is to require specified persons to report possible non-medical drug or alcohol abuse by a pregnant woman to the Department of Human Services. Allows voluntary reporting by anyone else. Requires Department of Human Services to make an assessment and offer services to the pregnant woman.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) acknowledges that this measure has merit; however, given the current fiscal difficulties, it would not be prudent to pursue enactment at this time.

Further, DHS cannot support the measure for the following reasons:

1. The bill specifies that "notwithstanding any state laws to the contrary" and requires specified persons to report possible drug or alcohol abuse by a pregnant woman. There are Federal statutes such as, 42 C.F.R., Part 2, Sections

290dd and 290ee, which specify that records or other information concerning any patient in a Federally assisted alcohol or drug abuse program, including their identity, diagnosis, prognosis and treatment, are confidential. Persons violating Federal statutes cannot be provided immunity by state law.

2. The bill requires DHS to conduct an appropriate assessment and offer services indicated under the circumstances. Chapter 587, Hawaii Revised Statutes, is clear that DHS is only authorized to intervene if a report is received that a "child" has been harmed or is subject to threatened harm. Pursuant to chapter 587, a child is defined as a "person who is born alive and is less than eighteen years of age". An unborn child does not meet this definition.
 3. The Department cannot support this measure because it would adversely impact the priorities set forth in the Executive Biennium Budget for Fiscal Years 2009-2010.
- Thank you for this opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH SERVICES
820 Milliani Street, Suite 817
Honolulu, Hawaii 96813

Phone: (808) 587-5700
Fax: (808) 587-5734

February 12, 2009

TO: The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services

FROM: Martha T. Torney, Executive Director

**SUBJECT: SB 1016, MAKING AN APPROPRIATION FOR THE BIG ISLAND
JUVENILE INTAKE AND ASSESSMENT CENTER**

Hearing: Thursday, February 12, 2009; 1:45 p.m.
State Capitol, Conference Room 016

The Office of Youth Services does not support SB 1016, which makes an appropriation to the County of Hawaii for the establishment of a juvenile intake and assessment center in Pahoehoe. We acknowledge that this measure has merit; however, given the current fiscal difficulties, it would not be prudent to pursue enactment at this time.

Thank you for the opportunity to present this testimony.



WOMEN'S CAUCUS

DEMOCRATIC PARTY OF HAWAII

Hawai'i State Democratic Women's Caucus 1050 Ala Moana Blvd #D-26, Honolulu, HI 96814 Email: hidemocraticwomenscaucus@yahoo.com

February 12, 2009

To: Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair and
Members of the Committee on Human Services

From: Allicyn Tasaka, Co-Chair, Hawai'i State Democratic Women's Caucus

Re: SB 1177 RELATING TO PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES
Hearing: February 12, 2009, 1:45 p.m., Room 016

Position: STRONG OPPOSITION

Thank you for allowing me to testify today, in strong opposition to SB 777 Relating to Prenatal Exposure to Controlled Substances.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawai'i's women and girls. It is in keeping with our mission that we oppose this measure which includes a provision allowing the involuntary emergency admission of a pregnant woman to a hospital.

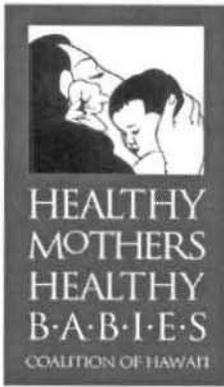
Establishing a policy where pregnant women are subject to the surveillance and third-party reporting by health care personnel only serves to isolate pregnant women from prenatal and other health care services that they need; leading to pregnancy complications and pre-term labor, which are more costly to Hawai'i and increases risks to the new-born.

Allowing members of the public to inform the Department of Human Services on what a pregnant woman consumes invites false reporting further stigmatizing and marginalizing women with substance-use problems.

The first priority is to encourage pregnant women to seek prenatal care; the desired outcome is a healthy mother and a healthy baby; creating a healthy mother-child bond, and a stable, thriving family; where families are encouraged to stay together.

We encourage this committee to look to other solutions. One such solution is the PATH Clinic which was established by the Legislature in 2006. This clinic provides perinatal services to women with substance-use disorders. Women are provided with prenatal care and social services after the birth of their child. The clinic has demonstrated success.

We urge the committee to hold SB 1177. Thank you for the opportunity to testify.



February 9, 2009

Committee on Human Services

SB 1177

Chairperson Suzanne Chun Oakland and Vice Chair Less Ihara, Jr. and
Members of the Committee

Honorable Chairperson Chun Oakland, Vice Chairperson Ihara and Members of the
Committee On Human Services

My name is Jackie Berry, Executive Director of Healthy Mothers Healthy Babies Coalition
of Hawaii. HMHB IS IN STRONGLY AGAINST THE PASSAGE OF SB 1177 Relating to
Prenatal Exposure To Controlled Substances.

This bill works against encouraging women to seek prenatal care which is a necessary
component to having a healthy baby. Establishing a policy in which pregnant women are
subjects of surveillance further isolates women from needed services. The Association of
Maternal and Child Health Programs state "the threat of criminal prosecution prevents many
women from seeking prenatal care and early intervention for their alcohol or drug
dependence,dissuades women from providing accurate and essential information
to health care providers. The consequence is increased risk to the health and development of
their children and themselves."

In 2006 the Legislature approved a pilot program for substance using pregnant women. The
PATH Clinic provides prenatal care and substance abuse assessment, education and
counseling. In the approximate 1-1/2 years of services, all the babies have been born drug
free. This is the appropriate approach to the issue of pregnant women who have substance
use problems.

We urge you NOT to support the passage of this bill.

Mahalo for your consideration of this issue and our testimony.

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February 11, 2009

To: Senator Suzanne Chun Oakland, Chair
Les Ihara, Jr., Vice Chair
Human Services Committee

From: Lin Joseph
Director of Program Services

Re: SB1177

Chair Chun Oakland, Vice Chair Ihara, and members of the committee:

The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. I am writing to express the strong opposition of the March of Dimes for Senate Bill 1177, requiring specified persons to report possible non-medical drug or alcohol abuse by a pregnant woman to the Department of Human Services. We believe this bill would deter women who are using substances from essential prenatal care.

The interests of mothers and their babies are interdependent and substance abuse threatens the health of both. Drug abuse during pregnancy can lead to low birth weight, prematurity, birth defects, and infant mortality. The National Institute on Drug Abuse estimates that in the United States 6 million women of childbearing age are current users of illicit drugs. In Hawaii, the Department of Health found that approximately three percent of women reported using some illicit drugs while they were pregnant. These figures reveal a high and unnecessary burden of risk and damage to infants.

The March of Dimes works to prevent or reduce drug abuse before and during pregnancy. The Foundation supports basic research regarding reproductive hazards, including substance abuse. The Hawaii chapter of the March of Dimes funds local programs that care local pregnant women who abuse substances.

The March of Dimes strongly supports universal availability of comprehensive services for substance-abusing pregnant women, including prenatal care, drug treatment, and social support services. However, the March of Dimes believes that requiring all health care providers to report pregnant women who may be using controlled substances or alcohol to the Department of Human Services would deter women from seeking prenatal care and/or drug treatment.

Mahalo for the opportunity to present our opposition of this bill.



TO: SENATE COMMITTEE ON HUMAN SERVICES

FROM: PAMELA LICHTY, MPH, PRESIDENT

RE: SB 1177 RELATING TO PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES – **IN OPPOSITION**

DATE: FEBRUARY 12, 2009, 1:45 p.m. , Room 016

The Drug Policy Action Group strongly opposes this bill which demonstrates a punitive and paternalistic attitude towards pregnant women and exemplifies the “nanny state” at its worst. For two decades research has shown us that punitive treatment of substance-using pregnant women is counter-productive and results in a delay or avoidance of prenatal care which is vital to a healthy pregnancy and delivery. The approach of integrated holistic perinatal care offered by the PATH Clinic in Kaimuki offers a successful model of a non-punitive program with excellent birth outcomes. The approach in SB 1177 should be rejected in favor of innovative and effective programs such the PATH Clinic offers.

Section 2 c. calls for an appropriate assessment and referral to be offered, but ignores the reality of the shortage of treatment options, especially on the neighbor islands. The involuntary emergency admission to a hospital is clearly overkill except perhaps in the rare case where the woman poses a danger to self or others. In this case, other laws regarding involuntary hospitalization would likely kick in. The final insult is that the costs of such a hospitalization would be borne by the pregnant woman or covered by “applicable public assistance programs”. This ignores the current reality of program cutbacks and treatment shortages of all kinds.

Finally from a technical point of view the title of the measure is flawed since “alcohol” is not a “controlled substance”.

We urge the committee to hold this bill. Thank you for the opportunity to testify.

To: Senator Suzanne Chun Oakland, Chair
Members Human Services

From: Renee Schuetter, RN, MEd
Executive Director
The PATH Clinic - Perinatal Addictions Treatment Hawaii

Re: In strong opposition of SB1177

Dear Senator Chun Oakland and others:

As a nurse, counselor and director of a perinatal clinic for substance using pregnant women; I appreciate the concern for the well being of pregnant women and their developing fetuses that the writers of this bill may be expressing. However, my experience working in this field leads me to the strong opinion that passage of this bill would create a situation in which women drinking or using substances will be **less** likely to receive prenatal care, which research demonstrates has a strong ameliorative effect on the developing fetus. It would create a situation in which addicted pregnant women would tend to become even **more isolative**, which places them and their developing fetuses even more at risk for poor nutrition, domestic violence, and lack of medical care.

In 2000 the American Public Health Association made the following statement, " Research and clinical experience teach that when the personal risks of seeking medical care are raised to intolerably high levels, it is more likely that prenatal care and patient candor – and not drug use – will be what is deterred, often with tragic consequences."

The Path Clinic outcomes have demonstrated that women at high-risk for preterm labor and low birth weight infants due to poverty and addiction have birth outcomes that are **better** than the average for all women in the state and nation when they receive prenatal clinical and social services that address their addiction in a manner that is nonjudgmental and voluntary. The greatest challenge is to communicate to pregnant women using alcohol or other substances that Path is a "safe" place to go for treatment, that they will not be reported to Child Welfare as they work to address their addiction during pregnancy.

A large number of women struggling with addiction and a large number of health care providers incorrectly believe that reporting of substance use during pregnancy is currently mandatory. This misconception contributes to inadequate screening of substances and alcohol use during pregnancy. Women are less likely to admit use and providers avoid asking about use in a manner that might require them to damage their relationship with their patient by reporting their use to Child Welfare. Since 2007, the Path Clinic and the Childrens Research Triangle team have worked to correct that misconception so that addiction during pregnancy can be more openly discussed and more effectively addressed. The outcomes of the efforts on the island of Hawaii and at the Path Clinic indicate that addressing the issue of addiction during pregnancy in an informed, open, nonjudgmental manner that demonstrates concern for the wellbeing of the mother and infant is effective.

This bill would undermine the work currently being done in the community to improve the screening, assessment, referral, and treatment of pregnant women with addiction in order to improve the health of babies and the ability of women to capably parent their children. I appreciate your consideration of this testimony.

Sincerely,
Renee Schuetter

To: Senator Suzanne Chun-Oakland, Chair
Senator Les Ihara, Vice Chair
Members of Senate Committee on Human Services and Public Housing

From: Tricia Wright, MD, Assistant Professor
Department of Obstetrics, Gynecology & Women's Health, University of
Hawaii John A. Burns School of Medicine
Medical Director, Perinatal Addiction Treatment of Hawaii (PATH clinic)

Re: Senate Bill 1177

To Members of the Senate Committee on Human Services:

I cannot support this bill as written, and I urge you not to support it. As medical director of the PATH clinic, which provides prenatal care to women with past or present difficulties with substance use disorders, I can testify that fear of child protective services involvement serves to keep women from obtaining prenatal care and drug treatment services, which have been shown in multiple studies to ameliorate many of the complications of substance use during pregnancy. Rather than protecting children, this bill would serve to further alienate women from their physicians, leading to more pregnancy complications and a greater cost to society.

In addition, this bill does not add any further safeguards to children than already exist. State CAPTA legislation mandates "appropriate referrals to child protective service systems and other appropriate services, to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of an affected infant notify child protective services of the occurrence of the condition in the infant; provided that the notification shall not be construed to require criminal prosecution for any illegal action, as well as development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms." These children are already being identified at delivery if they are at risk. There is no need to get child welfare involved as a woman is struggling to obtain sobriety and get the prenatal care she and her unborn child desperately need.

Thank you for allowing me this opportunity to testify.

*This is not an official position of the University of Hawaii John A. Burns School of Medicine

Senator Suzanne Chun-Oakland, Chair
Senator Les Ihara, Vice-chair
Committee on Human Services and Public Housing

Julia Yoshimoto, MSW, Social Worker
The Path Clinic, 845 22nd Ave., Honolulu, HI 96816
Phone: (808) 734-2034

Thursday, March 12, 2009

Opposed to SB 1177, Relating to Prenatal Exposure to Controlled Substances

As the social worker for The Path Clinic, a comprehensive OB/GYN clinic specifically for pregnant women with a history of substance abuse or currently using substances during pregnancy, I work closely with the population that this bill targets. While I am pleased that the issue of substance abuse and pregnancy is receiving attention, I am strongly opposed to the bill's strategies to address the issue.

Through my work, I have seen that pregnant substance abusing women want to have healthy babies and can become capable parents. But, these positive outcomes become more difficult to achieve when the interventions instill shame and fear in the women. Mandated reporting will do just that. It will instill in the women incredible fear of losing their children and shame about their drug use that will alienate them from prenatal care and supports. I surveyed Path Clinic patients, who are now abstinent from drugs and parenting their children, about their thoughts on SB1177. I received resounding feedback that had such a law existed during their pregnancy they would not have sought out prenatal care. The patients also strongly believe that, if this bill is passed, future substance abusing pregnant women will avoid prenatal care. This response will increase the incidents of preterm births, increase risks to newborns and increase costs to Hawaii.

At the PATH Clinic, we have seen that pregnancy offers a unique opportunity to engage women in services that address substance abuse issues. Women begin to give greater consideration to stopping or cutting down their use and are looking for support to take on such a difficult endeavor. The women view mandated reporting to DHS as meaning that their babies will be taken away. The intense fear of losing their children will deter women from seeking out substance abuse treatment.

While I believe that it is important for health care providers and related professionals to address the issue of substance abuse with pregnant women, I also believe there is a more effective approach than mandated reporting to DHS. Efforts and resources would be better spent informing women about the existence of the PATH Clinic, the pilot program approved by the Legislature in 2006. The PATH Clinic is a place where women do not feel judged or afraid to ask for help. They are respected and supported as individuals with individual needs. The PATH Clinic has been effective in engaging pregnant women with addiction issues to receive prenatal care, substance abuse education, parenting skills, and counseling, as well as transitioning into residential and outpatient substance abuse treatment programs. The outcomes of the clinic illustrate the success of this approach. The PATH Clinic's preterm birthrate is 6.1% and low

birth weight rate is 4.1%. Both rates are about half that of the national rates. 93% of women who came to the PATH Clinic for prenatal care and engaged in services had negative drug screens on delivery. These outcomes signify a great savings to the people of Hawaii.

I strongly urge the committee to not pass SB1177, as this approach is counterproductive and effective approaches to address the issue of substance use during pregnancy exist. Thank you for the opportunity to testify.

February 10, 2009

To: Senator Suzanne Chun-Oakland, Chair
Senator Les Ihara, Vice Chair
Members of Senate Committee on Human Services and Public Housing

From: Cindy Nguyen, CD(DONA), CCE, MSW Student
University of Hawaii

Re: SB 1177: Relating to Prenatal Exposure to Controlled Substances

Position: Opposing SB 1177

Dear Members of the Senate Committee on Human Services:

I am writing in opposition to SB 1177. Although I appreciate the concern for a pregnant mother and her baby's health, mandatory reporting to Child Protective Services followed by a series of drug treatment interventions including involuntary emergency admission to a hospital at the mother's expense is not an appropriate response to address the potential dangers of substance use during pregnancy. Rather than encouraging women to seek prenatal care to ensure the health and safety of mother and baby, this bill will alienate women further from health care services because of the fear of incarceration, CPS involvement, and other punitive actions. According to the American Academy of Pediatrics Committee on Substance Abuse, "reporting drug addicted women who become pregnant may discourage mothers and their infants from receiving the very medical care and social support systems that are crucial to their treatment."

The risks of pregnancy complications and pre-term labor increases tremendously, adding enormous strain to our state's budget, if women do not seek prenatal care. Studies have shown that just four prenatal visits improve the birth outcomes of cocaine-using pregnant women. Without forcing drug treatment on the women, *proper* prenatal care can make a difference! Instead of mandatory reporting to CPS, health care providers and law enforcement should make referrals to OBGYN clinics that work specifically with substance abuse issues. The Path Clinic would be the appropriate choice because it offers OBGYN care and social support services such as substance abuse education/relapse prevention and healthy pregnancy/infant care classes.

SB 1177 does not consider the capacity of social support services that would be required to enact its mandate. Requiring DHS to assess and investigate these potential cases would overload their already taxed duties. This diverts CPS's attention away from urgent services such as investigating violence and abuse in the home. Hawaii also has a lack of treatment facilities to accommodate these pregnant women. The only residential facility in the entire state that works with this population is Salvation Army's Women Way with only twenty-some beds. There is always a waiting list to get in.

As a social worker, childbirth educator and doula, I do not support this bill. Although the concern is necessary, the punitive approach does more harm than good. In reality, Hawaii does not have the capacity to enact this bill the way it is written. We do, however, have the heart to offer services that support healthy mothers and healthy babies.



Testimony in OPPOSITION of SB 1177

To: The Senate Committee on Human Services
Hearing Thursday, February 12th 1:45 Room 016
From: Joshua Jensen
23aloha@gmail.com

I am writing in opposition of SB 1177. SB 1177, while well intended, may have horrible consequences for women and their children. The benefits of accessing prenatal care are well established in the literature and women who access care before birth have healthier babies, better recovery, lower incidences of still birth, birth defects and other negative birth outcomes. Women who are struggling with substance use need prenatal care even more, and yet SB 1177 will create a huge disincentive for pregnant women to access prenatal care. This bill will discourage women from seeking prenatal care and could actually contribute to an increase in risks for newborns and their mothers by creating a culture of fear surrounding the access of prenatal care.

The American Medical Association states “pregnant women will be likely to avoid seeking prenatal or open medical care for fear that their physician’s knowledge of substance abuse or other potentially harmful behavior could result in a jail sentence rather than proper medical treatment.” The American Academy of Pediatrics states “the (Academy) is concerned that (arresting drug addicted women who become pregnant) may discourage mothers and their infants from receiving the very medical care and social support systems that are crucial to their treatment” . These statements highlight what research tells us about the importance of having accessible, low threshold prenatal care services available for all women – especially those who need treatment for their substance use. Clinic’s such as Honolulu’s PATH Clinic provide such services to high-risk women with a current or former history of substance use. We need more services for pregnant women, not punitive measures such as SB 1177 which will further isolate pregnant women from the care they desperately need.

It is my understanding that the Child Abuse Prevention and Treatment Act already contain provisions that require the reporting of cases of children born affected by drug use. SB 1177 goes much further in allowing reporting not just by licensed professionals, but by the public, which may allow false reporting and further isolation of pregnant women that may desperately need help. Please consider evidence-based interventions such as provided by the PATH clinic for substance using pregnant women and do not revert to punitive approaches such as those outlined in SB 1177. Thank you for considering my testimony.

Joshua Jensen
1628 St. Louis Drive
Honolulu, HI 96816

As a Counselor and a Teacher I learnt that if I wanted to change behavior I needed to address the causes of that behavior with positive alternatives. Negative consequences creates fear, resentment which hides the behavior and often increases that behavior.

Pregnancy is a stressful.

The Path Clinic addresses the needs of substance-using pregnant women.

It will provide a safe, relaxing place that will address their medical needs as well as addressing their social, career, and educational requirements.

Stopping the isolation and offering support, caring and respect for them and their child will give women the space to handle their present and plan their future. I support the Path Clinic.

I OPPOSE SB 1177 .

Mary Guinger
MS in Rehabilitation Counseling
926A Kaipii Street
Kailua, 96734
261-9310

Hearing: Thursday, February 12, 2009, 1:45 p.m., Room 016 Committee on Human Services

Theresa (Teri) Heede
92-994 Kanehoa Loop
Kapolei, Hawaii (672-6312)

February 12, 2009

OPPOSING SB 1177 Relating to Prenatal Exposure to Controlled Substances

Aloha!

My name is Teri Heede and I am the Region 9 Chair for the Democratic Party in Senate District 19, representing Districts 40, 44 and 45.

I am providing comments that support opposition to SB 1177 (Relating to Prenatal Exposure to Controlled Substances)

SB 1177 can only be interpreted as a blatant violation of the FOURTH AMENDMENT of the U. S. Constitution.

FOURTH AMENDMENT [U.S. Constitution] - 'The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.'

I understand the motivation of the bill was to come up with a procedure that would outline how best to deal with pregnant women who use drugs. This bill does not achieve this goal and further does not offer a process balancing and preserving a woman's right to bodily integrity against society's interest in ensuring healthy pregnancies. No advocate of women's reproductive rights will be able to support this bill because it attempts to regulate a pregnant woman's behavior in the interest of protecting her fetus. Further, it does not answer the question of whether punitive approaches will foster (or more then likely) inhibit healthy outcomes for women and children.

I urge the committee to oppose passage of SB 1177 and pursue a more balanced approach to ensuring healthy pregnancies with healthy outcomes.

Thank you for this opportunity to comment.

T-021 P001/001 F-958
808-305-0550
FAX-1-800-587-6657 OR (808) 587-6657

TESTIMONY - THE SENATE - 25TH LEGISLATURE

REGULAR SESSION OF 2009 2/12/09 1:45 PM
CONF. RM. 016 STATE CAPITOL 415 BERETANIA ST
HONOLULU, HI TRUCE END

NAME: MARGARET LEVY-DORANDOS, CNA

POSITION: BOARD MEMBER

ORGANIZATION: STATEWIDE INDEPENDENT LIVING COUNCIL

DATE: 2/12/09

TIME: 1:45 PM

COMMITTEE DIRECTION: COMMITTEE ON HUMAN SERVICES
SEN. CHUN OAKLAND, SEN. IHARA

1. MEASURE # SB 1210 - I AM AGAIN THIS MEASURE

2 " " SB 1189 - "

3 " " SB 915 - "

4 " " SB 918 - "

5 " " SB 1330 - "

6 " " SB 924 - "

7 " " SB 1177 - "

8 " " SB 913 - "

9 " " SB 916 - "

I AM FOR THE FOLLOWING MEASURES

10. MEASURE # SB 1016 - I AM FOR THIS MEASURE

11. " " SB 133 - "

12. " " SB 801 - "

13 " " SB 1006 - "

14 " " SB 1014 - "

THANK YOU

MARGARET LEVY-DORANDOS, CNA

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