



House Community and Family Advancement Committee
Testimony on House Bill 298, 131st General Assembly

Tara Britton
Public Policy Fellow
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Chairman Derickson, Vice Chair Ginter, and Ranking Member Howse, and members of the House Community and Family Advancement Committee, thank you for taking the time to hear our testimony on House Bill 298. My name is Tara Britton and I am a Public Policy Fellow at The Center for Community Solutions, a nonprofit, non-partisan think tank that focuses on solutions to health, social and economic issues. As you know, Ohio House Bill 298 would establish drug testing pilot program requirements for some individuals who apply for Ohio's cash assistance program for low-income families, Ohio Work First (OWF). In addition, it would establish drug testing requirements for individuals in certain circumstances who apply for unemployment compensation. Applicants for either program who test positive for illegal substances would be denied benefits.

Experience has shown that the number of applicants testing positive for illegal substance use is extremely low. More importantly, a punitive approach does not support best practices in addiction treatment and will undermine the state's overall goal of getting individuals with substance use disorder into treatment. Drug addiction is a complex disease that requires long-term treatment in a supportive and stable environment. Taking away income support will only worsen problems faced by families.

Currently the Ohio Works First program is reaching only a fraction of families who are in need of assistance. HB 298 would only serve to discourage families from applying for needed assistance. If reaching out to and helping families in need of substance abuse treatment is the goal, we do not believe this is the way to achieve it.

A 2015 report from The Center for Community Solutions and the Mental Health and Addiction Advocacy Coalition described Ohio's publicly funded addiction treatment

system and changes occurring in the system to address the growing need for opiate-addiction treatment. Unfortunately, opiate addiction is very difficult to treat and the system lacks adequate capacity to treat all those who need help. In-patient detoxification facilities are not available in many areas of the state, and waiting lists are common in places where facilities do exist. The standard of care for long-term opioid treatment involves combining intensive counseling with regular medication to reduce the craving for the drug of abuse. This form of therapy, called medication-assisted treatment (MAT), also is not available to many who need it. Community plans submitted by ADAMHS Boards' to the state in 2014 show that 34 out of 53 boards have no or very limited access to detoxification centers, and many of them report a lack of access to MAT and a high need for both of these services because of the increase in opiate use. House Bill 298 does not acknowledge the ongoing lack of treatment capacity when it mandates denying benefits to individuals who test positive for an illegal substance.

Since 2011, 15 states have passed laws requiring drug testing for public assistance applicants and recipients. Some of these laws require all applicants to be tested, while others are suspicion-based or a prescribed screening process to determine whether they require a participant to be tested. The results from the states that were able to implement their programs, since some were held up in court or declared unconstitutional, showed that of those who are screened and given a drug test, few actually test positive. Listed below are some specific examples from other states that have implemented similar proposals:

- Before the court ruling finding that Florida was in violation of the Fourth Amendment, the state drug tested all TANF applicants and found that only 2.6 percent of the applicants tested positive for drugs. Out of 4,086 tested, 108 were positive and 40 others canceled the test. The cost to the state was \$118,140 which was \$45,780 more than they would have paid in benefits to those who failed.
- Utah spent over \$30,000 to screen 4,730 applicants from August, 2012, through July, 2013. The screening process led to 466 applicants being drug tested and only 12 were positive.
- Oklahoma also implemented this policy and spent \$83,000 to test 1,890 people from November, 2012, through May, 2013, and only 83 failed, a rate of 4.4 percent.

The implementation of this policy has not uncovered a large number of welfare recipients who are using drugs. The results have not demonstrated a strong need for this policy.

The TANF program already allows for 6 weeks of substance abuse treatment to be used toward a recipient's required work hours. This tool that is built in to the program already should be more widely utilized around the state to encourage OWF recipients to engage in treatment as a component of work readiness. Additionally, the Comprehensive Case Management and Employment program that the state is in the process of planning and will implement in July, 2016, recognizes the need of some individuals to incorporate substance abuse treatment into the array of services that they are utilizing to move up and out of poverty. Ohio should utilize, and expand upon, the tools and programs already at its disposal to help low-income individuals access work supports and substance abuse treatment, without the added barrier associated with the proposals in House Bill 298.

Thank you for your time and I am happy to answer any questions.