

1 PUBLIC HEARING RE:

2 TANF DRUG TESTING

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TRANSCRIPT OF PROCEEDINGS

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Taken at the instance of the Mississippi Department
11 of Human Services at the Hinds County Extension
Service Office, 1735 Wilson Blvd, Jackson,
12 Mississippi, on Tuesday, July 22, 2014,
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1 MR. SIMPSON: Good morning. My name is
2 Will Simpson and I am deputy administrator for
3 administration at the Mississippi Department of
4 Human Services. On behalf of my executive director,
5 Ricky Berry, I want to welcome you to this public
6 hearing.

7 I've got a procedural statement to read so
8 we can be clear as to what the procedure will be
9 today. It'll address some of the questions we have.
10 One thing I want to discuss before I read the
11 procedural statement, there is no microphone this
12 morning. The facility microphone is not available.
13 I don't know if it's broken. There's something
14 wrong with it. So when you speak, I do ask that you
15 come forward so the court reporter can hear what you
16 have to say. It's very important that she gets an
17 accurate transcription of your remarks. That's very
18 important to us. We want to make sure there's no
19 garbled or a miss on our part as far as what you say
20 because what you say to us is very important.

21 I do have a statement to read and then
22 we'll proceed. Another thing is there -- you're
23 each permitted five minutes. I have the official
24 iPad that I'll time and you'll hear it go off. At
25 the time of five minutes I'll thank you and you can

1 return to your seat.

2 Let me read this statement: I am here
3 today to collect comments for House Bill 49 as
4 passed in the 2013/2014 legislative session. The
5 collective comments will be recorded by the court
6 reporter. The comments will be read and considered
7 by MDHS. I will take the sign-in sheet and go
8 through those that signed in and call the names of
9 those that wish to make comments. Anyone comes in
10 late, please see Paul Nelson in the back who will
11 bring me the name.

12 You'll need to come to the microphone.
13 There is no microphone. Come up and state your name
14 and your comments. You will have five minutes to
15 complete your comments. The audience needs to hold
16 applause and outspoken comments so the court
17 reporter can accurately record the comments of the
18 person speaking.

19 If you have a written statement and do not
20 wish to speak, you may give those to me and they
21 will be added to the comments.

22 If you have a procedural question about
23 this public hearing, please step over and see Garrig
24 Shields. Garrig's on third row back, waving at you.
25 If you have a procedural question about this go to

1 Garrig, tell Garrig your issue, and Garrig and I
2 will confer. At the end of five minutes I'll stop
3 you. I'll let you know, "Five minutes." I'll call
4 on your names. I may mispronounce a name and I
5 apologize up front, but we will proceed now with
6 comments.

7 The first name I have on the list is
8 Kenneth W. Jones. Senator, would you like to speak?

9 MR. KENNETH W. JONES: Yeah. I'll go
10 ahead and start. You can hear me okay?

11 MR. SIMPSON: Yes, sir.

12 MR. KENNETH W. JONES: I'm here basically
13 just to talk about what we did in legislative
14 session when we start dealing with the TANF law, and
15 I think we rushed that bill into law without
16 actually putting teeth into what we were trying to
17 do. There's always going to be aspects of this and
18 that, but we didn't clarify with drug testing what
19 we're actually trying to do.

20 And case and point is, are you going to
21 leave marijuana as one of the drugs to be tested for
22 so you can implement the sanctions in the TANF
23 program when other states are legalizing marijuana?
24 We don't have the clarity to see if we're talking
25 about certain type of drugs or if we're talking

1 about all drugs because the legislative have gone
2 through the process of outlawing certain drugs,
3 whether prescription or over-the-counter, based on
4 what they can be used for to make certain things.
5 So we did all of this without incorporating any of
6 that into the law.

7 Secondly, what are we doing when we put
8 children at risk? And it kind of piggybacks on what
9 I'm asking because if we're not going to make a
10 clarification on the drugs we're using, are we going
11 to put people children at risk at that household
12 because those parents tested for smoking marijuana.

13 I can see contrast to you using hard
14 illicit drugs that you're putting the children in
15 danger as opposed to a drug that most states are
16 looking at making legal.

17 So those are the type of questions that I
18 wanted the Department of Human Services to give us
19 some leeway with when we reexamine this coming up in
20 the next legislative session. I'm going to leave
21 some of -- some of it so other legislative can talk
22 about what they really want to do, but there are
23 serious complications with what we've done with this
24 bill. And we didn't look at everything that we
25 supposed to look at.

1 MR. SIMPSON: Thank you. The next person
2 is Jason Williamson.

3 MR. JASON WILLIAMSON: Good morning. My
4 name is Jason Williamson. I'm an attorney with the
5 ACLU national office. I want to thank DHS for
6 granting our request for public hearing on this
7 limitation of House Bill 49.

8 While I will be commenting on a number of
9 issues this morning, I'm going to focus my testimony
10 on the department's decision to use the substance
11 abuse subtle screening inventory to establish
12 reasonable suspicion that a particular TANF
13 applicant is likely to have a drug problem.

14 In short, we do not believe that the SASSI
15 can accurately and consistently identify likely drug
16 users in this context and, therefore, cannot
17 reliably establish reasonable suspicion to believe
18 that TANF applicants should be subject to a drug
19 test.

20 The SASSI was first developed in 1985 at
21 the SASSI Institute in Springville, Indiana. Has
22 been traditionally used in clinical settings, such
23 as alcohol and drug treatment programs, counseling
24 offices, hospitals, and other health care
25 facilities. It is also frequently used during jail

1 and prison intake to attempt to identify prisoners
2 with substance abuse issues.

3 However, the use of the SASSI as a
4 screening instrument for TANF applicants is a new
5 phenomenon. And more importantly, there has been
6 absolutely no research done on the effectiveness of
7 the SASSI in this context.

8 Now, before I go any further, I'd like to
9 talk a little bit about how the test works. The
10 SASSI is comprised of 93 questions, 67 of those
11 questions are in a true-false format, some of which
12 ask directly about the respondents' substance abuse.
13 And others that ask questions that seem to be
14 unrelated to substance abuse. The 26 remaining
15 questions ask respondents directly and how often
16 they have engaged in specific behaviors related to
17 alcohol and drug use.

18 Then upon completion of the test,
19 respondents are scored on several scales, most of
20 which measure the respondents' likelihood of
21 substance dependence. Anyone who scores
22 sufficiently high on those scales is determined to
23 have "a high probability of substance dependence."
24 And under the regulations developed by the
25 department will be required to submit to a drug

1 test.

2 Now, as I mentioned, there's no research
3 that's been conducted on the effectiveness of the
4 SASSI as a screening tool for TANF applicants, but
5 we think it's important to review the research that
6 has been done on the SASSI in order to better
7 evaluate whether it can be reliably and consistently
8 used to predict which TANF applicants should be
9 subject to a drug test.

10 Yesterday, in response to an ACLU public
11 records request, we received from the department
12 documents laying out the guidelines for the use --
13 the use of the SASSI, as well as a summary of
14 research conducted regarding the accuracy of it.
15 That research notes, among other things, that the
16 SASSI results agreed with clinical diagnoses in
17 94 percent of the cases.

18 Now, while that may sound impressive,
19 there are a couple of important things to remember.
20 First, that research the department -- that the
21 department appears to have relied upon in choosing
22 the SASSI was conducted by the very people who
23 created it. Franklin Glenn Miller, president of the
24 SASSI Institute and developer of the test, and Linda
25 Lazowski, a SASSI Institute researcher, are

1 responsible for that research. So needless to say,
2 this is far from an objective analysis.

3 Second, the research conducted by more
4 objective commentators have been at odds with that
5 with the conclusions drawn by Mr. Miller and
6 Ms. Lazowski. Indeed, these studies have questioned
7 the SASSI's ability to correctly identify substance
8 dependent respondents, avoid false positives,
9 account for random chance in its results, avoid
10 demographic biases, and defeat attempts at
11 manipulation by -- by respondents.

12 There are a number of studies that I won't
13 go through now, but I have citations for, and I'm
14 happy to share with the department if you're -- if
15 you're interested.

16 But separate from the conflicting
17 research, the SASSI is also not appropriate as a
18 screening tool because the fundamental discrepancy
19 between the things that are measured by the SASSI
20 and -- and the things that are detectable through a
21 urinalysis drug test.

22 On the one hand, the SASSI measures the
23 likelihood of substance dependence or abuse of any
24 kind, including alcohol, marijuana, prescription,
25 and recreational drug.

1 Urinalysis, on the other hand, is not
2 being used to test for alcohol. And in most cases,
3 with the exception of marijuana, can only detect
4 recent use.

5 Moreover, urinalysis can make no
6 distinction between dependence on drugs and more
7 infrequent or even one-time drug use.

8 Finally, I would note that although
9 several states are either using or considering the
10 SASSI, there is no evidence that the instrument has
11 been particularly successful at identifying likely
12 drug users.

13 In Utah, for example, which began using
14 the SASSI in 2012, a recent study by the state's
15 Department of Workforce Services revealed some
16 startling numbers.

17 Between 2012 and 2013 and some 1,020 TANF
18 applicants --

19 MR. SIMPSON: I'm sorry. Time expired.

20 MR. JASON WILLIAMSON: 3 percent of
21 those --

22 MR. SIMPSON: Next speaker is Beth
23 Orlansky from the Mississippi Center of Justice.

24 MS. BETH ORLANSKY: Good morning.

25 MR. SIMPSON: Good morning.

1 MS. BETH ORLANSKY: My name is Beth
2 Orlansky. I'm the advocacy director at the
3 Mississippi Center for Justice. We strongly opposed
4 the passage of House Bill 49 during the legislative
5 session because we believe it arbitrarily subjects a
6 group of people receiving much-needed services to
7 yet another layer of unnecessary barriers. And it
8 unfairly implies that people seeking assistance are
9 more likely to be drug users than the general
10 population when there's no evidence to support that
11 assumption.

12 The law imposes unnecessary costs of
13 screening tests, and we fail to see any upside to
14 its passage. That being said, we are not here today
15 to debate whether or not the law should be on the
16 books. We are here to talk about whether the law is
17 going to be carried out appropriately with
18 regulations published by DHS.

19 Specifically, we are concerned with the
20 disconnect between the language of the statute and
21 the language of the regulations regarding sanctions
22 for noncompliance.

23 In the proposed regulations, the penalty
24 for noncompliance with the new law, either by
25 failing to take the drug test when ordered to do so

1 or by failing a second drug test after 60 days of
2 treatment, is a full family sanction.

3 In other words, if an adult TANF
4 recipient's SASSI score indicates that he or she
5 should take a drug test and he or she does not get
6 one in the time specified, or he or she fails the
7 drug test or fails to obtain treatment, or they
8 complete treatment but still fail the drug test
9 after 60 days, not only does the adult lose
10 benefits, but the children lose theirs as well.

11 The imposition of a full family sanction
12 for noncompliance for TANF regulations is not
13 unheard of. But in other cases where it is
14 utilized, the statute specifically requires a full
15 family sanction.

16 In House Bill 49 passed by the 2014
17 legislature, the legislature clearly intended for
18 the sanction for noncompliance to apply only to the
19 individual. Therefore, the family sanction imposed
20 by these proposed regulations oversteps the
21 statutory requirement. And I'm going to give you
22 the law and show you where it's different.

23 HP 49, Section 1, paragraph 4 provides:
24 "If an adult recipient refuses to take the required
25 drug test, the department shall terminate cash

1 assistance for the person and the person may not
2 apply for cash" -- "reapply for cash assistance for
3 90 days."

4 The language of the bill clearly indicates
5 the person who refuses to take the required drug
6 test will lose assistance, but does not indicate an
7 intention to extend to the entire family.

8 In addition, Mississippi Code Section
9 43-17-5(3) states: "The Department of Human
10 Services shall deny TANF benefits to the following
11 categories of individuals." And subsection (o)
12 concludes: "Individuals who are 18 years or older
13 who are not in compliance with the drug testing and
14 substance use disorder treatment requirements."

15 The language of the statute is amended by
16 HB 49 specifically applies to individuals who are
17 not in compliance with drug testing and substance
18 abuse disorder treatment requirements. So the
19 regulations that require full family sanction are in
20 contrast with the state law.

21 There is language in the same statute
22 43-17-5(6)(e), which provides: "If any adult or
23 caretaker relative refuses to participate in
24 allowable work activity as required under the
25 section, full family TANF benefits penalty will

1 apply."

2 So there are places in the statute where
3 the full family section is included, but not in this
4 one.

5 If the legislators had intended to treat
6 failure to comply with drug-testing requirements the
7 same as the failure to comply with work activity,
8 the language in Section 43-17-5(3)(o) would have
9 referred to a family sanction rather than an
10 individual one. By having both types of sanctions
11 described in different parts of the same code
12 section, it is clear that different sanctions apply
13 to different types of noncompliance. The
14 drug-testing rule applies only to an individual,
15 while work requirements apply to the entire family.

16 We strongly urge the Mississippi
17 Department of Human Services to amend the proposed
18 rules implementing House Bill 49 and Section
19 43-17-5(3)(o) by limiting sanctions for
20 noncompliance to the individuals who fail to meet
21 the law's requirements.

22 MR. SIMPSON: Next is Matt Williams.

23 MR. MATT WILLIAMS: Good morning. My name
24 is Matt Williams. I'm a policy associate with the
25 Mississippi Center for Justice.

1 Thank you for granting this important
2 hearing to address a policy that will affect
3 thousands of low income Mississippi families. And
4 today, we urge the Department of Human Services to
5 take steps that would ensure Mississippi's most
6 vulnerable children don't suffer unfairly under this
7 policy.

8 As you're well aware, TANF cash assistance
9 is a critical safety net for struggling families.
10 The majority of Mississippi's TANF cash assistance
11 goes to unemployed single parents or the caretakers
12 of children living in distressed circumstances.

13 Unemployed parents receiving cash
14 assistance on their own behalf represent over
15 45 percent of Mississippi's TANF cash caseload.
16 Children living with a disabled parent receiving SSI
17 make up 22 percent of the current cash assistance
18 caseload. Children being cared for by a relative or
19 a nonrelative caretaker represent 21 percent of the
20 current TANF cash assistance caseload.

21 In each of those categories, TANF provides
22 a small but essential supplement to help make ends
23 meet on a monthly basis. TANF helps a parent in
24 between employment or a parent with a disability pay
25 utility bill or buy a household essential.

1 TANF also provides one of the only support
2 mechanisms for a grandmother or even an unrelated
3 individual who has taken a child in to provide care
4 when their parents couldn't.

5 Most families receiving assistance are
6 small. They have young children. Most of them are
7 headed by a single mother. During 2013, nearly
8 10,000 Mississippi families received TANF cash
9 assistance. Well over half were single-parent
10 families. 45 percent of that cash assistance went
11 to child-only families where children were the
12 primary beneficiaries.

13 Mississippi low-income children depend on
14 TANF more than any other group. On a monthly basis,
15 Mississippi TANF serves nearly 16,000 children and
16 6,000 adults. This means at any given time more
17 than 70 percent of Mississippians benefiting from
18 TANF are children.

19 Under the regulations published by DHS,
20 these children's benefits could be cut off due to
21 rules governing drug screening of adult TANF
22 recipients. Children should remain eligible to
23 receive TANF benefits regardless of their parents'
24 compliance with the drug-testing regulations. And
25 DHS should include a provision to designate a

1 substitute adult recipient in case of noncompliance
2 of an adult. Currently, no such provision exists.

3 To prevent elimination of a child's TANF
4 benefits, states that have implemented drug
5 screening requirements for TANF applicants have
6 included a protective payee provision. A protective
7 payee is a family member or an unrelated individual
8 who can be designated to receive a child's benefits
9 if a parent or adult recipient is sanctioned.

10 With similar laws, Florida, Kansas,
11 Georgia, Missouri, and other states have
12 acknowledged the importance of protecting children
13 benefiting from TANF by requiring a protective payee
14 to maintain the flow of support to the home.

15 Providing for a protective payee will
16 prevent the removal of TANF benefits from children
17 who stand the most to gain by interrupted TANF
18 support, yet the most to lose through a full family
19 sanction of benefits.

20 If Mississippi fails to include such
21 provision in current regulations, such inaction will
22 lead to a disproportionate impact on Mississippi's
23 most vulnerable children.

24 We strongly urge the Mississippi
25 Department of Human Services to amend the proposed

1 rule implementing HB 49 and Mississippi Code 43-17-5
2 by limiting sanctions for noncompliance to the
3 individuals who fail to meet the law's requirements,
4 not the family, and by providing for the utilization
5 of a protective payee in the event an adult is
6 sanctioned under this provision.

7 Thank you.

8 MR. SIMPSON: Derrick Simmons.

9 MR. DERRICK SIMMONS: Good morning.

10 MR. SIMPSON: Good morning.

11 MR. DERRICK SIMMONS: Aside from my belief
12 argument on the floor that the bill -- House Bill 49
13 on the Senate side was certainly discriminatory in
14 nature and also should be declared unconstitutional
15 when an opportunity presents itself, I do appreciate
16 the opportunity you all have given us today to come
17 and give these public comments.

18 And so my public comment relates to the
19 cost factors as it relates to the proposed rules in
20 light of House Bill 49. The proposed rules make
21 numerous references to applicants and recipients
22 opportunity to continue receiving benefits following
23 a positive drug test, provided that the identity --
24 provided that they identify, enroll, and complete
25 approved drug-treatment program.

1 Unfortunately, the rules offer no
2 suggestions as to how TANF applicants or recipients
3 are expected to pay for such treatment. There is no
4 indication that the state is prepared to pay for the
5 treatment, nor is there any expressed language
6 stating that Medicaid is able to cover the cost
7 which can be substantially particular for the 60-day
8 program. This is especially problematic since TANF
9 applicants and recipients by definition do not have
10 the extra income required to pay for such treatment.
11 As such, it appears that the treatment option is
12 really not an option at all.

13 When you look at proposed rule Title 18,
14 Part 12, Volume 3, Chapter 1, paragraph 7, I think
15 that's on page 1,032, it states that "The applicant
16 or recipient is responsible for submitting to a
17 substance-abuse questionnaire. If results of the
18 questionnaire indicate a high probability that a
19 substance-abuse problem exists for the TANF adult,
20 the adult may be tested unlaw" -- "may be tested for
21 unlawful drug use and enrolled in a treatment plan
22 if results of the drug test are positive."

23 The comment simply states that "enroll in
24 a treatment plan." That expressly requires the
25 participant to enroll in a treatment plan.

1 Another section states that the referral
2 information will be provided, yet this section
3 dictates enrollment without providing mechanism for
4 funding the same.

5 Proponents of House Bill 49 consistently
6 stated that the treatment would be covered, and I
7 remember raising several questions on the Senate
8 floor to Senator Terry Burton. And he clearly said
9 that the actual treatment plan would be paid for by
10 the TANF benefits. Senator Burton also stated that
11 it would cost about \$1.25 per test to stream, about
12 \$50 to do the drug test, and that treatment is about
13 \$75 per week for four weeks.

14 He contended that the idea is to help
15 those that need, that it is all paid for, again, by
16 TANF dollars.

17 On the House side, I recall Representative
18 Sam Mims stating on the House floor that "Where
19 there is a positive reading, you continue to receive
20 benefits, you go to a treatment facility for two
21 months, and the Division of Medicaid will pay for
22 the treatment."

23 Despite the clear intention of the
24 legislators and what they actually argued on the
25 floor, there is no indication that the actual

1 treatment will be paid.

2 From information and belief, the average
3 cost is about 16,000 per month for drug treatment.
4 And this information comes from the average cost of
5 all drug-treatment centers located in Jackson,
6 Mississippi for the -- for the year 2014.

7 So the concern is, if you are, in fact, a
8 TANF applicant and if you can afford 16,000 per
9 month, then there be no need for you to be even
10 receiving TANF for the first place. So the cost
11 aspect of the rules compared to what the legislative
12 intent was, that's a concern, and we ask you all to
13 consider as well.

14 MR. SIMPSON: Thank you. Jennifer
15 Riley-Collins.

16 MS. JENNIFER RILEY-COLLINS: Thank you for
17 the opportunity to speak this morning. I also
18 wanted to recognize and thank the number of
19 legislators who have come out this morning. This
20 bill did come out as -- as law on January -- excuse
21 me, on July 11th. So I thank you for your continued
22 concern over laws that have come out of our
23 legislature this past session.

24 My -- my issue is kind of follow-up to
25 what Senator Simmons has stated. As the question I

1 pose to you is, who pays the costs and at what cost
2 is it paid? My colleagues have discussed the
3 concerns with regarding the SASSI screening
4 instrument, the impact of the whole household
5 sanction, including the most -- impact on our most
6 vulnerable, the children. I would like to discuss
7 the cost factor as required by the proposed rules.

8 As Senator Simmons pointed out, the
9 proposed rules make several references to enrollment
10 in a drug-treatment program as a condition for
11 continued receipt of TANF benefits. And yet, the
12 rules offer no suggestion as to how TANF recipients
13 are expected to pay for such treatment.

14 As Senator Simmons pointed out, research
15 has shown that drug-treatment costs varies anywhere
16 from 12,000 to \$16,000 on a monthly basis, clearly
17 not something a family seeking the assistance of
18 \$160 a month could afford. If they could afford it,
19 they would not be receiving TANF benefits.

20 I note that in a response -- in a partial
21 response to a public information's record request
22 that the ACLU, my office, sent out, again, I say "a
23 partial response" because it was such that because
24 we didn't get the full response to those things we
25 asked about. We sent this out on May 27. We asked,

1 "Who's going to pay the cost?"

2 And in your response, DHS's response, you
3 state in an underlying portion of the response that
4 Medicaid would pay the cost. Well, my research has
5 shown, and it's clearly available for public record,
6 that there is a decoupling of Medicaid and TANF. So
7 one who is enrolled on TANF is not necessarily also
8 enrolled on Medicaid. And none of us should assume
9 that just because you're TANF recipient you're also
10 a Medicaid recipient. Two different entities meting
11 that out, so definitely two forms of application.

12 So my question to you -- to DHS is, since
13 the rules do not specify such, and nor do the
14 instructions specify how one gets on, my question to
15 you today is, is there is a process? Is there a
16 mechanism now in place that will recouple so that
17 when TANF -- a TANF applicant who is now subject to
18 this screening and possibly the drug testing applies
19 to TANF he is -- he or she is also at the same time
20 applying for Medicaid. Because if you're saying
21 Medicaid is going to pay for the treatment, at what
22 point does that person -- are they told to -- that
23 they need to go and apply for Medicaid?

24 I will tell you just our research has
25 shown that Medicaid is not yet prepared. So if

1 there is a Medicaid person -- or, Senators, I would
2 ask that you ask, if there is a Medicaid person in
3 the house, to ask was this made part of the Medicaid
4 budget for this year?

5 And so again, my question is, who pays the
6 cost and at what cost is it paid?

7 Thank you.

8 MR. SIMPSON: Thank you. Charles Irvin.

9 MR. CHARLES IRVIN: Good morning.

10 MR. SIMPSON: Good morning.

11 MR. CHARLES IRVIN: Charles Irvin from the
12 ACLU. I thank you for the opportunity to speak.

13 We are here and my position is I want to
14 talk to you about the -- what's referred to as
15 nondisclosure, or better yet privacy considerations.
16 Throughout Chapter 3 of your new law, the language
17 of nondisclosure is very vague and ambiguous in how
18 it would be applied to those persons who are tested
19 and outcome of testing.

20 So what I would ask is, one, those rules
21 be amended to include specific language on how
22 privacy concerns would be addressed. In Chapter 3,
23 there are three different references to privacy and
24 all of them are listed under "Nondisclosure."

25 So the first being a potential listing by

1 someone who is found to be necessary to take a drug
2 test that they may be listed in the state database.
3 So that brings the question, who are third parties
4 that will be able to look at an individual's
5 information? What information would be accessible
6 if, in fact, those persons are listed inside of a
7 database? And what rules or regulations do you have
8 in place to ensure that once those records are
9 exist, that it truly is a nondisclosure situation?
10 Because there is no language that says if there
11 is -- if someone looks into the database and they
12 see someone's information that it stops right there.
13 So we'd ask that you add specific language to that
14 effect.

15 Another big issue, and it was alluded to,
16 the effect on children. One of the things that's
17 listed in Chapter 3 is that if someone is deemed to
18 have violated, then there may be a need to bring in
19 schools or children's services. And the senator has
20 alluded to whether or not marijuana would be
21 involved. There is no listing of what would trigger
22 such a move. And that, again, brings in third
23 parties.

24 So we would ask that specific language be
25 added to protect not only the individual that may be

1 deemed to violate, but then it goes further, how do
2 we protect the children privacy as well? So the
3 privacy concerns are huge, but there's only
4 basically one sentence in Chapter 3 that says
5 information will not be disclosed. But if you look
6 further at the application within the law, there are
7 three separate references within Chapter 3 that
8 allude to third parties. So we would ask for
9 specific language, and then also a definition of
10 what a third party looks like.

11 Thank you.

12 MR. SIMPSON: Lutaya Stewart. Did I
13 pronounce that right?

14 MS. LUTAYA STEWART: Uh-huh (affirmative
15 response.) You did. Lutaya.

16 MR. SIMPSON: Okay. Could you spell that
17 for the court reporter.

18 MS. LUTAYA STEWART: L-U-T-A-Y-A.

19 MR. SIMPSON: Okay. Great. Thank you.

20 MS. LUTAYA STEWART: My name is Lutaya
21 Stewart. I'm a childcare provider. I represent
22 about 80 children deemed to about 60 families. And
23 when I first heard about, you know, the -- this
24 being a possibility as a requirement for TANF
25 recipients, which I have a large number in my

1 center, I kind of did a educational piece if you
2 will, just kind of screening trying to see is it
3 really necessary. And less than 1 percent of my
4 parents said that they would have a issue with it.

5 So to me, with that being said, less than
6 1 percent, that may be two parents. The rest of
7 them are like, "Oh, we don't have a problem with
8 it," because they're not doing it. They're not
9 worried about that. So I think it's unnecessary.

10 And the adverse effect will be on the
11 children. It all boils down when you take those
12 benefits from those families, those kids are the
13 ones that are going to suffer because of one
14 person's poor lack in judgment. And which will have
15 in -- in a childcare perspective, you will have loss
16 of -- loss of childcare assistance, children sitting
17 at home because those parents are going to find
18 jobs. Every TANF parent I've had come through my
19 center has transition. I've actually hired some of
20 them.

21 So this is a very beneficial program, but
22 the -- the fact that they're trying -- you all are
23 wanting to screen them for drugs, I just think that
24 even though it's less than 1 percent in my center, I
25 just think it's unnecessary money spent, money that

1 can be put to better use.

2 If you hold one household -- one
3 household -- I'm sorry. If you hold a whole
4 household liable for one person that's just their
5 lights, lights, gas, water, in some cases food. And
6 after talking to different people who, you know,
7 don't really need these type of benefits, they
8 assume that these families all get HUD, which is not
9 true. All TANF recipients are not receiving housing
10 assistance. So the TANF income that they get, a lot
11 of them who are, you know, unemployed, they use that
12 money to help pay bills, lights, water, gas. You
13 get -- you get food stamps. I'm thinking all of
14 them get food stamps. However, they don't get
15 enough for their household numbers.

16 I have one parent who transitioned.
17 She -- and, of course, her job required drug
18 testing, but that's another reason I just feel it's
19 just unnecessary.

20 But anyway, she found a job. She has
21 two -- two children. And her stamps were cut down
22 to \$63. Yes, she has a job. Yes, she gets income.
23 But again, she does not get HUD, so she's paying
24 about 600 or \$700 a month in rent. Not to mention
25 utilities. Not to mention household essentials. So

1 it's really just -- it's just a waste of money and
2 that money could be put to better use to benefit
3 children, families, and just moving our -- moving
4 these people forward. It's a poverty ploy.

5 I'm just going to say again, it's a waste
6 of money. And the children are ones that'll suffer.

7 That's it.

8 MR. SIMPSON: Thank you. Shara
9 Kilminlite(phonetic).

10 MS. SHARA KILMINLITE(PH): May I approach
11 the group?

12 MR. SIMPSON: Oh, you're welcome. Yes,
13 ma'am.

14 MS. SHARA KILMINLITE(PH): Good morning.
15 I want to thank the people who are responsible for
16 giving us an opportunity to speak at this hearing.
17 I spoke on this bill when we passed it in the
18 legislature this year. I am inalterably opposed to
19 this bill. And my reasons are this: First of all,
20 what is legislative intent on this bill? If our
21 intent, which would be the high road, is to address
22 the drug problem and to help provide rehabilitation
23 for people who are using drugs who have children,
24 then we need to do a little bit of research because
25 I have gone to people who have drug centers since we

1 passed this bill, and I am told that research that
2 shows that if a person is a user of hard drugs, it
3 takes approximately 13 plus months for the proper
4 healing to take place.

5 I have friends unfortunately who have had
6 children who were addicted. Some of them have
7 mortgaged their homes and paid that 16 to \$30,000 a
8 month. I think Pine Grove in Hattiesburg at one
9 time was charging that much for -- for seeing a
10 private patient. The child comes back home -- the
11 adult child comes back home, maybe 20 something
12 years old, and in a few months relapses, and they
13 send the child back.

14 The legislature in Mississippi has made no
15 such provision. We are saying, and I don't even
16 know where the funding is coming from, but you are
17 going to get treatment for two months. Two months.
18 And if you ever test positive again, you lose your
19 benefits permanently. Permanently.

20 But if you have got family or resources to
21 put you back in rehab as many as eight times, or --
22 or however many it takes, you can continue to go
23 back to rehabilitation. But the legislature in its
24 wisdom has decided that the state of Mississippi can
25 cure you in two months. So maybe we ought to demand

1 that everyone go by the rules that the Mississippi
2 legislature has passed for TANF recipients. And
3 once you go to rehab for two months you can't ever
4 go back. It's just defies logic that we would think
5 this would provide a cure just because we say it
6 will without looking at the research involved.

7 The Department of Corrections, when a
8 person has committed a crime and they've been
9 involved with drugs, requires long-term -- and
10 that's the word "long-term" -- drug and alcohol
11 programs. The Department of Corrections is an arm
12 of the state of Mississippi. Why don't they just
13 give them two months and turn them out?

14 You know, I just don't understand what
15 we're trying to accomplish. If we're trying to
16 accomplish true rehabilitation, let's put money in
17 our drug programs and let's get these people help.
18 But don't let's say give them two months and
19 forevermore cut off their benefits because I think
20 that little TANF benefit is a big old \$126 a month
21 for the -- for the parent maybe, and then maybe 20
22 something dollars more for a child. So if a parent
23 loses the 120 something a month and you retain the
24 children's benefits, I don't know what you expect to
25 do about raising a child on \$20 a month for the

1 people that have to take over because the parent
2 lost their benefits permanently.

3 So I appreciate the opportunity to be
4 heard. And I do think that the legislature needs to
5 have some hearings on this, put in a little bit more
6 research on what it really takes, and maybe put some
7 money into drug programs if we intend to help people
8 who have drug problems, and to help these families
9 and provide good parents for these children.

10 Thank you.

11 MR. SIMPSON: Thank you. Eva Woodall.

12 MS. EVA WOODALL: Hi, everybody. My name
13 is Eva Woodall. I'm from the delta area, Cleveland,
14 Mississippi. I'm a parent. I receive TANF, both
15 unemployed and employed. It's beneficial to me both
16 ways. I wouldn't like to be drug tested for the
17 simple fact that what if there's a false positive?
18 I've never done drugs in my life. Now I don't have
19 daycare, which is the most important thing. I have
20 to have daycare to look for a job. I have no family
21 in Mississippi, so what do I do? Well, I can't take
22 them to the interview. You know, I can't take them
23 to fill out applications, so now I'm at home.
24 Children don't have daycare. I don't have TANF
25 benefits. So where's the money going to come from.

1 School is getting ready to start. How am I going to
2 get school clothes and school supplies and things of
3 that nature? Okay. Well, now I'm at home.

4 So to me, it's sort of like a ripple
5 effect. Okay. Well, this has happened. They say I
6 have to go into treatment as they -- couple of
7 people have stated today. Where is the money going
8 to come from? Okay. I can't afford this, so hey, I
9 don't have benefits. So now my children have to go
10 without. My children are hungry. They don't have
11 the proper clothing. Clothes are too big, too
12 small, whatever. There's little resources in that
13 area for clothes and things of that nature. So now,
14 chances are there's CPS is going to get involved
15 eventually because the children don't have what they
16 need. They have to go to school mal -- I'm not
17 going to say malnourished, but, you know, most of
18 the time when they don't have the proper food they
19 have to get it at school. You know, they're going
20 to go there to want to eat and all these things. So
21 now you have teachers who are looking. They're
22 going to call. So now I have CPS, Child Protective
23 Service. Well, what's going on? Well, I don't have
24 the necessary things that I need. I can't look for
25 a job because I don't have childcare. I don't have

1 food stamps now, so I don't have money. I don't
2 have a job. Now what do I do? Most people don't
3 have mother, daddy, cousins, uncles, aunts to step
4 in do things that need to get done. Most people are
5 just -- you know, they have their own family to take
6 care of. So now I'm just out here with nothing.

7 And that's basically the ending effect is
8 going to affect the children. Regardless of what --
9 we can't dilute the fact that it's going to affect
10 the children. The children are very important. And
11 regardless of what momma and daddy do, they don't
12 know. They just know they're hungry now.

13 So I think that it should be revised or,
14 you know, just look at it a little bit closer and
15 figure out what exactly is the reason. Because like
16 even when I had a job making 7.25 an hour, when I
17 got a job they cut my food stamps down to 200 a
18 month. That's not enough for me and a 8 and 9-year
19 old. So I still have to use the money I'm making
20 from work to buy food.

21 So regardless of what, they still need the
22 TANF. I still need the childcare. And then, of
23 course, TANF provide allowance for gas every month
24 when you have a job. So that help too. You know,
25 they give you like -- you know, depending on how

1 many children you have, 100, \$200. That is very
2 helpful for gas every month to get back and forth,
3 you know, to work because now you start working,
4 they cut down the food stamps. Okay. You have to
5 buy food now. You need that extra money. So TANF
6 is very, very helpful and it's impactful for
7 millions of families, whether working or not. It
8 has nothing to do with it. It's just a point, you
9 know, that the childcare is needed. The food stamps
10 are needed.

11 That's it. Thank you guys for listening.

12 MR. SIMPSON: Credell Calhoun? I believe
13 he just stepped out. I'll go to the next name on
14 the list and we'll come back.

15 Mary Thompson.

16 MS. MARY THOMPSON: No comment.

17 MR. SIMPSON: Bridgette Morrison (sic).
18 Ms. Morrison (sic), would you spell your last name.

19 MS. BRIDGETTE MORGAN: Morgan,
20 M-O-R-G-A-N.

21 MR. SIMPSON: Morgan. I'm sorry. My
22 apologies.

23 MS. BRIDGETTE MORGAN: I'm Bridgette
24 Morgan. I'm staff attorney for the ACLU of
25 Mississippi.

1 My public comment relates to the lack of
2 evidence that SASSI will be successful in
3 identifying likely drug users.

4 In Utah, which began using the SASSI as a
5 screening instrument in 2012, a recent study by the
6 State Department of Workforce services revealed some
7 startling numbers. Between 2012 and 2013, some
8 1,000 TANF applicants in Utah were determined to
9 have a high probability of drug dependence after
10 completing the SASSI. Of course, 466 applicants
11 were drug tested. And of those, only 14 tested
12 positive for drugs.

13 Our request is that in light of the
14 widespread uncertainty surrounding the use of the
15 SASSI to determine accurately and consistently who
16 should and should not be subject to a drug test, we
17 urge the department to revisit its decision to rely
18 on such an instrument that has yet to prove
19 itself -- its effectiveness in this context.

20 If the SASSI or any other instrument is
21 going to play a part in the process that may result
22 in denial of basic court its inconsistent result
23 (inaudible) need for additional scrutiny and review.

24 Accordingly, we ask that the department
25 delay any testing until it can identify a tool that

1 can be relied upon to consistently establish
2 reasonable suspicion or lack thereof.

3 Thank you.

4 MR. SIMPSON: Representative Calhoun still
5 out? He's the last name on the list. That's all
6 that we have on this list. We have more?
7 Representative Calhoun, your turn.

8 MR. CREDELL CALHOUN: Yeah, I want to
9 thank you for having the hearing. I also wanted to
10 say I thought the bill was kind of flawed when it
11 was going to the House. And from all that's been
12 said today, I think the bill needs a lot of work.
13 And I would like for DHS to hold up on the
14 implementing and let us look at it once we get back
15 in the legislature in January. It's just -- it's
16 just too much pain in going to be implemented if you
17 put it in. You just don't want to do that to our
18 children in the state of Mississippi. And it will
19 take some time for us to get together, so you just
20 do whatever you need to do that's necessary to make
21 sure that it doesn't get implemented until we get a
22 chance to look at it again. I appreciate if you do
23 that.

24 MR. SIMPSON: Thank you. I have Senator
25 Simmons, Willie Simmons.

1 MR. WILLIE SIMMONS: Good morning. I too
2 want to thank the Department of Human Services for
3 your conducting this hearing to see how we move
4 forward or not move forward with this particular
5 issue.

6 And as I listen to everything that's been
7 said this morning, it reminds me that you are very
8 similar to the children who are going to be impacted
9 by this. You are just kind of following what the
10 legislative body did as an agency, but I do hope
11 that you will carry the message back as a result of
12 this hearing and say that it is very devastating
13 based on what you have heard and that is something
14 that the legislature need to revisit.

15 I, like most of my colleagues who are
16 here, did not support this particular measure and we
17 did not support it because it is -- we saw it as
18 being devastated for the children, very individuals
19 who we fight so hard for, who is our future.

20 So again, we -- we ask that you look
21 carefully and listen carefully to what is being said
22 and hopefully involve the attorney general and get
23 an opinion on who is responsible for paying it.
24 Because as I sat on the appropriation committee and
25 the budget committee, I don't recall us giving

1 Medicaid any authority or giving them any funds --
2 additional funds to do the testing or screening. So
3 Department of Human Services is saying that Medicaid
4 should have a responsibility of paying for this
5 issue. That's an issue that needs to be clarified
6 and one that perhaps needs to be brought back before
7 the legislative body.

8 When we look at this piece of legislation
9 that calls us to be here today, we realize that a
10 minority group of the senators and representatives
11 voted against it, and we did not support it for the
12 following reason, some of the reason, following
13 reason:

14 Inadequate data exists to illustrate there
15 is a need for it. No one was able to show us during
16 the debate that there is truly a need for us to move
17 towards having this kind of testing or screening.

18 In addition to that, as my colleague
19 Senator Derrick Simmons said, it discriminates, and
20 it only addresses this particular segment of the
21 population. It says that TANF recipients are to be
22 screened and tested. However, there are many other
23 citizens of the state of Mississippi who receive
24 some kind of government benefit, either through the
25 Department of Human Services, Medicaid, or directly

1 from the other state agencies, MDA and on and on and
2 on. We do not have any place anywhere for any of
3 those individuals who receive any of those kind of
4 benefits a need to be screened or tested similar to
5 what we have here in this particular category. So
6 it discriminates based upon the fact that this is
7 the only segment population that we single out and
8 say that you must be tested.

9 But more detrimental to this particular
10 initiative is that it penalizes or has the potential
11 of penalizing a group of individuals who cannot
12 control what the adults -- parents do. They did not
13 request to be brought into this world and yet we put
14 them out as being possibly penalized for the action
15 of that adults. This is cruel and inhumane. It
16 impacts the future for this group of -- this segment
17 of the population. And we should not be at this
18 particular junction as we move forward.

19 Also, as we think about and say that this
20 is a problem no one was able to give us the research
21 and show us where TANF recipients abuse or get
22 involved in use of drugs any more than any other
23 segment of the population, and yet we say that they
24 must be tested in order to continue to benefit from
25 this program. We say that as legislature. At the

1 same time as when we look back over the years when
2 we had alcohol and drug programs in our public
3 school system and we chose not to fund or continue
4 funding and supporting those programs. When we look
5 at the mental health budget in the past who have
6 attempted to try and move monies into dealing with
7 alcohol and drug and yet we legislative body have
8 not stepped up to fully fund it or put fund into the
9 mental health program. When we look at the drug
10 court program that we legislative body say is a good
11 program for dealing with drugs and yet we do not
12 fund it, but we come here and say that this is a way
13 of addressing a drug problem in the state of
14 Mississippi when research does not bear out in
15 support or suggest that there is a drug problem in
16 that area.

17 And I yield my time. Thank you.

18 MR. SIMPSON: Senator Norwood.

19 MR. SOLLIE NORWOOD: Good morning.

20 MR. SIMPSON: Good morning.

21 MR. SOLLIE NORWOOD: Thank you for
22 convening this hearing. I stand here this morning
23 as a 25-year employee of the state -- of the
24 Mississippi State Department of Human Services. I
25 currently serve in the Mississippi State Senate.

1 I know what it's like to have laws passed,
2 passed down to the department, and the department
3 doesn't necessarily agree with it, but you have to
4 carry it out. And in carrying it out, create more
5 work -- undo work. This law when asked the question
6 about cash benefits it was stated it only applied to
7 TANF. TANF means -- I mean, cash benefits go far --
8 far beyond just TANF. You're talking about child
9 support. You're talking about childcare. Talking
10 about all of those that would negatively impact
11 children and families.

12 We have -- I -- I manage the responsible
13 fatherhood program. Responsible fatherhood program
14 was working with daddies to keep the family intact.
15 But yet again here we are talking about a program
16 that's going to split the family. We're going to
17 have more children coming into MDH's custody because
18 if the parents -- ruled that the parents are using
19 drug, whether it's true or not, it's going to
20 negatively impact the family.

21 So I say a lot has been said, and I agree
22 with 99.9 percent of it. I say that I think the law
23 is a bad law. It was bad when it was introduced.
24 It was bad when it was passed. And it's still bad.

25 My recommendation would be that we

1 would -- Mr. Chairman, if we would recommend that
2 withhold this law, allow ample research to be done.
3 You need to be reworked completely. If we talking
4 about addressing the drug challenge, which has not
5 been proven that there's a drug challenge of TANF
6 users, then I suggest that we hold the law, research
7 it, and come back with more empirical evidence to
8 support the claim of drug abuse among TANF
9 recipients.

10 Thank you.

11 MR. SIMPSON: Thank you. Robert Jackson.

12 MR. ROBERT JACKSON: Good morning. My
13 name is Robert Jackson. I serve in the state Senate
14 as well, as some of the members already been up to
15 talk about this bill that we passed to allow our
16 state government to provide drug testing for people
17 who simply want to partake of the services that the
18 state has for childcare. As most of my colleagues
19 did, we voted against this law because we thought it
20 was a waste of state and federal funds.

21 Prior to my being elected to the state
22 Senate, I worked for nonprofit that provided daycare
23 services for low-income people in -- in my area in
24 Quitman, and we had no problem with parents, you
25 know, misusing state funds. They were just only

1 trying to access the programs that are available to
2 them so that they could provide for their families.
3 And I think because we pass laws like this, we take
4 more money that we could be providing to families to
5 provide for their kids and putting it in areas where
6 it doesn't belong.

7 You know, we're just wasting money, just
8 as we did when we passed the fingerprinting law,
9 that kids -- you know, families come in and, you
10 know, get fingerprinted to get the kids in. We
11 spend millions of dollars to try to put these
12 programs in place to keep from fraud of -- you know,
13 keep from families defrauding the state tens
14 millions of dollars to put these programs into
15 place, and we're curtailing, what, tens of thousand
16 dollars of fraud -- millions of dollars to detect
17 fraud and thousands dollars to fraud maybe, you
18 know, people that are defrauding the state. So
19 we're just wasting money.

20 We need these funds so that we could
21 provide more services to the kids in this state so
22 they can access daycare, other things they need in
23 order to become productive citizens in the state.

24 So I would ask the state agency here if
25 you would just, you know, put this on hold for a

1 while so we can do further studies.

2 Also, I think it's a violation of these
3 parents' -- laws violation of -- of their personal
4 law that they have to go through these drug testing,
5 these things that make them feel inferior just so
6 that they can access, you know, these kind of
7 services.

8 So it's not a very good law. It wasn't
9 very well thought out. And we need to just look at
10 damage that it would cause down the road.

11 Thank you.

12 MR. SIMPSON: Thank you. Bryant Clark,
13 Representative Clark.

14 MR. BRYANT CLARK: Good morning.

15 MR. SIMPSON: Good morning.

16 MR. BRYANT CLARK: I am Representative
17 Bryant Clark from Holmes County, and I serve on the
18 public health and human services committee. And you
19 can guess that I was one of the minority members in
20 the House and the Senate who was opposed to this
21 legislation. And there's several reasons that I was
22 opposed to it.

23 Number one, when I look at this
24 legislation it is what I call a solution in search
25 of a problem. What I mean by "solution in search of

1 a problem" is when you look at other states who have
2 enacted legislation similar to this, a fraction,
3 very small percentage, in some states less than 1
4 percent of the people who actually receive benefits,
5 less than 1 percent of the people actually when
6 tested was found to have been a user of illegal
7 drugs.

8 The funds that -- hundreds of thousand,
9 possibly millions of dollars would be used in each
10 year to detect less than 1 percent could be used in
11 other places helping other needy families.

12 The second concern I have, as -- as some
13 of my colleagues have said, Senator Simmons and
14 senior Senator Simmons, that it's no question that
15 it is discriminatory. It single out one section of
16 the population for no apparent reason and implement
17 this burden on them.

18 Over the -- when this legislation first
19 came up in the legislature I started looking at
20 other states. Florida was one. Florida was that --
21 as most of you know, that law was striking down.
22 Michigan -- almost a decade ago, Michigan enacted a
23 similar legislation, which it also was found to be
24 unconstitutional.

25 And one thing I found to be very

1 interesting, which I think is the heart of this
2 matter, was judge ascribing in Florida. The pro
3 district judge who struck down Florida's law, she
4 said in her ruling, "There is nothing inherent to
5 the condition of being impoverished that supports
6 the conclusion that there is a concrete danger that
7 impoverished individuals are prone to drug use."

8 There's nothing -- there's no evidence
9 anywhere to suggest that a person who received TANF
10 benefits is -- is more likely than anybody else
11 to -- to use illegal drugs. As the senator said,
12 why not test people who receive Medicaid benefits or
13 any other state services? Why single out this one
14 group that there's no evidence to support that these
15 individuals are more likely? So what is the public
16 concern that we're trying to enhance other than
17 trying -- other than spending additional funds?

18 Although the legislature tried -- in my
19 opinion, tried to go and tried to craft this
20 legislation in a way that it would pass the
21 constitution muster, when you read the rulings of
22 other every court, I still have questions whether
23 the law that we passed will stand up in a court of
24 law. And that's also -- and when we say that, we're
25 also talking about additional money in which the

1 state of Mississippi going to have to come up with
2 to make an attempt to try to defend legislation in
3 court with the rule, regulations.

4 Obviously, that wasn't before the
5 legislature, but when I read the rule, regulations,
6 I think the department made an attempt, best they
7 could, to try to craft some rules and regulations.
8 But when I read the rules and regulations, some of
9 the rules are -- in my opinion, is conflicted with
10 what I believe, or at least what was told to us, was
11 the intent of the legislation.

12 I think the law as well as the rules is
13 unclear. Of this \$16,000 that a person can possibly
14 pay for treatment, who's going to pay that? The
15 state of Mississippi going to pay it or is the
16 person receiving benefits going to receive it?

17 The second question is, it's going to be
18 punitive, not to the drug user, but it's going to be
19 punitive to the children, possibly.

20 So I too would like to encourage the
21 Department of Human Services to slow down, to allow
22 the legislature and possibly some courts flush out
23 the details of this particular legislation so we can
24 all do what's best for the -- for the citizens of
25 the state of Mississippi.

1 Thank you.

2 MR. SIMPSON: Rims Barber.

3 MR. RIMS BARBER: Good morning. I'm Rims
4 Barber. I'm an advocate for children.

5 And first, I want to agree with one thing
6 that was said earlier this morning, that we need to
7 check on the relationship between the TANF
8 recipients and Medicaid. That's something that has
9 been a problem for some years now. I would believe,
10 but I -- nobody has run a study to show how many
11 TANF recipients are not on Medicaid, although they
12 are technically eligible. It would be a simple
13 matter for the two departments to get together and
14 run their computer programs and see how many
15 children and adults on TANF are not on Medicaid
16 because they didn't get through the process and were
17 not properly informed, et cetera. That's something
18 that needs to be done, needs to be done right now.

19 Now, on the subject of -- of real
20 substance here today is what is the probability of
21 somebody being a drug user. I could ask, okay, "All
22 you out there, raise your hands if you've been using
23 illegal drugs in the last day." Nobody. "How about
24 in the last month?"

25 I mean, I could ask Barry Bonds if he was

1 using enhancement drugs and he'd say "no," right?
2 And maybe we ought to test everybody that hits a
3 home run to see whether they're using enhancement
4 drugs.

5 I mean, there are all these things that we
6 don't really know. I mean, there's -- I don't know
7 how you're going to construct the test that we give
8 everybody who applies for TANF, and that is
9 everybody annually on a yearly basis as they come
10 back in for recertification, how is that test going
11 to be certified as to being determined to show a
12 probability that the person is a drug user? The one
13 in Utah certainly was not -- did not show
14 probability at all.

15 I don't think -- I think we're going to
16 put people through a lot of agony having to come
17 back and forth different times and places when there
18 is no probability that they're involved in drugs at
19 all. And yet we're putting them through this
20 process arbitrarily.

21 I think that is a major concern. They
22 have got to find a place to keep their children
23 while they come and do the test, the paper test, and
24 then they got to find a place to keep their kids
25 when they come and do the drug test. I mean, it's

1 -- it's all designed, it seems to me, to keep people
2 from applying for TANF. Maybe we'll reduce the
3 number of people who even dare come into DHS's
4 office anymore because if you walk in the office you
5 may be drug tested, or at least given some sort of a
6 test to see whether you ought to be drug tested.

7 I mean, it is not clear. There's no clear
8 path from applying for TANF to being a drug user.
9 And there's no way that we can justify this. And
10 I'd like to see you come up with some regulations
11 that show how you're going to do it, how you're
12 going to get to certain probability in order to make
13 it make it sense.

14 Thank you.

15 MR. SIMPSON: John Horhn, Senator Horhn.

16 MR. JOHN HORHN: Good morning, everyone.

17 You know, when House Bill 49 came up this past
18 session a lot of us were surprised and disappointed
19 that we're spending our valuable time down at the
20 legislature dealing with an issue such as this. In
21 other states, this legislation has been tried. And
22 I think in -- in case and point the Florida case
23 showed was struck down because it was considered to
24 be unconstitutional, I believe. And I think it
25 amounts to the fact that this is illegal search and

1 seizure in violation of the Fourth Amendment right.

2 When we look at the issue of the need for
3 drug testing, the need is probably greater in the
4 larger population than it is within those recipients
5 of TANF benefits. That research has been found out
6 to be true time and time again.

7 So the question is, why are we doing it
8 for the poor? Why are we doing it to the poor?
9 This constitutes a punitive action on the part of
10 the legislature, and we're penalizing and targeting
11 folks and labeling folks because they happen to be
12 poor. This is not right. This is not what our
13 country was founded upon and not -- not in keeping
14 with the principles that make America great.

15 I think that the issue was -- was brought
16 forward in a very hasty manner. It did not have any
17 consideration of the unintended consequences that
18 this legislation might pose when it's -- when it's
19 put into action. The costs of it are unknown. And
20 what benefit we will see in the long run in terms of
21 this based on the small number of people that it's
22 anticipated will be identified as TANF -- excuse me,
23 as illegal drug users.

24 So this is not a piece of legislation that
25 we need. It is a -- trying to kill a gnat with a

1 sledgehammer, and it's not going to be effective at
2 all, but it's going to cost somebody some money.
3 And that's mainly you, the taxpayers of Mississippi.
4 To be able to run this program we think that the
5 cost are going to be prohibitive. They're going to
6 be unnecessary costs and a waste of your taxpayer
7 money.

8 And I would urge the Department of Human
9 Services to rethink this legislation, to come back
10 with something that makes a lot more sense, to come
11 back with something that's a lot more reasonable,
12 and come back with something that's less punitive on
13 those folks who are poverty stricken in Mississippi.

14 MR. SIMPSON: At this time, there are no
15 more names on the list. We've got a couple more
16 signing in. I'm going to take about a two-minute
17 break until they can sign in and we can get those
18 names up front.

19 (Off the record.)

20 MR. SIMPSON: I'm going to call everybody
21 back to order. If I could call back to order we
22 have a few more speakers and we can conclude. Hey,
23 everybody, we have a couple more people.

24 I'm going to start the timer here next to
25 Joy Owens.

1 MS. JOY OWENS: Hello. I'm Joy Owens.
2 I'm the legislative strategist with the ACLU. And
3 my comment is the legislative intent of this law is
4 for it not to be retroactive. However, the rules
5 are unclear how this issue will affect testing as
6 TANF recipients renew their certification. Can we
7 add express language to state that it's only
8 directed to new recipients, not those who are
9 renewing? That's my comment.

10 MR. SIMPSON: Thank you. Nakita McMillan.

11 MS. NAKITA MCMILLAN: Good morning,
12 everyone. My name is Nakita McMillan. I'm a legal
13 intern at the ACLU. And my question is, the people
14 who created the SASSI instrument at the SASSI
15 Institute, they require seven hours of training to
16 anyone who will administer the test. So my question
17 is, what kind of training will be provided to the
18 DHS employees who will be administering the tests?
19 That's all.

20 MR. SIMPSON: At this time I don't have
21 any additional names on the list. I believe that
22 we've got one or two more who are signing in. The
23 public hearing is scheduled from 9:00 till noon. We
24 will still consider comments for the next few
25 minutes. We've got one more. At that point, we'll

1 leave the record open for a half hour or so to make
2 sure that anyone who comes in can speak and then
3 we'll close the record.

4 Okay. Representative Evans, you're next,
5 Jim Evans.

6 MR. JIM EVANS: Good morning. I didn't
7 know if I was moving my brother out.

8 I've had concern about -- most of you
9 know, I've been on the public health committee for
10 23 years on the state committee. And I've always
11 had deep concerns about action that we're about to
12 take that in the kindest word that would add to
13 human misery and human suffering and things that
14 would do have no merit nor reason period.

15 On the committee when we took this up I
16 thought that we were going to head in the direction
17 guided by need and found out so few of that 100 were
18 getting passed, getting assistance, and getting
19 help, and getting some relief rather than how we
20 were going to keep some others from getting it.
21 Those are my concerns. So it's hard for me to get
22 into specifics of all the problem with it because
23 the whole -- it's all bad. And so people have
24 lobbied me. I see (inaudible) for wanting to get
25 into specifics about what's bad about this. It's

1 hard to get into specifics when it's everything.
2 It's the wrong direction for people of goodwill and
3 of the people doing stewardship of the public
4 dollar, whether it be all federal dollars. And it
5 just bothers me the hypocrisy and the fact that
6 because all federal dollars lead to cynical -- we
7 can't get any worse as a people to be heading down
8 that direction because it's not state money, not
9 taxpayer money, any federal money so we do it
10 anyhow, add it the spirit of not Christ Jesus. I'm
11 44 years minister, little more than representative.
12 It's in the wrong nature.

13 My message to the folks of state of
14 Mississippi, let's don't go along with none of those
15 things. This lady shouldn't have to talk about the
16 thing that is bad with it. Everything is bad.

17 Now, let's don't make this policy and come
18 back and say we heading in the wrong direction. We
19 made our little point. But let's stop the madness,
20 period.

21 Thank you, brother.

22 MR. SIMPSON: I don't have any additional
23 speakers on the list. The record will remain open
24 for the next 30 minutes in case someone comes in and
25 would like to speak at that point and close it down.

1 Remember, you're welcome to submit written comments
2 if you did not choose to speak today.

3 From the chair I'd like to thank you for
4 the respect that you've given the time limits, and I
5 appreciate your cooperation this morning. Thank
6 you.

7 (Off the record 10:17 a.m.)

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CERTIFICATE OF COURT REPORTER

I, Robin G. Burwell, Court Reporter and Notary Public, in and for the State of Mississippi, hereby certify that the foregoing contains a true and correct transcript of the proceedings, as taken by me in the aforementioned matter at the time and place heretofore stated, as taken by stenotype and later reduced to typewritten form under my supervision by means of computer-aided transcription.

I further certify that I am not in the employ of or related to any counsel or party in this matter and have no interest, monetary or otherwise, in the final outcome of this matter.

Witness my signature and seal this the 23rd day of July, 2014

Robin G. Burwell, CCR
CCR #1651.

My Commission Expires