

TO: The Honorable Will Smith, Chair  
Senate Judicial Proceedings Committee

FROM: Annie Coble  
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DATE: February 6, 2020

Johns Hopkins **supports with amendments Senate Bill 255 Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment.** This bill requires screening for all pregnant incarcerated individuals for a substance use disorder at the time of intake, and if positive, immediately referring the person to treatment, including medication assisted treatment if appropriate. The bill also puts in place practices for correctional units to aid in transition to community treatment upon release.

Johns Hopkins has significant expertise in research and treatment of behavioral health disorders, offering a broad range of services and modalities of care. Our Department of Psychiatry is consistently ranked among the very top programs in the United States for clinical care, according to *U.S. News and World Report*. Across Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, we experience over 275,000 inpatient and outpatient visits annually. As one of the largest behavioral health providers in the state, we witness firsthand the devastating impact these disorders have on individuals and their families.

In particular, located at Johns Hopkins Bayview Medical Center, the Center for Addiction and Pregnancy offers an innovative approach to help mothers and infants address the physical, emotional, and social problems caused by addiction. The program often serves as a refuge of last resort for treatment. The facility serves about 50 women at any given time, and includes a 16-bed residential shelter for individuals who are homeless or who cannot live at home. Patients are provided with counseling and attend multiple group/individual sessions per day. The expecting mothers are also provided with access to a psychiatrist and with expert prenatal care.

Understanding Johns Hopkins unique expertise in addiction treatment for pregnant women, the following amendments are recommended to improve the efficacy and practicality of the bill:

- This bill requires using clinical guidance from the American College of Nurse Midwives or the American College of Obstetricians and Gynecologists. This specificity creates the possibility that the clinical care provided to pregnant incarcerated individuals may not be current or most appropriate. To address the

concerns regarding limiting the sources of clinical guidance that will be required to be used, the language below is recommended:

- All correctional units shall follow *best practices as outlined by relevant professional organizations* when providing care to pregnant incarcerated individuals
  
- This bill requires that a complete medical record be provided to the patient within 10 days of being released; however, to ensure quick access to treatment in the community after release and the greatest patient safety, a patient would need a recent history, physical examination, and verification of the dose that the person has been receiving while incarcerated, in order to begin post-incarceration treatment. The language below is recommended:
  - Immediately on release ~~or within not more than 10 calendar days after release,~~ a pregnant incarcerated individual shall be provided with *their most recent history and physical examination and verification of the dose that the person has been receiving while incarcerated.*

Continuity of care is vitally important for long term recovery from substance use disorders, and it is especially important for this vulnerable population. This bill removes barriers for pregnant incarcerated individuals receiving the treatment they need and the suggested amendments allow for more appropriate clinical treatment and easier transitions to care.

For these reasons, Johns Hopkins urges a **favorable with amendments report for Senate Bill 255.**

cc: Members, Senate Judicial Proceedings Committee  
Senator Chris West