

Separated at Birth: Rethinking the Urine Drug Screen in Pregnancy

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American Society of Addiction Medicine Annual Conference



Disclosure Information

- **Nia Bhadra-Heintz, MD, MS:** Assistant Professor Clinical Obstetrics and Gynecology, Hospital University of Pennsylvania
 - No disclosures
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 - No disclosures
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 - No disclosures

Learning Objectives

1. Develop an appreciation for the racial and socio-economic complexity behind laws governing drug use during pregnancy
 - Contextualize these laws with the use of urine drug screens during pregnancy
2. Recognize and be able to identify the biases that exist in the Department of Human Services/Child Protective Services system
3. Identify the contexts in which an UDS would or would not be appropriate

Overview

- The Legal System and Substance Use
 - Federal
 - State
- Ramifications of the Urine Drug Screen
 - Medical, Personal, Familial
- Disparities with the Urine Drug Screen
- The Makings of an Urine Drug Screen Protocol

What are common indications to send a Urine Drug Screen for someone that is pregnant?



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What are common indicators for ordering a Urine Drug Screen on pregnant people?

Nobody has responded yet.

Hang tight! Responses are coming in.

Case 1: 30 year-old presents to the labor floor in active labor...

- No prenatal care this pregnancy
- The protocol at your institution indicates for a UDS
- The next day you get called by the nurse....



The results come back positive for fentanyl, but the patient got an epidural... what's next?

Call Child Protective Services, because it is a law to report drug use in pregnancy

0%

Don't call Child Protective Services, because it's not a law, and I think that my patient is still able to par...

0%

Don't call Child Protective Services, because there is fentanyl in an epidural

0%

The patient is know to be on MOUD and the results come back positive for suboxone?

Call Child Protective Services because it is the law

0%

Don't call Child Protective Services, because I already knew she was on suboxone

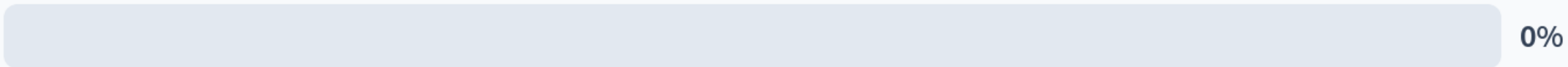
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Only marijuana?

Call Child Protective Services



Don't call Child Protective Services





The Legal System

Dilemma: The protection of fetal life versus preserving the privacy, dignity, and trust of the patient

“Mom is part of the cure for tiny opioid victims”
- the New York times, 2014

**Newborns die after being sent home with
mothers struggling to kick drug addictions**

An epidemic's most vulnerable victims

The most vulnerable victims of America's opioid epidemic

Helpless & Hooked

History

1966 study at Metropolitan Hospital in New York City:

“She lives in conditions of poverty, her diet is poor, and she is liable to venereal disease and a multitude of infectious diseases.... Not only is her physical condition poor, but also she cares nothing about improving it as long as she can obtain enough heroin to stave off withdrawal symptoms and to give her the occasional lift above the conditions in which she lives...”

Babies born to these mothers were immediately adopted out

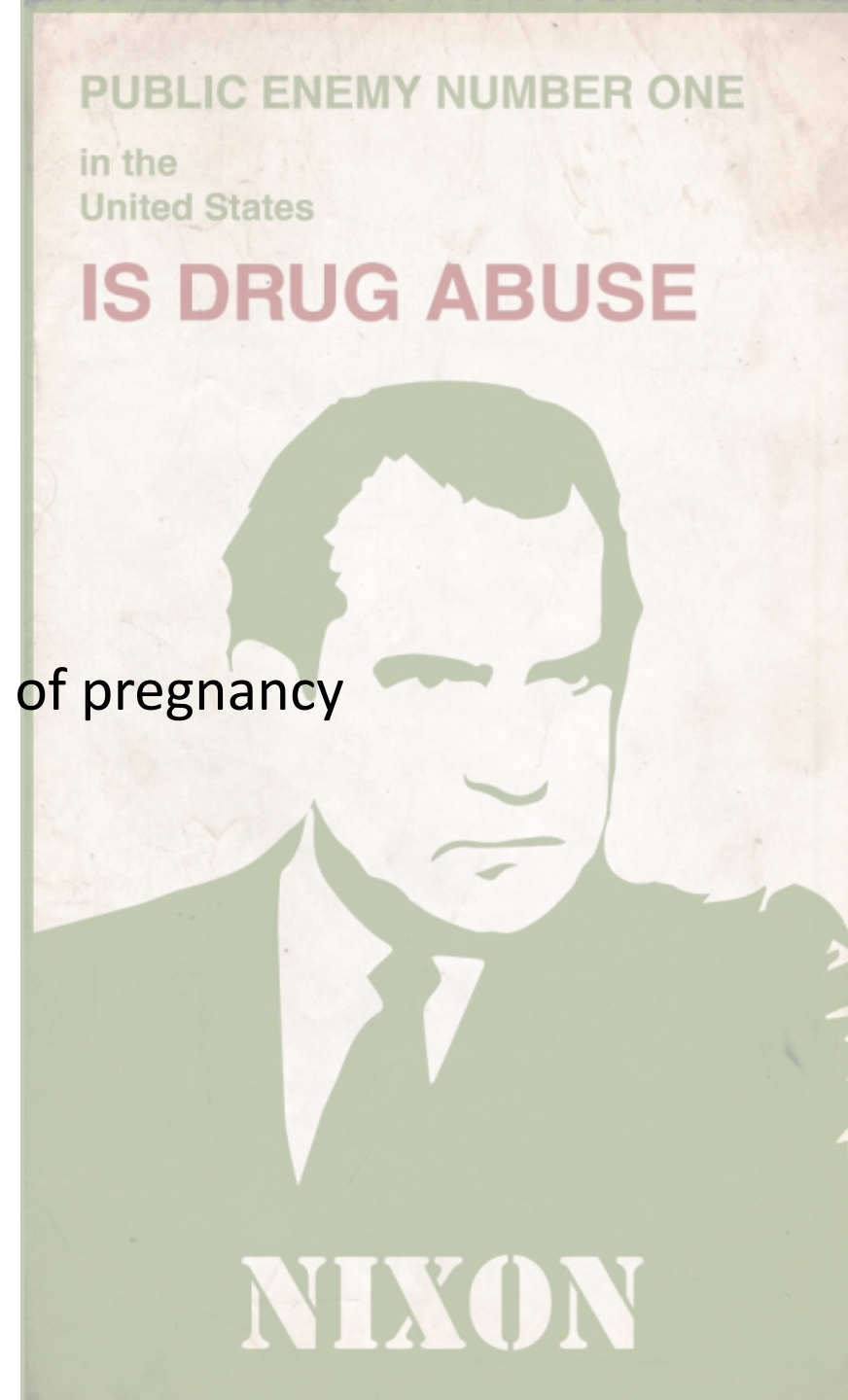
History

1970s: Nixon's War on Drugs

- Reproductive health care
- Methadone maintenance
- Coercive Measures
 - Compulsory commitment and treatment for duration of pregnancy

1980s: Reagan's Aggressive Federal Laws

- Crack-Cocaine Epidemic
 - "Decline of Maternal Instinct"
- Congressional hearings and surveillance
- Medicalization -> criminalization of addiction
 - Racial disparity and mass incarceration



War On Drugs Legacy

The pregnant person who uses drugs as a social construct:

“... punishment of Black women for having babies and blamed them for harms to Black children that were actually caused by poverty and other consequences of racial capitalism”

-Dorothy Roberts, *Torn Apart: How the Child Welfare System Destroys Black Families-* and How Abolition Can Build a

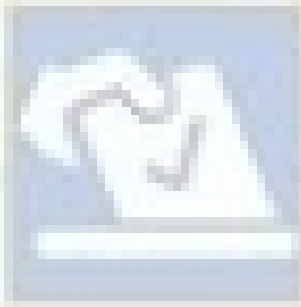
Safer World

The Problem(s)

- Birthing patients are targeted by law and drug policy
 - Postnatally not routinely prosecuted for child abuse for usage of drugs
- Disproportionate surveillance without consent
 - Increased testing- urine drug screens
 - Black pregnant women are more likely to be tested
 - Black pregnant women are not any more likely than other groups to use substances
 - Increased child protective services (CPS) involvement

Make CARA Count!

Comprehensive Addiction & Recovery Act



Federal level

What federal legislation exists surrounding substance use in pregnancy?

CAPTA and CARA

- **Child Abuse Prevention and Treatment Act (CAPTA)**
 - Passed in 1974, reauthorized every 4-8 years
 - Expanded to include domestic violence, addiction, and homelessness
- **Comprehensive Addiction and Recovery Act (CARA)**
 - Amended CAPTA
 - Notification to CPS of illegal and legal drug use
 - Treatment planning for infant and mother
 - Data collection and monitoring of needed services and referrals
- **Intent:** Ensure states address needs of infants exposed to substances prenatally and their families

Issues with CAPTA/CARA

“...to address needs of infants born with and/or identified as being affected by prenatal drug exposure or withdrawal symptoms include a requirement that health care providers involved in the delivery or care of such infants notify child protective services systems of the occurrence of such conditions.”

- Definition of terms: “Identify, affected, involved...”
- Notification v. Report
 - Report may trigger immediate removal of an infant
- Inconsistencies allow states and hospitals to develop inconsistent protocols

Intent v. Effect



2018: CAPTA amended to fund state plans of safe care

- **Beneficiaries:** child welfare agencies, substance use treatment agencies, hospitals, maternal health agencies
 - State-disruption in obstetric/medical care expanded
- Lack of evidence for benefit of CAPTA to child safety or parent well-being

Intent v. Effect



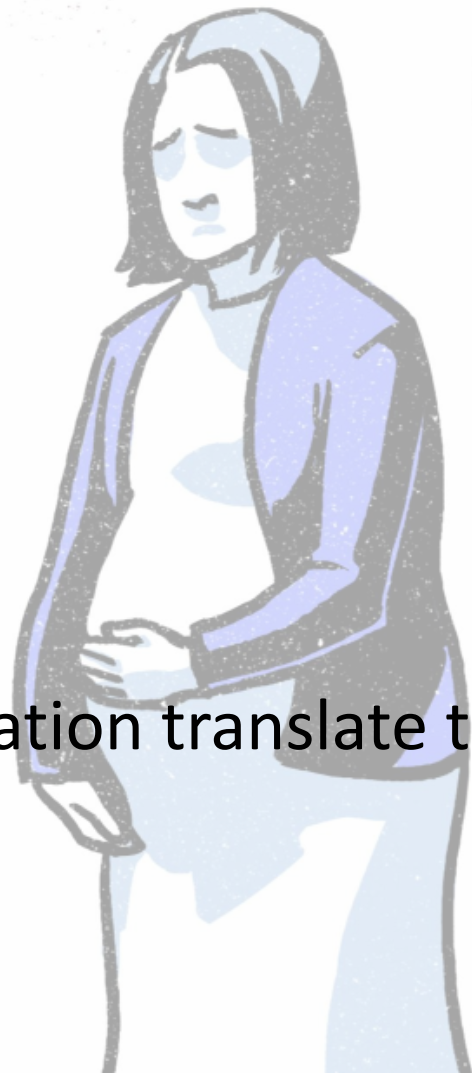
- Healthcare providers: intermediaries between patients and family policing
 - State funding, mandated reporters, plans of safe care
 - Surveilling and separating Black families at disproportionate rates
- Effects
 - Decreased healthcare due to fear of family separation and legal consequences
 - Lack of prenatal care associated with increased adverse outcomes
 - Downstream repercussions and trauma of involvement with CPS

Stone, R. Pregnant women and substance use: fear, stigma, and barriers to care. *Health Justice* 3, 2 (2015). <https://doi.org/10.1186/s40352-015-0015-5>
<https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-015-0015-5#citeas>

Vintzileos AM et al., The impact of prenatal care on neonatal deaths in the presence and absence of antenatal high-risk conditions, *American Journal of Obstetrics and Gynecology*, 2002, 186(5):1011-1016.
Faith English, Devon Greyson, "You still have that fear": Policy constraints on informed decision making about legalized cannabis use during pregnancy and lactation, *International Journal of Drug Policy*, Volume 106, 2022, 103774, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2022.103774> (<https://www.sciencedirect.com/science/article/pii/S0955395922001931>)

State level

How does federal legislation translate to state legislation?



CARA/CAPTA → State Laws

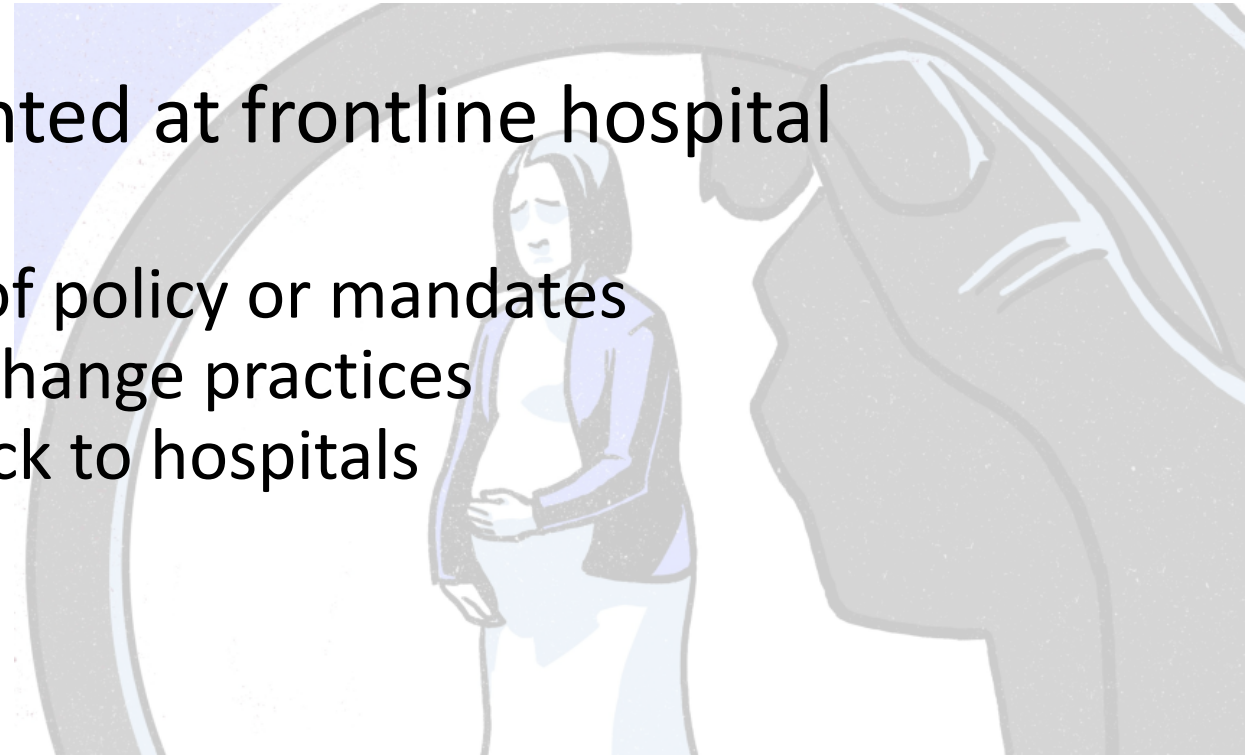
Analysis of state legislature across 5 CARA/CAPTA domains for prenatal substance exposure:

- Substance type
- Notification procedure
- Plan of safe care- mother
- Plan of safe care- infant
- Data collection system

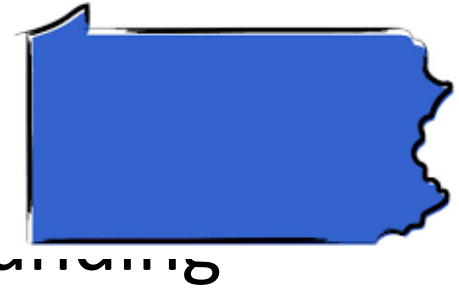


CAPTA/CARA Poorly Adopted by States

- 2 states with policies compliant with all 5 mandates
 - Ineffective/ inconsistent responses to prenatal substance exposure
- Child welfare policy implemented at frontline hospital practice
 - <18% hospital workers aware of policy or mandates
 - No incentives for hospitals to change practices
 - No formal follow-up or feedback to hospitals



For Example, in Pennsylvania...



Child Protective Services Law created for CARA/CAPTA funding

- Section 6311: “Mandated reporters, upon **reasonable cause** to suspect that a child... abuse, must make a report of...”
- Section 6386: Healthcare providers **involved**... report of child abuse if an infant under 1 year of age was “**affected by**” illegal substance abuse ... withdrawal symptoms... or a Fetal Alcohol Spectrum Disorder.
- Act 54: Mandatory notification for “**at-risk**” of child abuse due to substance use

For Example, in Pennsylvania...ChildLine Registry

- List of individuals reported for child abuse
 - Registry for life unless appealed
- Black individuals more likely to be reported and placed on registry
 - Loss of employment from high-growth sectors
- Fewer protections than in the criminal justice system
 - No hearing, opportunity to present evidence, nor the right to counsel
 - Recent litigation for unconstitutional nature



What does this mean for UDS?

- CARA/CAPTA does not mandate drug testing of pregnant patients
- Reporting for infants born and “**affected by**” substances
 - Only required when an effect is detected **following** birth.
 - No specification on **method of detection**
 - Hearsay, symptoms, testing?
 - Dearth of regulation to guide decisions on drug testing



What does this mean for UDS?

- Positive Test = Presence of Substances
 - Does the **substance** indicate harm?
 - In Pennsylvania, THC is mandated notification
 - Does the **level** indicate harm?
 - Does this qualify as **affected** for infant?
- Positive prenatal UDS lead to increased surveillance
 - Conditions of poverty as evidence of parental unfitness
 - Further entrenchment of racial inequities faced by Black families



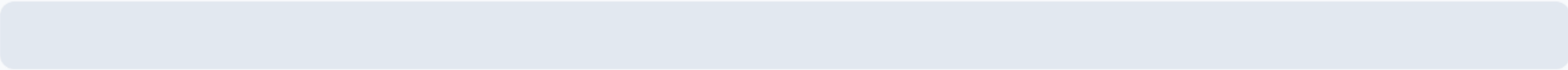
Do you know
your state
regulations
regarding
UDS?

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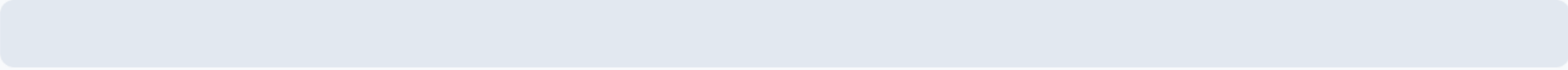
Do you know your state laws regarding UDS in pregnancy?

Yes



0%

No



0%

State laws



- 44 states can prosecute women for substance use during pregnancy under laws not specific to pregnancy
 - Child abuse, neglect, assault, manslaughter, and murder
 - May lead to termination of parental rights, commitment, or prison
- 25 states require healthcare to report suspected prenatal drug use
 - 8 states require tests for prenatal drug exposure if suspected

State Variance

- Inconsistent evidence requirements for reports to child welfare
 - **South Carolina:** single positive drug test result
 - **Florida:** newborns that are “demonstrably adversely affected”
 - **Texas:** any infant “addicted” to an illegal substance at birth
- Most states focus only on specific illegal drugs
 - **Maryland:** methamphetamines or marijuana may not have to be reported
 - States variably include alcohol use by a pregnant woman in definitions of child neglect



Guess that
state law!

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Johnson v. State, 1991

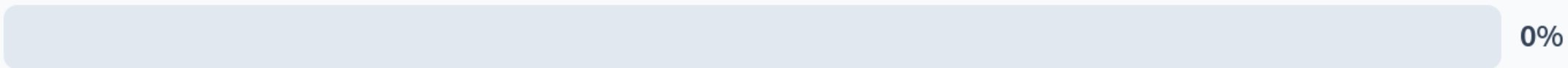
Charged and convicted of two counts of delivery of a controlled substance to a minor via the umbilical cord after reporting to the treating obstetrician that she had smoked marijuana and crack cocaine the day she went into labor



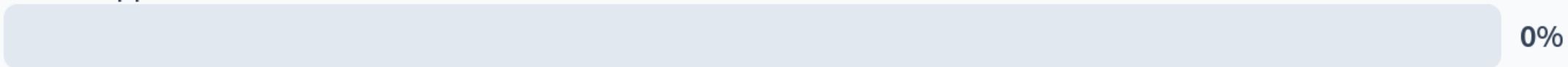
- State argued that drug delivery occurred via the umbilical cord in time between birth and cord clamped (60-90 seconds)
- Neonatologist testified that cocaine could have passed during the pregnancy and not after delivery
- Overturned in 1992
 - Medical testimony inadequate that “delivery” occurred during birth process

Johnson v. State, 1991 - guess that state law!

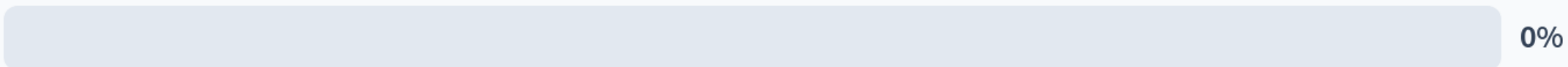
Arkansas



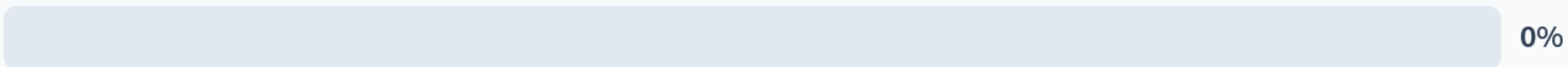
Mississippi



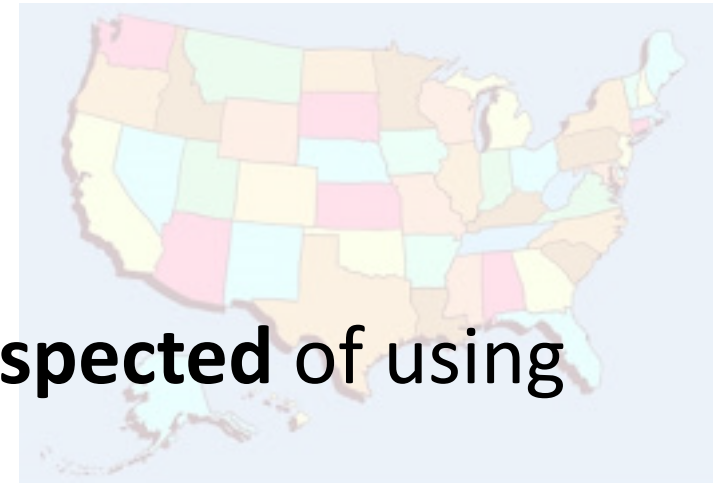
Alabama



Florida



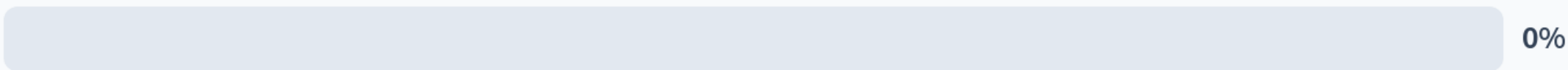
Garrett's law (act 1176), 2005



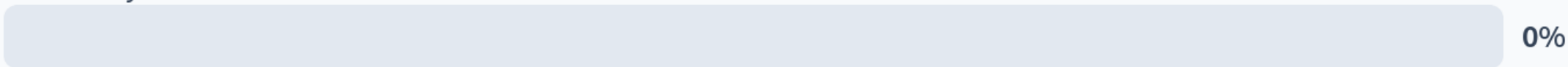
- Mandated testing of newborns for mothers **suspected** of using illegal drugs during pregnancy
 - Amended in 2007 to allow testing of infant as well
- Mandated reporting if newborn has the presence of an illegal substance in the mother during pregnancy-
 - May be prosecuted for child maltreatment or battery
 - placed on a maltreatment registry
- Since laws are directed at illegal drugs, alcohol is not reportable

Garrett's law (act 1176), 2005 - guess that state!

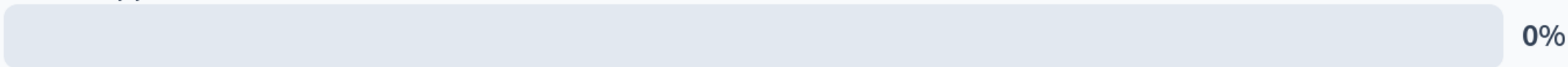
Arkansas



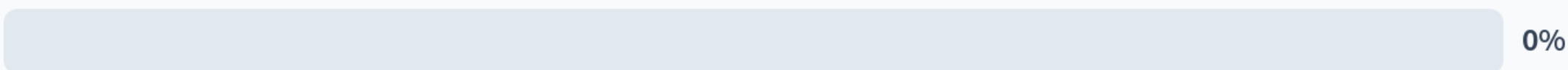
Kentucky



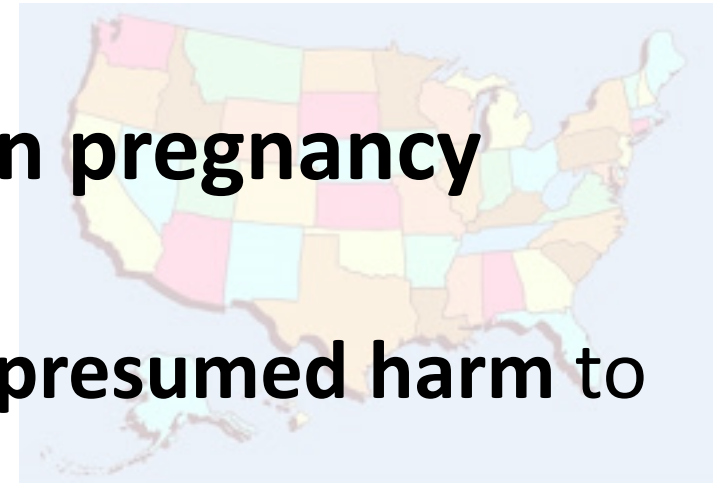
Mississippi



Texas



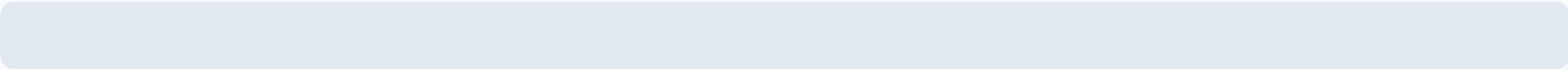
Only state that has criminalized drug use in pregnancy



- Targets substance use by pregnant women by **presumed harm** to the fetus or child
- Permits **aggravated assault** charges and imprisonment
 - Up to 15 years in prison
- Impetus: rising NOWS, prolonged monitoring, cost to state
- **Has used evidence of attending treatment as prosecution**

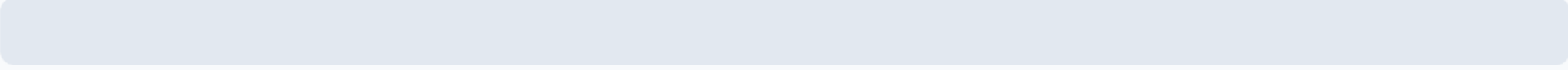
Guess that state!

Alabama



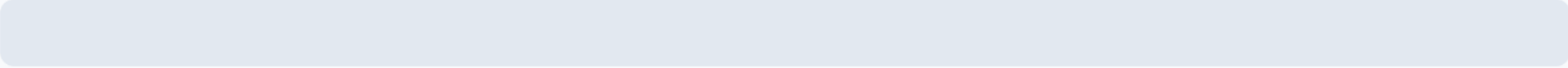
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Texas



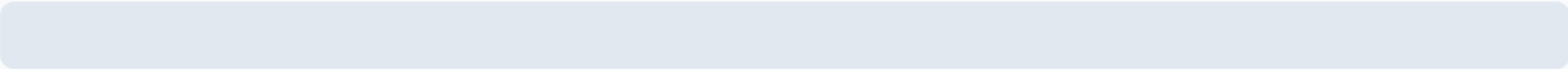
0%

Florida



0%

Utah



0%

Gibbs v. State, 2007

- Indicted for “depraved heart murder” when delivered stillborn daughter with traces of cocaine
- Gibbs was only 16 at the time
- Overturned, 2014
 - Reexamined autopsy reports concluded more likely cause of death was umbilical cord compression
 - Murder charges were dropped without prejudice, allowing charges to be refiled if desired



Gibbs v State, 2007 - Guess that state!

Mississippi

0%

Florida

0%

Texas

0%

Alabama

0%

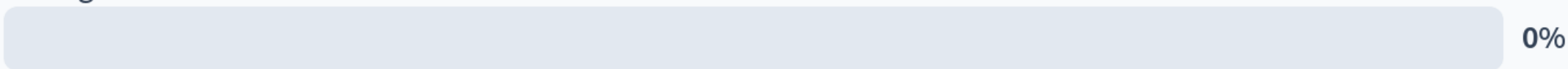
Ferguson v City of ***, 1989



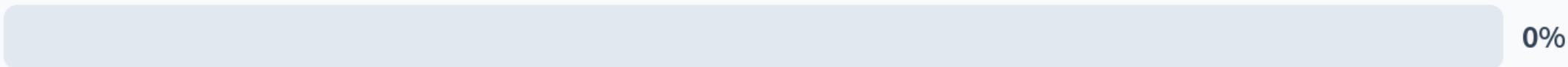
- Hospital reported unconsented positive urine tests for cocaine-30 laboring women convicted of child abuse
 - Overturned 2001- **policy of selectively testing for cocaine without consent was an unconstitutional search**
- 29 of the 30 women arrested were black
- After prosecution, the state's hospitals experienced 80% drop in admission to drug treatment, increase in infant mortality, and 20% increase in abandoned infants
- This state has prosecuted the greatest number of women to date

Ferguson v City of ***, 1989 - guess that law

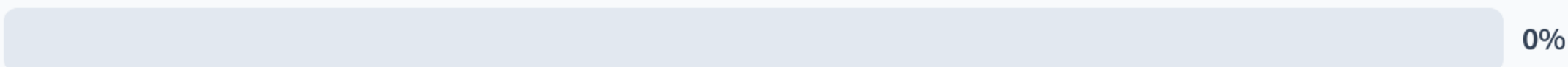
Georgia



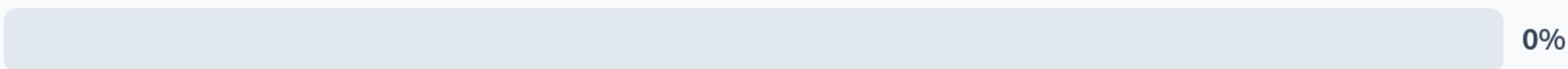
Utah



Alabama



South Carolina



Our Current State- Texas!



- **Crime of abandoning or endangering a child:** a person places “imminent danger of death, bodily injury, or physical or mental impairment” if they “manufactured, possessed, or introduced methamphetamine into the body of any person while in the presence of a child”
- HB 4055: “safe harbor” for providers
- Texas Maternal Mortality and Morbidity Review Committee
 - Addressing opioid use disorder in mothers and their newborns through measures such as improved screening procedures, continuity of care, increased access to treatment, and other preventive measures



Do punitive laws work?

The big question.

The Question

- Does criminal punishment deter substance use among pregnant individuals?
- The medical model of addiction views substance use disorders as a chronic and relapsing condition
 - **Treatment** is the answer
- The legal model can view addiction as a moral failing
 - **Punishment** is then the answer



Decreased Prenatal Care

- 73% of women are afraid of their drug use being detected
 - Fear of losing custody or legal consequences
- Effects: Avoid prenatal care or attempt to stop using drugs before prenatal care
 - Can be dangerous to mother and fetus
- Without prenatal care: infants 3X more likely low birth weight and 5X times more likely to die



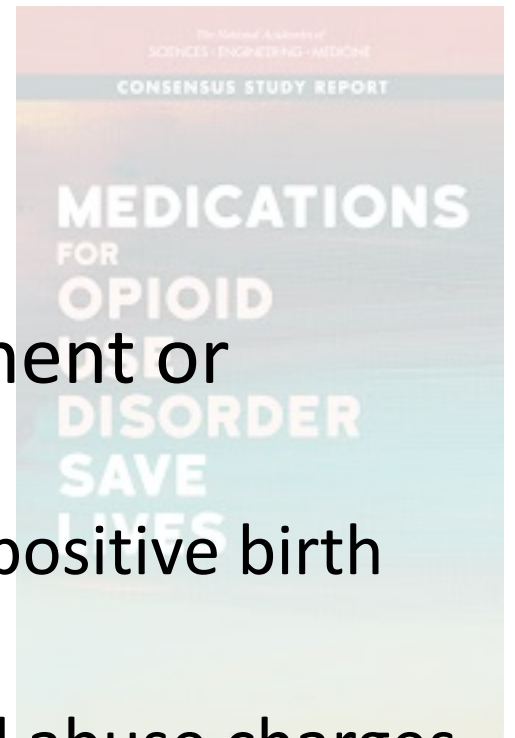
Austin AE, Naumann RB, Simmons E. Association of State Child Abuse Policies and Mandated Reporting Policies With Prenatal and Postpartum Care Among Women Who Engaged in Substance Use During Pregnancy. *JAMA Pediatr.* 2022;176(11):1123-1130.

doi:10.1001/jamapediatrics.2022.3396

Cunningham FG, Leveno KJ, Bloom L, Hauth JC, Rouse DJ, Spong C. 23rd ed. New York, USA: McGraw-Hill Companies; 2010. *Williams Obstetrics*

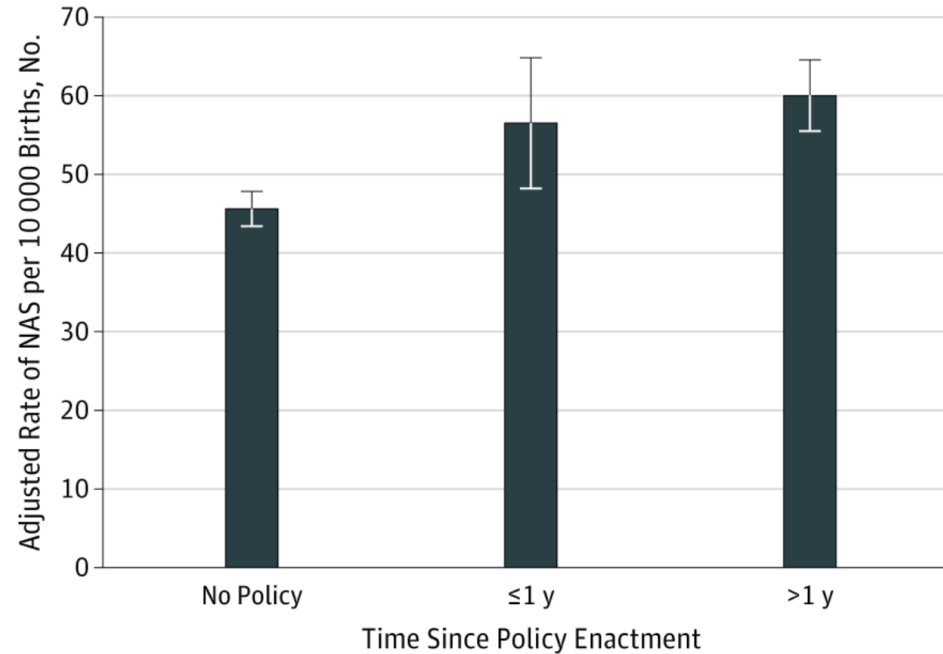
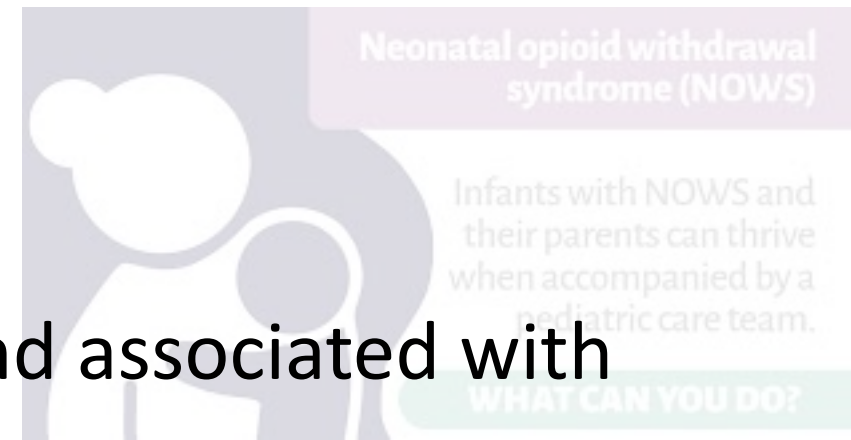
Less MOUD

- <20% reported to CPS receive substance use treatment or parenting services
 - Associated with reducing the chances of a future drug-positive birth
- Pregnant women with OUD among states that permit child abuse charges for illicit drug use in pregnancy (18 states)
 - **MOUD used in 33.15% of treatment admissions in states with abuse laws, compared with 51.33% of admissions in states without**
 - Providers voiced fears of prosecution for providing MOUD and patients voiced fears for accepting



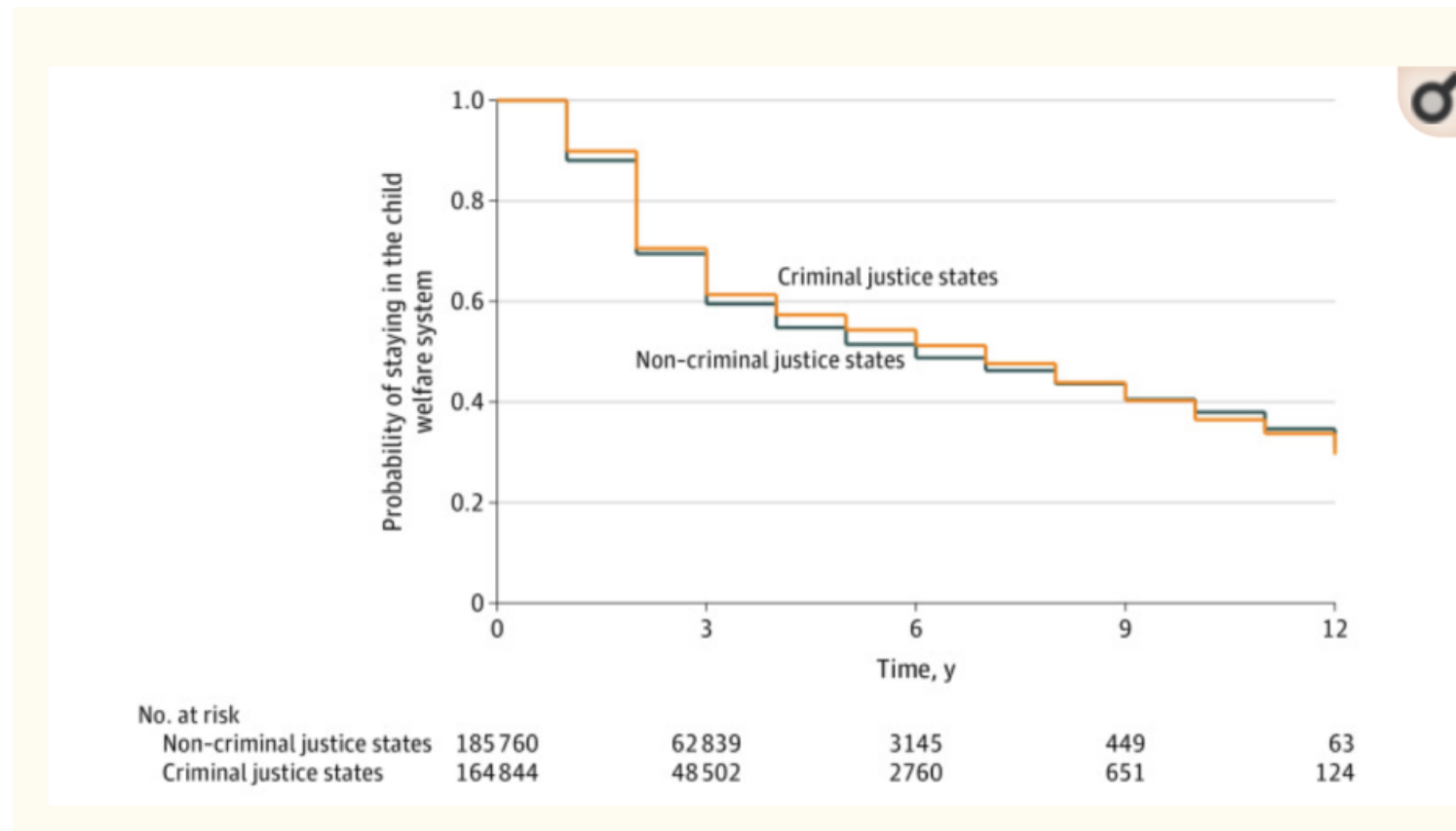
More NOWS

- Punitive approaches counterproductive and associated with higher rates of NOWS/NAS
- Due to less engagement with healthcare system and interventions



More foster care

Punitive approaches mean more children in foster care and for longer





Disparities

Burden of punitive policies do not fall equally.

EQUALITY

VS

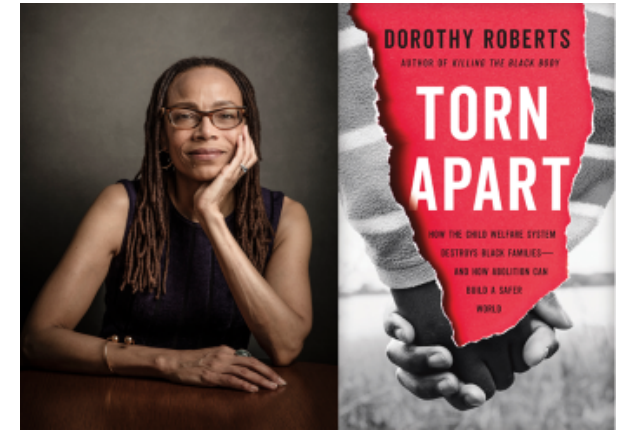


EQUITY

Disparity

Reporting practices to CPS depend on:

- Mother's race
 - Providers more likely to collect drug screens with black mothers
 - CPS reports 10x more for black mothers compared to white mothers
 - Black women less likely to regain custody of their newborns
- Drug of choice
 - Cocaine more likely to be reported than methamphetamines
 - Cocaine more likely to be reported than alcohol
- Other factors
 - More likely to screen: Mental health diagnoses, history of substance use, young, single



The Urine Drug Screen

Burden of screening do not fall equally.



The Rationale Behind The UDS

- Case control studies associate drug use with:
 - No prenatal care
 - Placental abruption
- Other studies:
 - Only current or previous substance use associated with +UDS
 - No other indications for drug toxicology testing was associated with +UDS
- UDS protocols reduce disparities



Problems With The UDS

- Extreme disparities in who receives a UDS
 - Even with protocols
- False positives
- Fentanyl from epidural and UDS+
- Discordance between maternal and neonatal UDS
- Limited utility in diagnosis of NAS/NOWS and need for pharmacologic treatment



Original Research

Reduction of racial disparities in urine drug testing after implementation of a standardized testing policy for pregnant patients

Jessica A. Peterson, MD; Nathanael C. Koelper, MPH; Cara Curley, DNP, CRNP; Sarita R. Sonalkar, MD, MPH; Abike T. James, MD, MPH

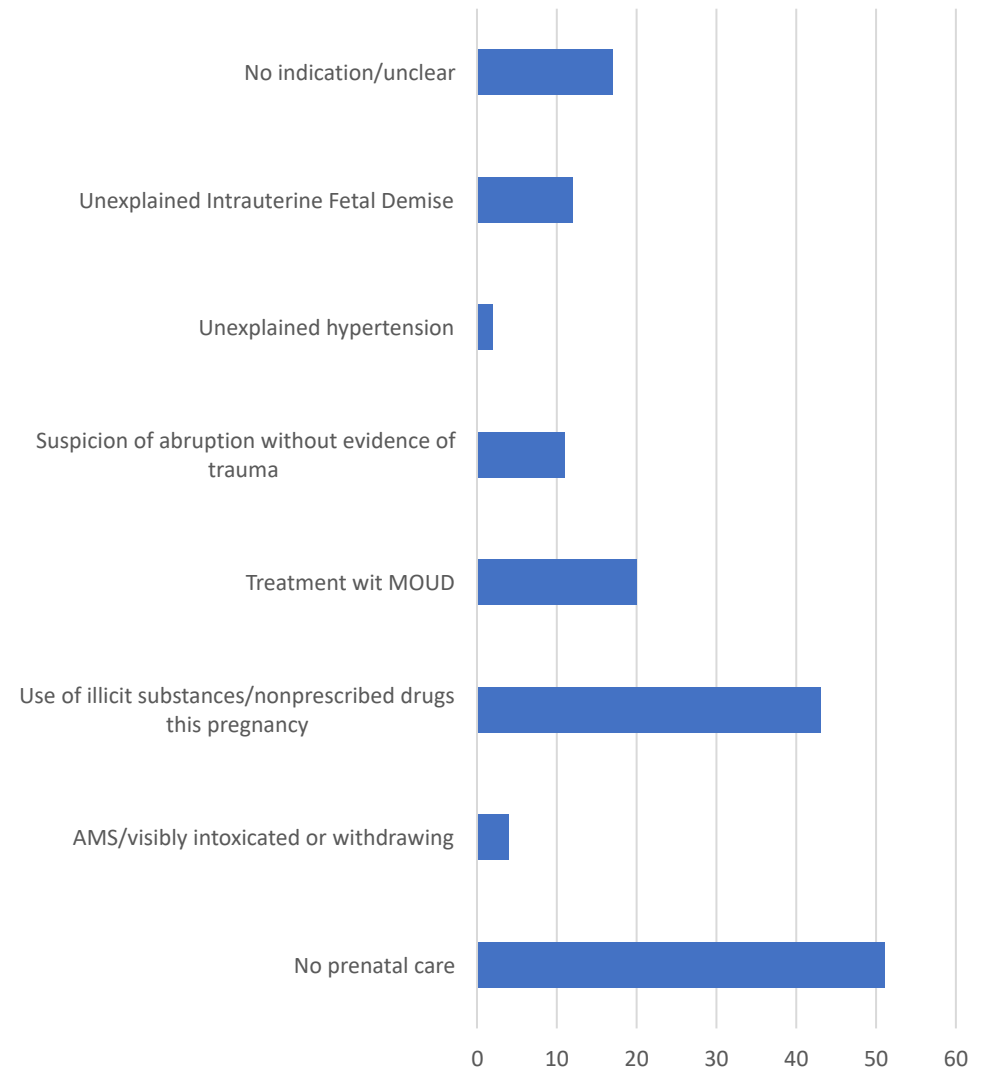
Problems Even
With UDS
Protocols

- **Drug testing policies can replicate racial inequities through who is selected for testing**
- In a three-year study of a large Pennsylvania health system
 - Pregnant Black patients were tested more frequently than pregnant white patients, even when controlling for screening criteria and history of substance use

Review of 2020 Guidelines

- 29% UDS sent were for no prenatal care
 - Majority were negative or positive for marijuana alone
 - This indication rarely gave additional medical information
- Suspicion for abruption without trauma, unexplained hypertension, and Intrauterine Fetal Demise
 - Only sent for 17 patients suggesting bias
 - Common complications seen on labor floor
 - Majority were sent on Black patients
- Consent was obtained in **84% of the cases**
 - Verbal consent

Breakdown of Indications for UDS



AMS: altered mental status, MOUD: patients taking medications for opioid use disorder

A New Approach

- We designed, implemented, and tested a new drug screening policy which aims to allow for equitable application to all people regardless of race (2020)
- There are two promising practices that this policy sets forth:
 - Criteria that are less subject to racial bias
 - Protocol of informed consent

Indications for Urine Drug Screening

- 1 No Prenatal care
- 2 Altered mental status or patient appears visibly intoxicated or withdrawing
- 3 Use of non-prescribed opiates, benzodiazepines or other illicit substances during current pregnancy.
- 4 Treatment with Medications for Opioid Use Disorder (MOUD)
- 5 Suspicion of abruption without evidence of trauma
- 6 Severe hypertension (>160/110) in patients without a previous diagnosis of chronic hypertension or gestational hypertension or without lab abnormalities
- 7 Unexplained intrauterine fetal demise workup

Updated Protocol 2024

1. No prenatal care
2. Use of non-prescribed opiates, stimulants, or benzodiazepines with no prior UDS or treatment documented in this pregnancy
 - a. By clinical history or 5Ps screening any point in pregnancy
 - b. If documented use of opioid Rx or MOUD, then no need for UDS
 - c. Can consider ordering UDS as evidence of abstinence from substances if prior use with consent
3. Clinical concern for drug withdrawal or overdose

The Nudge Unit for Implementation and Consent

- Penn Medicine Nudge Unit is the world's first behavioral design team embedded within a health system
 - Supported by the Center for Health Care Transformation and Innovation and the Penn Center for Health Incentives and Behavioral Economics
- Health system leadership, analysts, research coordinators, and strategists in opportunities for innovation
- Project to improve the Urine Drug Screening (UDS) process of consenting and ordering evidence-based UDS on the labor floor



Poll Everywhere

Pollev.com/elizabethkravitz200

What are important components for consenting pregnant patients on UDS?

Nobody has responded yet.

Hang tight! Responses are coming in.

Case 2

28 year old G2P1001 at 13w6d black woman with opioid use disorder presents for prenatal care at our perinatal addiction medicine clinic.

She has been stable on 16 mg suboxone for the past 3 years but when she became pregnant she was taken off of MOUD and presented to us.

Which of the following is recommended in pregnancy?

Buprenorphine products, not to exceed 16mg daily

0%

Taper people off of buprenorphine products

0%

Switch people from burpenorphine to Naloxone

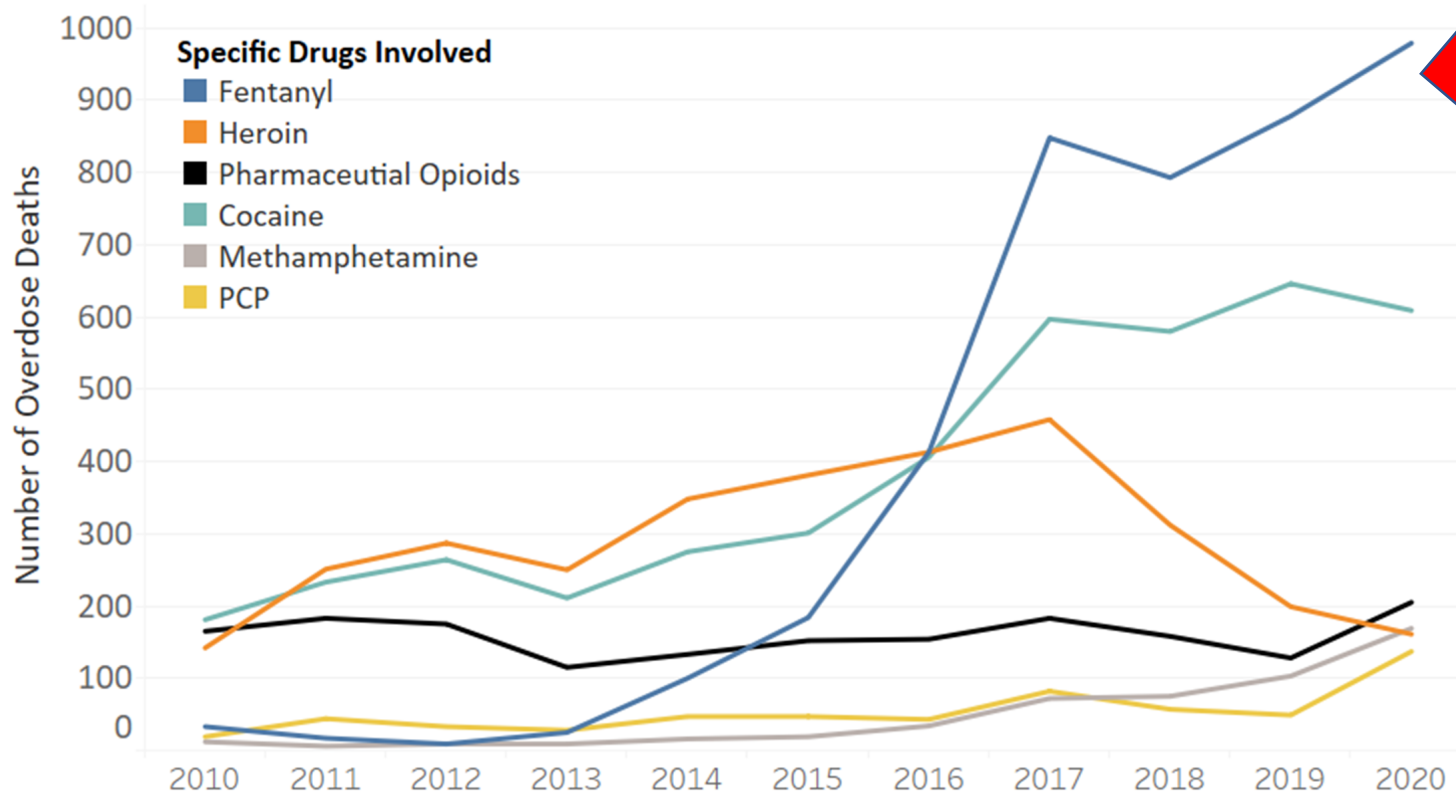
0%

Buprenorphine products up to 32mg daily

0%

Fentanyl and Philadelphia

Number of Overdose Deaths by Specific Drug Involved, 2010 - 2020

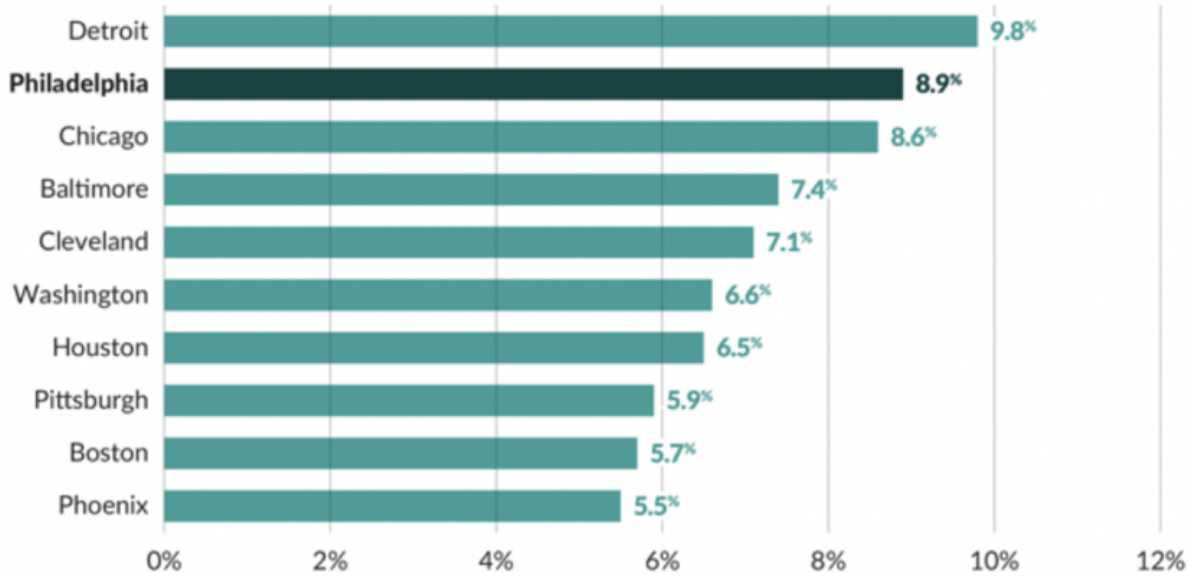


Overdoses involving fentanyl & fentanyl analogues

In 2021, >95% of opioid overdoses in Philadelphia involved fentanyl

Philadelphia- Context

Unemployment Rate in Philadelphia and Comparable Cities, 2021

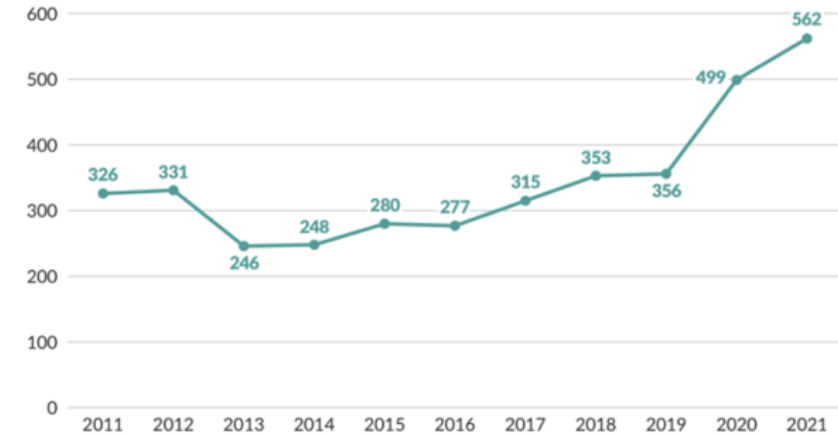


Philadelphia had the second-highest unemployment rate among the comparison cities, behind only Detroit. The city's rate decreased 3.5 percentage points from 2020, placing it in the middle of these cities in terms of improvement. But Philadelphia's rate is still more than 3 percentage points higher than it was before the pandemic—among the largest shifts in the comparison cities.

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, <https://www.bls.gov/lau>

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Homicides in Philadelphia, 2011-21

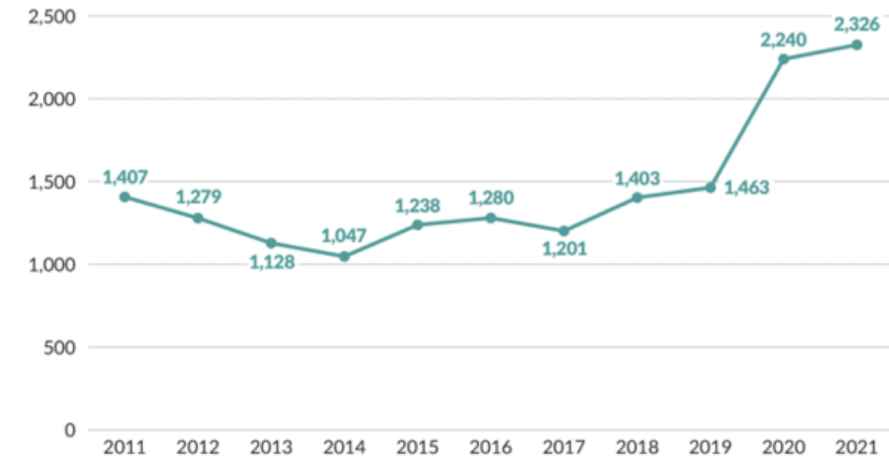


Philadelphia recorded 562 homicides in 2021, a 13% increase over 2020 and surpassing 500 for the first time since 1990. It is the city's highest recorded total since 1960. The police department preliminarily attributed approximately 30% of homicide motives to arguments and 20% to retaliation. A further 20% of homicides were designated as drug-related. The remaining 30% include many types of incidents, including robberies and abuse as well as homicides with undetermined motives.

Source: Philadelphia Police Department, "Crime Maps & Stats," <https://www.phillypolice.com/crime-maps-stats>

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Shooting Victims in Philadelphia, 2011-21



The number of people shot in Philadelphia continued to rise in 2021, adding to the substantial increase from the previous year. Since 2011, the annual number of shooting victims in the city has increased by 65%.

Source: Philadelphia Police Department, "Crime Maps & Stats," <https://www.phillypolice.com/crime-maps-stats>

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Case 2

She was restarted on 16 mg Suboxone, and was uptitrated to 24mg in the third trimester. She had an uncomplicated pregnancy.

She had regular UDS with each visit that were positive for THC, Buprenorphine, and Norbuprenorphine.

She had an uncomplicated delivery and her infant was doing well. On day 3 of her hospital stay she was met by DHS and was told she would not be able to go home with the infant until a home check was done.

Case 2

A notification was sent by an unknown member of the hospital team and along with MOUD, the notification included the report of THC in the UDS from prenatal care.

These UDS were seen only because the perinatal addiction medicine clinic is part of the same health system.

When the patient asked why a home visit was necessary when it was not for a friend who had just delivered with a similar UDS she was not given an answer.

Case 2

Because it was a holiday weekend, a home visit was not able to be done until 7 days after delivery. Because of this, the infant stayed at the hospital for 2 extra days and after the mother had been discharged.

“I [now don’t] want to go [to the doctor] because they use your urines... it’s a paper trail. It always follows you, you know. So you try to, like, avoid it...But, there are some times that I still, in my head, wish that I didn’t go to the doctors until I got off it because it’s, you know, it’s a big fear of, the state stepping in and trying to intervene with... It’s not even more the doctors, it’s the state.”

- Clinic Patient

Final Takeaways



“More than one in ten Black children in America will be forcibly separated from their parents and placed in foster care by the time they reach age eighteen.”

- Dorothy Roberts, *Torn Apart: How the Child Welfare System Destroys Black Families-and How Abolition Can Build a Safer World*

Questions?



URINE INITIAL DRUG SCREEN RESULT FORM

Specimen ID Number _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COLLECTION SITE / COMPANY NAME _____

NAME _____

ADDRESS _____ SUITE _____

CITY _____ STATE _____ POSTAL CODE _____

PHONE _____ FAX _____

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO. _____ ID VERIFIED BY: PHOTO ID EMPLOYER REP.

DONOR NAME: Last: _____ First: _____

REASON FOR TEST: Pre Employment Random Reasonable Suspicion / Cause Post Accident Return to Duty Follow Up Other _____

COLLECTOR NAME (PRINT) _____ Collector Phone No. _____
Collector Fax No. _____

Read specimen temperature within (4) minutes. Specimen within range: Yes, 90° - 100°F (32° - 38°C) No, record specimen temperature here _____

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

X
Signature of Donor _____ (Print) Donor's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____ Date (Mo/Day/Yr) _____

STEP 3: COMPLETED BY COLLECTOR — INITIAL TEST RESULTS

| ON-SITE SCREENING DEVICE preliminary results | SPECIMEN VALIDITY TEST RESULTS (See color chart and package insert for interpretability) | | | DRUG NAME | NEG | PRESUMPTIVE POSITIVE | NOT TESTED |
|--|--|--------|----------|---------------------------------|--------------------------|--------------------------|--------------------------|
| | Result | Normal | Abnormal | | | | |
| Let # _____ | <input type="checkbox"/> Oxidant | Normal | Abnormal | Amphetamine (AMP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exp. Date: _____ | <input type="checkbox"/> Specific Gravity | Normal | Abnormal | Barbiturates (BAR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen performed by: (if different than collector) _____ | <input type="checkbox"/> pH | Normal | Abnormal | Benzodiazepines (BZO) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date: _____ | <input type="checkbox"/> Nitrite | Normal | Abnormal | Buprenorphine (BUP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Remarks: _____ | <input type="checkbox"/> GL | Normal | Abnormal | Cocaine (COC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> Creatinine | Normal | Abnormal | Marijuana (THC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | Normal | Abnormal | Methadone (MTD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | Normal | Abnormal | Methamphetamine (MAMP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Ecstasy (MDMA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Opiate (OP/MOP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Oxycodone (OXY) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Phencyclidine (PCP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Propoxyphene (PPX) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Tricyclic Antidepressants (TCA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Normal | Abnormal | ALCOHOL SCREEN (if Performed) | | | |
| | | Normal | Abnormal | Results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 4: COLLECTOR CERTIFICATION

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

X
Signature of Collector _____ Time of Collection _____

X
(Print) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

PN: 2380

TO BE COMPLETED BY COLLECTOR

TO BE COMPLETED BY DONOR

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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Phenomenon of Net Widening

- Unintended consequence of diversionary programs that leverage historically punitive social systems to provide services
- Results when systems consider the diversionary program a vital community resource- with the intention of providing “high risk” people access to the program, increase arrests or case initiation
 - Drug Court Programs
 - Treat a criminal justice-involved person’s underlying substance use disorder (SUD) and reduce criminal recidivism
 - Increased arrests among people with SUD due to law enforcement’s belief that drug court provide needed access to treatment
 - Requires defendants to plead guilty and if they fail to follow rules of drug court- more time in prison than with traditional criminal court

Equal Protection Clause

- Intentional racial discrimination by hospitals when it comes to the deployment of biological UDS is unconstitutional and violates the equal protection clause of the 14th Amendment.
 - “[No] State shall... deny to any person within its jurisdiction the equal protection of the laws”
- Courts have found violations in cases where neutral rules are applied in a discriminatory manner and decision makers have relied on racial profiling