

# **Maryland Catholic Conference\_FAV\_HB44.pdf**

Uploaded by: Brian Barnwell

Position: FAV



MARYLAND  
CATHOLIC  
CONFERENCE

**February 28, 2023**

**HB 44**

**Correctional Services – Pregnant Incarcerated Individuals – Substance Use  
Disorder Assessment and Treatment  
House Judiciary Committee**

**Position: Favorable**

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state’s second largest social service provider network, behind only our state government.

**House Bill 44** supports the needs of a vulnerable population in Maryland – pregnant inmates – and seeks to affirm their dignity and worth by requiring correctional facilities to screen pregnant women at intake for substance use disorders, regardless of the length of time the inmate will be incarcerated. It further sets requirements and guidelines for those women to receive substance abuse treatment, if desired, and provides for health insurance upon their release.

The Conference supports legislation that ensures access to quality, affordable, and life-giving health care for all. The opioid crisis has dramatically intensified the need for behavioral health services in Maryland. An increasing number of Marylanders are in need of healing and as such, every effort must be made to make services available to all those who are seeking behavioral health care. The Conference supports expanding access to health care options for all who need it, regardless of status, as every person has a basic right to adequate health care arising from the Church’s teaching on the sanctity and dignity of human life.

Protecting the needs of a woman during her pregnancy can have a positive effect on a woman’s role as a mother and citizen. With the growing number of incarcerated women who are pregnant, it is important to recognize that failing to provide substance abuse treatment and behavioral healthcare for these women may have significant unforeseen costs to themselves, their growing families, and society at large.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **HB 44**.  
Thank you for your consideration.

# **HB44\_PregnantIncarceratedIndividualsSUDTx\_LOS-CF.p**

Uploaded by: Brian Sims

Position: FAV



Maryland  
Hospital Association

February 27, 2023

To: The Honorable Luke Clippinger, Chair, House Judiciary Committee

Re: Letter of Support - House Bill 44 - Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment

Dear Chair Clippinger:

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 44. The behavioral health crisis in Maryland affects approximately one in five Marylanders—from youth to senior citizens, across all socioeconomic levels. Unfortunately, our behavioral health system is fragmented, potentially harming access to care. Incarcerated pregnant women are an especially vulnerable population—in part because of their high-risk pregnancies and elevated rates of substance use.<sup>1</sup> HB 44 would improve their access to behavioral health care by requiring screening for substance use disorders and ensuring they are referred to a behavioral health provider and obstetrician.

In 2018, MHA’s Behavioral Health Task Force released a [“Roadmap to an Essential Comprehensive System of Behavioral Health Care for Maryland.”](#) The first recommendation in the report is “to provide all patients with behavioral health screenings and, if necessary, referrals, as a part of their routine care, regardless of setting.<sup>2</sup> Viewing this recommendation through a broad lens to include Marylanders in correctional facilities furthers the goal of providing broad access to screening and referral to care—across all settings.

About 15% of children born in the United States are affected by drug or alcohol use each year.<sup>3</sup> According to data compiled in 2014, every 15 minutes, a baby was born with neonatal abstinence syndrome—equivalent to 100 babies per day, or 32,000 a year.<sup>4</sup> Neonatal abstinence syndrome results when a baby is exposed to certain drugs, most commonly opioids, while in the womb and

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<sup>1</sup> The American College of Obstetricians and Gynecologists. Committee on Health Care for Underserved Women. (November, 2011). *Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females*. [www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females?IsMobileSet=false](http://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females?IsMobileSet=false)

<sup>2</sup> Maryland Hospital Association. (2018). *Roadmap to an Essential Comprehensive System of Behavioral Health Care for Maryland*. [www.mhaonline.org/docs/default-source/publications/roadmap-to-an-essential-comprehensive-system-of-behavioral-health-care-for-maryland.pdf?sfvrsn=2](http://www.mhaonline.org/docs/default-source/publications/roadmap-to-an-essential-comprehensive-system-of-behavioral-health-care-for-maryland.pdf?sfvrsn=2)

<sup>3</sup> National Center on Substance Abuse and Child Welfare. (n.d.). *Infants with Prenatal Substance Exposure*. [ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx](http://ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx)

<sup>4</sup> Centers for Disease Control and Prevention. (n.d.). *Data and Statistics About Opioid Use During Pregnancy*. [www.cdc.gov/pregnancy/opioids/data.html](http://www.cdc.gov/pregnancy/opioids/data.html)



Maryland  
Hospital Association

then experiences withdrawal after birth.<sup>5</sup> Ensuring all pregnant women, no matter where they are, are appropriately screened and referred for treatment also would help to improve health outcomes for their babies.

For these reasons, we request a favorable report on HB 44.

For more information, please contact:  
Brian Sims, Vice President, Quality & Equity  
Bsims@mhaonline.org

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<sup>5</sup> March of Dimes. (n.d.) *Neonatal Abstinence Syndrome*. [marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](http://marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)

# **HB0044 Pregnant Incarcerated Individuals.pdf**

Uploaded by: Emily Allen

Position: FAV

**House Bill 44 Correctional Services – Pregnant Incarcerated Individuals – Substance Use  
Disorder Assessment and Treatment**

House Judiciary Committee

February 28, 2023

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of House Bill 44.

HB 44 requires correctional facilities to perform a substance use disorder screening of pregnant inmates at intake, and as appropriate, to refer those individuals to a behavioral health provider and a reproductive health provider. The bill also establishes requirements relating to the assessment, treatment, and release of pregnant incarcerated individuals with a substance use disorder.

The threat of criminal and civil child welfare actions against pregnant individuals with substance use disorders feeds an enduring and deadly barrier: fear. A policy of punishment has discouraged pregnant women from disclosing substance use problems and kept them out of prenatal care and social services when early therapeutic approaches can help recovery and provide support to their families.

At the same time, the number of women incarcerated has outpaced men – since 1978 it has increased nine-fold<sup>1</sup>. Often female inmates do not learn of their pregnancy until entering a correctional facility<sup>2</sup>. Hence, behavioral health and reproductive health supports at this juncture are critical. A pregnant inmate who is going to deliver for the first time may not know anything about prenatal care and requires support services to improve delivery outcomes.

An ongoing opioid epidemic in Maryland is resulting in more pregnant inmates with substance use disorders. These individuals require more attention and support to provide for a healthy pregnancy and delivery. HB 44 requires each correctional facility to use an evidence-based screening to diagnose a pregnant inmate for an opioid use disorder and then provide them with medication-assisted treatment if appropriate. As such, while incarcerated, the inmate will receive treatment to protect herself and the fetus. Upon release, HB 44 provides a pregnant inmate with a substance use disorder with an aftercare plan to continue with treatment. This requirement helps to connect them to providers and resources in the community to support their recovery.

For these reasons, MHAMD supports HB 44 and urges a favorable report.

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<sup>1</sup><https://www.acog.org/About-ACOG/ACOG-Departments/State-Legislative-Activities/Incarcerated-Women?IsMobileSet=false> 2

<sup>2</sup><https://www.ncchc.org/womens-health-care>



# **MATOD - 2023 HB 44 FAV - Pregnant Women SUD Treatm**

Uploaded by: Joshua Grollmes

Position: FAV



**House Judiciary Committee  
February 28, 2023  
Support of House Bill 44**

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on HB 44.

**Board of Directors  
2021 - 2023**

**President**

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JGrollmes@serenityvllc.net

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[www.matod.org](http://www.matod.org)

Providers in MATOD are utilizing the gold standard in addiction medicine to treat opioid addiction, medication assisted treatment. This protocol is critical for our most vulnerable patients – pregnant women. Studies have shown the most effective and safe treatment protocol for a pregnant patient with an opioid use disorder to deliver a healthy baby is through stabilization of Medication in conjunction with cognitive behavioral therapies. MATOD can offer its patients this high level of care, but this ability is lost when a patient enters the prison systems.

MATOD cannot emphasize strongly enough the absolute necessity for pregnant woman to be screened, treated, and most importantly maintained on their medication when they enter the prison system. It is malpractice to not allow these women access to the medication that has been medically proven to offer the greatest chance of a successful pregnancy. Even one day of withdrawal symptoms brought on by the lack of the patient's medication can do irreparable harm.

MATOD has unfortunately heard of countless examples of woman being forced into withdrawal in detention centers due to regulation, mismanagement, and outright denial of the medication they need. This law will be a positive step forward to provide pregnant woman the standard of care for themselves and their future children that is universally agreed upon as the safest treatment protocol for mother and child.

MATOD thanks the General Assembly for passing legislation (HB116) in 2019 to roll out the use of medication assisted treatment for all people in local jails. We urge a favorable opinion on HB 44 to speed up the provision of services to pregnant women.

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

# **NASW Maryland - 2023 HB 44 FAV - Pregnant Women in**

Uploaded by: Judith Schagrin

Position: FAV

**House Judiciary Committee  
February 28, 2023**

**House Bill 44: Correctional Services - Pregnant Incarcerated Individuals -  
Substance Use Disorder Assessment and Treatment**

**\*\*\*SUPPORT\*\*\***

The National Association of Social Workers – Maryland Chapter, an organization representing social workers statewide, is asking for your support for House Bill 44 - Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment.

This bill would assist women without who lack support and services to get prenatal care which can help them have a healthy baby. It also lowers the risk of the baby being born too early, which can lead to health problems for the baby.

Social Workers support this bill because research has proven that good health care before and during and after pregnancy is important in baby growth and development and keeping both baby and mother healthy. Early intervention is the best way to be sure the baby gets a head start on a healthy life.

We urge a favorable report on House Bill 44.

# **MD Addiction Directors Council - 2023 FAV HB 44 -**

Uploaded by: Kim Wireman

Position: FAV



## **Maryland Addiction Directors Council**

**House Bill 44 – Correctional Services –**

**Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment**

House Judiciary Committee

February 28, 2023

### **TESTIMONY IN SUPPORT**

Maryland Addiction Directors Council (MADC) represents SUD and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 1,200 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment.

MADC is writing in support of HB44 which requires the needed screening and care for pregnant incarcerated individuals. MADC providers are at the forefront of treatment services for the court-ordered and 8507 programs and know first-hand the many challenges in transition of health care from incarceration to release.

HB44 provides for screening for substance use disorder at intake for pregnant incarcerated individuals, referral to a health care provider and provision of certain medications and treatment. The bill requires a correctional unit to arrange for health insurance coverage and follow-up health care before release of a pregnant incarcerated individual and that the pregnant incarcerated individual be provided with medical records on release.

This bill will help ensure that pregnant incarcerated individuals receive the needed treatment services and at release are transitioned to appropriate health care with needed medical records. **For these reasons, Maryland Addiction Directors Council urges this committee to pass HB44.**

**HB 44 SUDAT RJI 2023 FAVORABLE.pdf**

Uploaded by: Kimberly Haven

Position: FAV



**REPRODUCTIVE  
JUSTICE INSIDE**

# REPRODUCTIVE JUSTICE INSIDE

2103 Gough Street \* Baltimore, MD 21231

[www.reproductivejusticeinside.org](http://www.reproductivejusticeinside.org)

[info@reproductivejusticeinside.org](mailto:info@reproductivejusticeinside.org)

443.619.9278

February 24, 2023

Chairman Luke Clippinger

Vice Chair David Moon

House Judiciary Committee Member

HB 44 -Correctional Services –

Pregnant Incarcerated Individuals –

Substance Use Assessment and Treatment

**POSITION: FAVORABLE**

Members of the House Judiciary Committee,

My name is Kimberly Haven, and I am the Executive Director of Reproductive Justice Inside. We are the only organization in the country that focuses our work to address the needs of systems-involved individuals seeking quality and timely sexual and reproductive healthcare. Our mission is to support and protect, as a fundamental right and value, reproductive freedom for the entire reproductive lifespan of incarcerated individuals and to address the conditions of confinement where systems-involved individuals are not in complete control of their reproductive futures and freedom.

***We offer this testimony in support of HB 44***

Already a vulnerable population while incarcerated, pregnant incarcerated individuals who are preparing to be released lack the support upon re-entry for their unique health needs. Pregnant incarcerated individuals must be afforded continuity of reproductive health care upon release and there should be a relationship with community-based partners for care in the jurisdiction they will return to.

Continuity of care would help to prevent adverse health outcomes for parent and child, as well as prevent unnecessary pregnancy complications. Additionally, pregnant incarcerated individuals who present with a substance use disorder must also be afforded comprehensive assessment and offered medication assisted treatment as well as be offered mental health evaluations and care prior to release.

Currently, there is no care coordination provided between public safety institutions and community-based providers. This legislation will ensure that there is a clear referral to those providers and create a pathway that can lead to improved maternal health outcomes. The transition time between release and accessing reproductive health care represents a high-risk period for these individuals. It is also good risk management for the State and local jurisdictions.



The National Commission on Correctional Health (NCCHC) the American Congress of Obstetricians and Gynecologists (ACOG) and the American Public Health Association (APHA) all recommend that pregnant incarcerated individuals receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care. They also stress the importance of providing assessments and treatments for substance abuse and mental health.

The National Commission on Correctional Health Care also weighed in on the need to view incarcerated women as a special population and to provide appropriate treatment. They recommended screening, health assessment, nutrition guidelines and medical diets, pregnancy counseling, and comprehensive services for incarcerated women's unique health problems.

Pregnant individuals have health-care needs that are minimally met by prison systems. Many of these mothers have high-risk pregnancies due to the economic and social problems that led them to be incarcerated: poverty, lack of education, inadequate health care, and substance abuse.

With the growing number of incarcerated women who are pregnant, it is important to recognize that failing to provide preventive and curative health care for these women may cost more to society than funding programs that might improve attachment and parenting behaviors, facilitate drug rehabilitation, and reduce recidivism among this population.

“According to a study published in the June 2017 Health Affairs, coauthored by Dr. Wang, about 80% of people released from prison have chronic medical, psychiatric, or substance abuse disorders, but care coordination is rare to nonexistent between prison and community health care settings. Many prisoners are never referred to a community physician or clinic or given their medical records upon release. Although the Affordable Care Act (ACA) allowed many former prisoners to become insured under Medicaid after 2014, insurance is only one among many barriers.”<sup>1</sup>

We recognize that the Department of Public Safety and Correctional Services has done some work in this area to address the concerns that this issue raises – however, there is more to be done.

HB 44 will put into place a system of best practices that have been vetted by experts in this field. Additionally, it will place Maryland once again as a leading state in the care we provide for our incarcerated pregnant population.

HB 44 is good policy – it is best practice and it will lead to good maternal health outcomes.

Reproductive Justice Inside urges a favorable report on HB 44.

Respectfully submitted,

Kimberly Haven  
Executive Director

<sup>1</sup> Colwell, J. (2017). Caring for ex-prisoners presents management challenges&nbsp; Retrieved from <https://acpinternist.org/archives/2017/09/caring-for-ex-prisoners-presents-management-challenges.htm>

# **HB 44 - Correct Serv - Preg Incarc Indiv - SUD Ass**

Uploaded by: Larry Polsky

Position: FAV



## HOUSE BILL 44

### *Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment*

#### WRITTEN TESTIMONY BEFORE THE JUDICIARY COMMITTEE

*Laurence Polsky, MD, MPH, Calvert County Health Officer*

**For the Maryland Association of County Health Officers (MACHO)**

*Position: Support As Amended – February 28, 2023*

The Maryland Association of County Health Officers (MACHO) is in strong support of HB 44 as amended. Per the 2019 decision of the Maryland General Assembly (HB 116), all detention facilities should be screening inmates for substance use disorders and providing access to medication treatment when therapeutically indicated.<sup>1</sup> HB 44 accelerates access to treatment resources for inmates who are pregnant and will better protect both pregnant women and the babies they are carrying.

The Maryland Maternal Mortality Review, released in 2020, revealed that overdoses accounted for four times more deaths than any other cause.<sup>2</sup> The American College of Obstetrics and Gynecology states that opioid agonist pharmacotherapy (buprenorphine or methadone) is **the** recommended therapy for pregnant women with opioid use disorder and should be offered as primary treatment. Putting pregnant women through withdrawal results in worse health outcomes, including obstetric complications.<sup>3</sup>

All correctional facilities should have in-house resources to provide prenatal care and treat substance use disorders or have contracts in place with local health providers for the services specified in HB 44. Successful models ensuring incarcerated pregnant women have timely access to such care are currently operational in Maryland. Concerns raised by the Department of Public Safety and Correctional Services to last year's version of the bill have been addressed by the amendments for HB 44. Of note, DPSCS raised concerns that this bill will also apply to juvenile facilities. It should be made clear that a pregnant incarcerated minor and her baby are at equivalent health risks to a pregnant adult and her baby. Those in juvenile facilities should have access to the same level of prenatal and behavioral health care as adults.

Research conducted by investigators from Johns Hopkins document that only 36 pregnant women were incarcerated in Maryland's prison system during the entirety of 2016.<sup>4</sup> Helping in the process of enrolling pregnant women for health insurance and providing timely release of medical records for what amounts to a fraction of 1% of the DPSCS inmate population should be relatively manageable. For a very modest investment in resources, HB 44 will lead to healthier babies and play a role in efforts to reduce maternal mortality.

For these reasons MACHO supports HB 44 as amended. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

1 [https://mgaleg.maryland.gov/2019RS/Chapters\\_noln/CH\\_532\\_hb0116e.pdf](https://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_532_hb0116e.pdf)

2 <https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article,%20C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>

3 <https://www.acog.org/-/media/project/acogorg/clinical/files/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy.pdf>

4 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6459671/>

# **HB 44 Sponsor Testimony.pdf**

Uploaded by: Lesley Lopez

Position: FAV



THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

February 28, 2023

**Testimony in SUPPORT of HB 44 - Correctional Services – Pregnant Incarcerated  
Individuals – Substance Use Disorder Assessment and Treatment**

**Summary:** HB 44 protects pregnant inmates in Maryland by requiring our state correctional institutions to provide them with substance use disorder screening while they are incarcerated and requires them to establish procedures for continuity of care after they are released from state custody.

**Overview:** Like many of you, I was absolutely horrified to hear the story of Jazmin Valentine, a woman who was [forced to give birth in solitary confinement](#) at the Washington County Detention Center while [guards laughed off her cries for help](#) because they presumed she suffered from substance use disorder.

It took over an hour after Jazmin gave birth for her to leave the jail to be transported to the hospital. Because of this, her baby, who weighed only 4 pounds, 8 ounces, caught a staph infection due to the unsanitary conditions at the jail. Thankfully, both Jazmin and Jamiyah are doing well today. However, no other incarcerated person should ever have to suffer through any situation like theirs again.

One way we can guarantee this is by ensuring that all of Maryland’s state correctional facilities provide all pregnant inmates who have substance use disorder with access to quality healthcare both while incarcerated and after they are released—making clear what standards of care they must provide to pregnant inmates they may try to write off as “on drugs.”

HB 44 requires that all pregnant inmates be screened for substance use disorder (SUD) upon intake. If the inmate tests positive, the facility must refer the inmate to a behavioral health provider for assessment, counseling on all treatment options, and continuation of medication (if applicable). If the inmate was not on medication treatment regimen for their SUD before incarceration, they must be started on medication if it is recommended by their provider and if they consent to the treatment.

HB 44 further provides for continuing care after the person is released from state custody by requiring correctional units to do the following before an inmate is released:

1. Work with government agencies to ensure that the individual has health insurance coverage;
2. Refer the individual to a qualified reproductive health care provider; and

3. Refer the individual to a community-based mental health and substance use professional for treatment and medication continuity in their communities.

These medications and treatments are essential for these women and necessary to ensure that they have healthy pregnancies and successful births. The [2020 Maternal Mortality Review Report](#) found that unintentional drug overdose was the leading cause of death for pregnant women for the sixth year in a row.

Timely, appropriate, proven interventions can help reduce this mortality rate by putting individuals on the path to recovery as early as possible, allowing them to have the healthiest pregnancies and deliveries they can.

**Conclusion:** Making sure that all pregnant individuals in state custody have access to quality health care providers that work to combat substance use disorder issues both while they are incarcerated and after will help protect the health and future of not only the women in Maryland's correctional facilities, but also the children they have.

Thank you and I ask for a favorable report.

**HB0044-523021-01.pdf**

Uploaded by: Lesley Lopez

Position: FAV



**HB0044/523021/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

21 FEB 23  
16:14:31

BY: Delegate Lopez  
(To be offered in the Judiciary Committee)

AMENDMENT TO HOUSE BILL 44  
(First Reading File Bill)

On page 2, in line 6, strike “OR”; and in line 7, after “ASSISTANT” insert “, CLINICAL NURSE SPECIALIST, OR LICENSED MIDWIFE”.



**HB0044-643520-01 (003).pdf**

Uploaded by: Lesley Lopez

Position: FAV



HB0044/643520/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

08 FEB 23  
08:35:54

BY: Delegate Lopez  
(To be offered in the Judiciary Committee)

AMENDMENTS TO HOUSE BILL 44  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with the second “individual” in line 8 down through “records” in line 9 and substitute “individual’s medical records be made available to the pregnant incarcerated individual’s postincarceration medical and behavioral health providers”.

AMENDMENT NO. 2

On page 1, in line 22, after “(2)” insert ““BEHAVIORAL HEALTH CARE PROVIDER” MEANS A PERSON CERTIFIED OR LICENSED TO PROVIDE BEHAVIORAL HEALTH SERVICES UNDER THE HEALTH OCCUPATIONS ARTICLE.”

(3)”.

On page 2, in line 2, strike “(3)” and substitute “(4)”; in line 6, strike “OR”; in line 7, after “ASSISTANT” insert “, CLINICAL NURSE SPECIALIST, OR LICENSED NURSE MIDWIFE”; in line 14, after “(2)” insert “(I)”; in line 16, after “A” insert “LICENSED”; strike beginning with “AND” in line 17 down through “MEDICATION” in line 22 and substitute “FOR A FULL ASSESSMENT AND THE DEVELOPMENT OF A TREATMENT PLAN NOT LATER THAN THE FOLLOWING BUSINESS DAY.”

(II) IF THE PREGNANT INDIVIDUAL IS AT RISK FOR GOING INTO WITHDRAWAL, THE INDIVIDUAL SHALL BE REFERRED, IN AN EXPEDITED MANNER SIMILAR TO OTHER MEDICAL EMERGENCIES, TO AN APPROPRIATE HEALTH CARE PROVIDER TRAINED TO PREVENT AND TREAT WITHDRAWAL”;

and in line 27, strike “**THE SAME**” and substitute “**AN EQUIVALENT**”.

On page 3, in line 27, strike “**THE JURISDICTION**” and substitute “**REASONABLE GEOGRAPHIC PROXIMITY**”; in line 28, strike “**10 CALENDAR**” and substitute “**5 BUSINESS**”; in line 29, after “**RELEASE,**” insert “**A COMPLETE COPY OF**”; strike beginning with “**INDIVIDUAL**” in line 29 down through “**THE**” in line 30; and in line 32, after “**ASSESSMENTS**” insert “**SHALL BE MADE AVAILABLE TO THE INDIVIDUAL’S POSTINCARCERATION OBSTETRIC AND BEHAVIORAL HEALTH PROVIDERS AFTER CONSENT IS PROVIDED BY THE INDIVIDUAL**”.

# **Letter of Support - MD Psychiatric Society/Washing**

Uploaded by: Lesley Lopez

Position: FAV



February 5, 2023

The Honorable Luke Clippinger  
House Judiciary Committee  
Room 101 - House Office Building  
Annapolis, MD 21401

RE: Support - House Bill 44: Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment

Dear Chairman Clippinger and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those who have a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS supports House Bill 44: Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (HB 44). Pregnant incarcerated individuals should be screened for substance use disorder (SUD) because drug and alcohol use during pregnancy can have severe consequences for both the mother and the developing fetus. Substance use during pregnancy can result in adverse outcomes, including preterm labor, low birth weight, developmental delays, and congenital disabilities. Substance use can also increase the risk of miscarriage, stillbirth, and maternal mortality.

Furthermore, pregnant incarcerated individuals are a particularly vulnerable population, as they may have limited access to prenatal care and may be at increased risk of substance use due to stressors related to incarceration. Identifying and addressing SUD in pregnant incarcerated individuals can help to mitigate the adverse outcomes associated with substance use during pregnancy and improve health outcomes for both the mother and the baby. In addition, providing SUD treatment to pregnant incarcerated individuals can also improve outcomes for their children beyond birth. Infants born to mothers who have received treatment for SUD are less likely to experience neonatal abstinence syndrome (NAS) and have better developmental outcomes.

Overall, screening for SUD in pregnant incarcerated individuals is essential in promoting the health and well-being of both the mother and the baby. It can help to identify and address SUD



early, improve access to appropriate care, and ultimately improve health outcomes for this vulnerable population. For all those reasons, MPS/WPS asks this committee for a favorable report on HB 44. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Joint Legislative Action Committee  
of the Maryland Psychiatric Society and the Washington Psychiatric Society

**HB 44 - WLCMD - FAV.pdf**

Uploaded by: Michelle Siri

Position: FAV

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BILL NO.: House Bill 44  
TITLE: Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse  
Assessment and Treatment  
COMMITTEE: Judiciary  
DATE: February 28, 2023  
POSITION: **SUPPORT**

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House Bill 44 seeks to require each local correctional facility in the Department of Public Safety and Correctional Services to follow the clinical guidance of the American College of Nurse Midwives or the American College of Obstetricians and Gynecologists when providing care to pregnant incarcerated individuals, and to ensure that there is a continuity of care, in particular as it relates to substance abuse treatment, for pregnant incarcerated individuals.

The Women's Law Center of Maryland supports this legislation as we believe all women are entitled to quality healthcare and medical treatment, regardless of their status within the justice system. The Supreme Court has ruled that access to healthcare while incarcerated is a fundamental right<sup>1</sup>. Reproductive health care needs do not cease upon entering prison. And drug and substance abuse treatment is all the more necessary at this stage of health. Approximately 6-10% of women are already pregnant when they enter a prison or jail<sup>2</sup>. Many of these mothers have high-risk pregnancies due to the economic and social problems that led them to be incarcerated: poverty, lack of education, inadequate health care, and substance abuse. Reproductive healthcare is an essential human right for any woman, yet the services they receive are varied and inconsistent.

Currently, there is no care coordination provided between public safety institutions and community-based providers. This legislation will ensure that there is a clear referral system in place between those providers and creates a pathway that can lead to improved maternal health outcomes. The transition time between release and accessing reproductive health care represents a high-risk period for these individuals and this legislation would be a marked improvement in preventing and addressing that risk.

For the above reasons, the Women's Law Center of Maryland urges a favorable report for HB 44.

*The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.*

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<sup>1</sup> *Estelle v. Gamble*, 429 US 97 (1976).

<sup>2</sup> Reproductive Health Care for Incarcerated Women and Adolescent Females, THE AM. COLL. OF OBSTETRICIANS AND GYNECOLOGISTS (Aug. 2012), <http://www.acog.org/resources-and-publications/committee-opinions/committee-on-health-care-for-underserved-women/reproductive-health-care-for-incarcerated-women-and-adolescent-females>.



# **NCADD-MD - 2023 HB 44 FAV - Pregnant Women in Jail**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**House Judiciary Committee**

**February 28, 2023**

**House Bill 44**

**Correctional Services - Pregnant Incarcerated Individuals –  
Substance Use Disorder Assessment and Treatment**

**Support**

NCADD-Maryland supports House Bill 44. In 2019, the General Assembly, the Governor's office, and local detention center wardens crafted first-in-the-nation legislation to require people with opioid use disorders in custody in local jails be offered medication assisted treatment. Maryland has failed to achieve the goal set out in that law by the 2023 deadline. There's no question the COVID-19 pandemic delayed progress, but that is exactly why it is imperative to pass Senate Bill 190 so that pregnant women with substance use disorders can have their needs met.

Untreated substance use disorder in pregnancy can cause disastrous results, including maternal death, poor fetal growth, preterm birth, or stillbirth. Organizations such as the American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention recommend pregnant women with opioid use disorders start medication assisted treatment with methadone or buprenorphine. These medications are shown to be safe and effective treatments for opioid use disorder during pregnancy. Studies show that the use of methadone among pregnant women is associated with higher treatment retention. The use of buprenorphine has shown lower incidences of neonatal abstinence syndrome.

The bill establishes procedures related to a pregnant woman's health, during her pregnancy and after child birth when in the State's custody. Providing appropriate medical care to people when they are in the custody of the State should not be optional. Courts are making decisions in favor of providing medication assisted treatment as a matter of people's civil rights.

We urge a favorable report on HB 44.

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*

**HB0044-JUD-FAV.pdf**

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT  
MAYOR

*Office of Government Relations  
88 State Circle  
Annapolis, Maryland 21401*

**HB 0044**

February 28, 2023

**TO:** Members of the House Judiciary Committee

**FROM:** Nina Themelis, Interim Director of Mayor's Office of Government Relations

**RE:** House Bill 044 – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment

**POSITION: Support**

Chair Clippinger, Vice Chair Moon, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (HB) 044.

**HB 044** will improve access to healthcare services, screening for substance use disorder (SUD), and linkage to insurance coverage among incarcerated pregnant individuals. Enhancement of these protocols can directly correlate to improved pregnancy outcomes for mother and child. Pregnant individuals require specific and timely healthcare services and considerations. The period of incarceration presents an opportune time to evaluate and treat these women and their children-to-be.

Drug use and SUD are highly prevalent among the female population in detention centers, with as high as 25 percent of the overall population being pregnant or postpartum within the past year. Access to high-quality services is critical. Studies of pregnancy outcomes among women prisoners have “demonstrated high rates of perinatal mortality and morbidity.”<sup>1</sup> Improvement of specialized healthcare provision can improve this reality.

Continuation of these services after release is critical. Research shows that uninsured women “receive fewer prenatal care services than their insured counterparts and report greater difficulty in obtaining the care that they believe they need.”<sup>2</sup> This bill will support the arrangement of health insurance coverage and follow-up care post release.

For these reasons, the BCA respectfully requests a **favorable** report on **HB 044**. The BCA believes this legislation is a win-win for all parties involved. Thus, we urge this committee to report on HB 044 favorably, and help ensure healthcare access to pregnant incarcerated individuals.

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<sup>1</sup> Kristine Siefert, PhD, ACSW, Sheryl Pimlott, ACSW, Improving Pregnancy Outcome during Imprisonment: A Model Residential Care Program, Social Work, Volume 46, Issue 2, April 2001, Pages 125–134, <https://doi.org/10.1093/sw/46.2.125>

<sup>2</sup> Institute of Medicine (US) Committee on the Consequences of Uninsurance. Health Insurance is a Family Matter. Washington (DC): National Academies Press (US); 2002. 6, Health-Related Outcomes for Children, Pregnant Women, and Newborns. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>

**HB0044\_FAV\_MedChi, MDACOG\_Corr. Serv. - Pregnant I**

Uploaded by: Pam Kasemeyer

Position: FAV



*The Maryland State Medical Society*  
63711 Cathedral Street  
Baltimore, MD 263701-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org



TO: The Honorable Luke Clippinger, Chair  
Members, House Judiciary Committee  
The Honorable Lesley J. Lopez

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

DATE: February 28, 2022

RE: **SUPPORT** – House Bill 44 – *Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment*

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On behalf of the Maryland State Medical Society and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** for House Bill 44.

House Bill 44 requires that substance use disorder screening and treatment be offered to pregnant individuals who are incarcerated. The legislation also provides requirements for ensuring that pregnant individuals are connected to the health resources that they need upon release.

Incarcerated individuals who are pregnant should have access to the services needed to maintain a healthy pregnancy. Substance use disorder treatment, including medication assisted treatment, is essential for those individuals with such disorders. However, it is not always available in correctional facilities and local detention centers. Passage of House Bill 44 will help address these access challenges by ensuring that these services are available to pregnant individuals. Further, the legislation also addresses the important issue of ensuring that individuals can identify health care resources in their communities upon release to avoid gaps in care that could place the patient at risk. Continuity of care is particularly important for those suffering from substance use disorders.

Passage of House Bill 44 will ensure that pregnant incarcerated individuals receive the care they need to maintain a health pregnancy and increase the likelihood of a positive birth outcome. It will also serve to enhance the long-term health of the individual and their newborn. A favorable report is requested.

# **Pregnant Incarcerated Individuals - HB44.pdf**

Uploaded by: Psalms Rojas

Position: FAV



**TESTIMONY IN SUPPORT OF HB44**  
**Correctional Services – Pregnant Incarcerated Individuals –  
Substance Use Disorder Assessment and Treatment**

February 24, 2023

Chair Luke Clippinger  
Room 101  
House Office Building  
Annapolis, MD 21401

**Testimony of Marian House in Support of HB44**

Dear Chairman Clippinger, Vice Chair Moon,  
and Members of the House Judiciary Committee,

Marian House is a holistic, healing community for women and their children who are in need of housing and support services. We provide comprehensive support services to assist women with experiences of trauma, including poverty, substance abuse, and incarceration. **I write to urge you to support House Bill HB44 – Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment.** This bill requires that a pregnant incarcerated individual be screened for substance use disorder at intake, regardless of the jurisdiction or the length of the individual's sentence, be referred to health care providers, and be provided with certain medications and treatment; requiring a correctional unit to arrange for health insurance coverage and follow-up health care before release of a pregnant incarcerated individual; and requiring that a pregnant incarcerated individual be provided with medical records on release.

Over forty years ago, Marian House was opened to provide reentry supports for women leaving incarceration as Sisters and laywomen recognized that lack of support contributed to recidivism rates. Today, we have also expanded to serve women with histories of trauma including homelessness, incarceration, neglect, substance abuse and mental health needs. Since our opening, we have assisted women who have been victims of crime in reinventing and rebuilding themselves through services such as: counseling, substance abuse treatment, job training and providing both long and short-term housing. All the women we have served have overcome obstacles on their journeys to become contributing members of society in the Baltimore area.

In recent decades, the number of U.S. women who are incarcerated rose a startling 742 percent, from 13,258 in 1980 to 111,616 by 2016. The proportion of women in prison for drug-related convictions has also increased, from 12 percent in 1986 to 26 percent in 2018. The majority of women in prisons are in their childbearing years; more than 80 percent have been pregnant and two-thirds are primary caregivers to children. This means, of course, that some women will be incarcerated while pregnant or after giving birth. While such data are difficult to obtain, pregnant women are estimated to represent 3.8 percent of newly admitted women in prison and 0.6 percent to 4 percent of all women in prison.

Pregnant and postpartum people who have OUD or other substance use disorder (SUDs) are at particular





# MARIAN HOUSE

Women Moving from Dependence to Independence

risk in prison. As with other people with SUDs, their incarceration can result in unsupervised or minimally supervised substance withdrawal and interruption or delays of medications for opioid use disorder (MOUD) and other treatment. During pregnancy, opioid withdrawal can complicate or increase risks to the embryo/fetus and birthing parent. People who are incarcerated during their pregnancy or the postpartum period may also have inadequate prenatal or other medical care, difficulty accessing nutritious foods, and experience high levels of anxiety and depression. And many women in prison have experienced traumatic events and may be retraumatized from physical searches, solitary confinement, or other negative experiences.

HB44 would ensure that pregnant incarcerated individuals will be properly screened and given necessary access to treatment and care for the best outcomes for both parent and baby. This legislation is critical for equitable care for mothers experiencing incarceration, therefore, **we urge your favorable report of HB44.**

Thank you for your support,

A handwritten signature in black ink that reads "Katie Allston". The signature is fluid and cursive, with a long horizontal stroke at the end.

Katie Allston, LCSW-C  
President and C.E.O.

# **HB44\_Pregnant Incarcerated Individuals\_BHRC\_FAVORA**

Uploaded by: Rajani Gudlavalleti

Position: FAV



February 28, 2022

The Honorable Luke Clippinger  
Chairman, House Judiciary Committee  
Room 101, House Office Building  
Annapolis, MD 21401

**House Bill 44 - Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment - FAVORABLE**

Dear Chairman Clippinger and House Judiciary Committee members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies. As a certified Overdose Response Program, Naloxone distributor, and syringe service program, we have provided essential health care services across the state for years. To supplement the life-saving services provided by us and dozens of harm reduction programs across the state, BHRC supports House Bill 44 (Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment).

Due to over 145 years of criminalizing drug use, people who use drugs are over-represented in the carceral system where they are unlikely to receive adequate treatment and healthcare. House Bill 44 would prioritize the health of pregnant people by requiring correctional facilities to screen all pregnant individuals upon intake for a substance use disorder. Upon a positive screening, that facility must immediately refer the pregnant individual to a behavioral health provider for full assessment.

**BHRC supports HB44 for prioritizing autonomy and access to care, which are essential elements of life-saving harm reduction practices.** Under HB44, once a full assessment is conducted, the pregnant individual may choose to (without mandate) initiate or continue receiving FDA-approved Medication Assisted Treatment (MAT) or other care to address their opioid use. For pregnant and postpartum individuals wishing to maintain their pregnancy, MAT with methadone or suboxone is the evidence-based standard of care.<sup>1</sup> Adhering to a methadone or suboxone regimen while pregnant eliminates withdrawal's negative impacts on the fetus and provides stability to the parent during their pregnancy. Any reluctance to provide MAT to pregnant patients is scientifically unfounded and dangerous for the fetus and the pregnant person.

Of utmost importance, the bill would also require the correctional unit to ensure that the pregnant individual has health insurance coverage and a referral for treatment continuity prior to release. Within the first two weeks following release, formerly incarcerated people are 40 percent more likely to die of fatal overdose due to decreased tolerance following a period of incarceration.<sup>2</sup>

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<sup>1</sup> NIDA, Treating Opioid Use Disorder During Pregnancy

<sup>2</sup> Ranapurwala et al. (2018)

**Maryland's leading cause of maternal mortality continues to be drug overdose.<sup>3</sup> We must make comprehensive substance use treatment available to all pregnant people, inside and outside of the walls. We ask that the Judicial Proceedings Committee give HB44 a favorable report.**

For more information about Baltimore Harm Reduction Coalition or our position, please contact our Director of Mobilization, Rajani Gudlavalleti at [rajani@baltimoreharmreduction.org](mailto:rajani@baltimoreharmreduction.org)

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<sup>3</sup> Maryland Department of Health, Maryland Maternal Mortality Review 2019 Annual Report

# **MDDCSAM - 2023 HB 44 FAV - Pregnant Women Incarcer**

Uploaded by: Scott Whetsell

Position: FAV

## **HB 44 - Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment**

House Judiciary Committee

February 28, 2023

### **SUPPORT**

Untreated substance use disorder poses substantial health risks to pregnant individuals and their fetuses, with harm ranging from poor fetal growth and preterm birth, to substantial overdose mortality risk. According to the most recent Maryland Maternal Mortality Review unintentional drug overdose is a leading cause of pregnancy-associated death in Maryland<sup>1</sup>.

It is well established that, during pregnancy, treatment for substance use disorders generally, and for opioid use disorder (OUD) in particular, is a priority. Treatment, including the use of medication for opioid use disorder, improves outcomes, contributing to reduced obstetrical complications and stabilizing the intrauterine environment for the developing fetus. For these reasons, **federal regulations on OUD treatment (CFR 42 Part 8.12) require pregnant women with OUD to be prioritized for medication treatment.**

Furthermore, a 2017 statement by the American College of Obstetrics and Gynecology outlines that “for pregnant women with an opioid use disorder, opioid agonist pharmacotherapy is the recommended therapy...” Additionally, official policy of the American Society of Addiction Medicine states: “**Pregnant and postpartum people with SUD who are incarcerated should be able to access addiction medications, whether initiating or continuing a medication.**”

Given the high risk of serious adverse outcomes without medication treatment for OUD, particularly during pregnancy, the Maryland-DC Society of Addiction Medicine strongly supports HB 44, facilitating universal access to screening and treatment of substance use disorders for pregnant individuals in the carceral setting.

The required screening for substance use disorder can be accomplished very quickly with a short, standardized screening instrument. Bill provisions requiring access to treatment regardless of anticipated duration of incarceration, as well as requirement to secure health insurance coverage and connection to community resources in a timely manner upon release, are especially important given the sometimes unpredictable release dates and substantial risk of overdose death in the postpartum period; indeed, the average timing of death from overdose according to the most recent Maryland Maternal Mortality Review was 213 days, or approximately 7 months, post-partum.

(over)

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<sup>1</sup> <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20a7%20a7%2013-1207%2013-1208%20and%20%20a713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

It is clear, then, that **HB 44, which requires only that the basic standard of care be provided for pregnant and post-partum individuals in our state's carceral settings, is essential, life-saving legislation that will have a positive impact on Maryland's children and families.** We respectfully submit this testimony requesting a favorable report on HB 44.

Natalie Spicyn, MD, MHS, FAAP  
Member, Public Policy Committee  
Maryland-DC Society of Addiction Medicine

# **HB 44\_Pregnant Incarcerated Individuals SUD Assess**

Uploaded by: Stacey Jefferson

Position: FAV





February 28, 2023

**House Judiciary Committee  
TESTIMONY IN SUPPORT**

*HB 44- Correctional Services- Pregnant Incarcerated Individuals-Substance Use Disorder Assessment and Treatment*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore supports HB 44- Pregnant Incarcerated Individuals- Substance Use Disorder Assessment and Treatment.** This bill requires correctional facilities to perform a substance use disorder screening of pregnant inmates, and if appropriate to facilitate care with a behavioral health provider.

BHSB supports HB 44 because untreated substance use disorder in pregnancy can cause disastrous outcomes, including maternal death, poor fetal growth, preterm birth, or stillbirth. The danger presented by opioid use disorder for both child and mother require specialized medical care and treatment. The Centers for Disease Control and Prevention recommends pregnant women with opioid use disorders start medication assisted treatment with methadone or buprenorphine.<sup>1</sup> Adhering to a medication assisted treatment regimen while pregnant eliminates withdrawal’s negative impacts on the fetus and provides stability to the parent during their pregnancy.

HB 44 will provide immediate screening and treatment that will mitigate the risks to the incarcerated individual and their unborn child. It will ensure care between the community and the facility therefore reducing the potential for relapse, pregnancy complications, and overdose. As such, **BHSB urges the House Judiciary Committee to support HB 44.**

Contact:

Stacey Jefferson  
Director, Policy, and Stakeholder Engagement  
Stacey.jefferson@bhsbaltimore.org /443-813-9231

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<sup>1</sup> <https://www.cdc.gov/pregnancy/opioids/treatment.html>.

# **AODAAC HB44 2023.pdf**

Uploaded by: Leslie Frey

Position: FWA



ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

Marc Elrich  
County Executive

James Bridgers, Ph.D., M.B.A.  
Acting Director

**Testimony in Support of Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (HB0044)**

February 28, 2023

Dear Delegate Clippinger and Respected Committee Members:

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC) urges you to support with amendment Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (HB0044).

AODAAC provides guidance to the County Executive and County Council for Montgomery County by identifying alcohol and other drug prevention and treatment needs and reviewing the county's efforts in addressing those needs. We are comprised of experts in prevention and treatment, and have representatives from the legal, business, and medical communities.

**Aim of the Bill**

This bill addresses the plight of incarcerated pregnant individuals, a vulnerable, underserved, and growing population. The bill requires screening/assessment, treatment, and planning for follow-up care for consenting pregnant persons using opioids. Two suggested amendments to the bill are described below.

**AODAAC's Position**

AODAAC supports this bill because it will address a significant lack of treatment support for pregnant incarcerated individuals with substance use disorder. Additionally, it will enhance the safety of the individual and the child by reducing the risk of relapse and potential overdose, re-incarceration, and infectious diseases. However, we do suggest two amendments to increase the success of implementation of this treatment in the criminal justice setting.

**Rationale for Supporting the Bill** It is well documented that the rate of incarceration for women has increased by over 700% between 1980 and 2019, outpacing the rate of increase for men.<sup>i</sup> Along with the concerning rates among women in general, maternal use of opioids quadrupled from 2009 to 2014. Ninety per cent of incarcerated women report having a substance use disorder and are more likely than men to have used substances in the month prior to incarceration. Women constitute a significant proportion of those arrested who misuse opioids. For example, 30% of all opioid misusing arrestees in the past year were women.<sup>ii</sup> The needs of women at triple risk—pregnant, incarcerated, and opioid misuse, can be addressed by the provisions of this bill.

Evidence-based, state of the art treatment for pregnant women with opioid use disorder (OUD) is called Medication Assisted Therapy (MAT).<sup>iii,iv</sup> MAT is a combination of medication (i.e., methadone or buprenorphine), counselling, and behavioral therapies. It has been shown to lead to better outcomes for the mother and baby. The postpartum period is seen as a period of high risk for relapse and so care should not be discontinued after delivery.

Pregnant inmates are especially vulnerable to being unsuccessful in treatment due to the additional barriers they face.<sup>v</sup> Being “labeled” as a “drug user” may especially impair pregnant or postnatal women while incarcerated or after release. This is because they fear the consequences of being known to Child Protective Services and thus may conceal the type or degree of substance use, isolate themselves from others, skip treatment appointments, or avoid treatment altogether. Women interviewed in studies described multiple barriers to treatment and healthcare, including a lack of suitable treatment options and difficulty finding and enrolling in them.

There are several consequences of failing to treat pregnant women with opioid use disorder. Abrupt cessation of opioids during pregnancy can have serious consequences for this population including preterm labor, fetal distress, or miscarriage resulting in further health risks and need for additional medical interventions.<sup>iii</sup> Additionally, discontinuation of opioids without MAT is associated with higher rate of relapse.<sup>vi</sup> Finally, the specialized care of infants born from an opioid affected pregnancy (Neonatal Abstinence Syndrome—NAS) is costly to the healthcare system.

### **Proposed Amendments**

We recommend two amendments to this bill to ensure optimal implementation of MAT in the criminal justice setting. The first amendment is to increase trainings about mental health and SUDs for personnel and professionals working across the criminal justice system to remedy the widespread stigma and harmful negative attitudes in the system towards those with these disorders. The second amendment is to ensure adequate staffing of trained and experienced correctional nurses to assess, treat and plan follow-up care. Both of these enhancements must be fully funded to ensure equitable access to care statewide.

### **Rationale for the Amendments**

Effective treatments for substance use are not useful if barriers to implementation in real world settings are not addressed and corrective measures instituted. Two major barriers apply (to both men and women) in criminal justice settings. These barriers are (1) the devastating effects of the widespread stigma attached to substance use, even by criminal justice staff, and (2) inadequate resources in jails to remedy staffing shortages that undermine treatment.

The first barrier is stigma. Experts say that “stigma kills”<sup>vii</sup> and state that “a major barrier [toward getting treatment] is stigmatizing perceptions, attitudes and behavior of corrections staff towards inmates with Substance Use Disorders. (SUDs)” Understanding the culture of our facilities and attitudes at all levels needs to be addressed among leadership and staff. Studies have shown that negative and stigmatizing attitudes have detrimental effects on treatment

outcomes for mental disorders. Studies from a leading federal government agency indicate that stigma – whether structural, social, or personal – make the effects of incarceration worse.

Experts have stated “stigma towards justice-involved clients with mental health issues may have significant impacts on these clients in terms of their well-being, access to treatment programs and treatment outcomes. Reducing the stigma of correctional staff towards people with mental health issues may be a critical step to improving the well-being and outcomes of justice-involved clients.”<sup>viii</sup> Therefore, they have the following two recommendations:<sup>ix</sup> 1) Increase trainings about mental health and SUDs for all personnel and professionals working across the criminal justice system. 2) Establish programs at county level criminal justice systems to address stigma, negative attitudes, and prejudice towards people with mental illness and substance use disorder and to engage community stakeholders and increase awareness of harmful stereotypes.

The second barrier requires critical attention to adequate staffing of trained and experienced corrections nurse-providers. Nursing understaffing jeopardizes the quality of assessment and subsequent care. It is well known that correctional work is very stressful and may result in high turnover and short staffing. Sufficient funding is needed to ensure that there are adequate personnel to administer the assessments, provide treatment, and plan post-incarceration care.

## **Conclusion**

For all the reasons cited, we respectfully urge the committee to support this bill with the suggested amendments so that this vulnerable population can be helped onto the path to recovery and social and financial costs mitigated.

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<sup>i</sup> Peeler M. et al. Best Practices for pregnant Incarcerated Women with Opioid Use Disorder. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6543816/>

<sup>ii</sup> Substance Abuse and Mental Health Services Administration. Public Use Data Set

<sup>iii</sup> Sala,KA, et al. Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment. (2016) *Curr Obstet Gynecol Rep.* 5:257-263.

<sup>iv</sup> Center for disease Control (April 30, 2020) Treatment for Opioid Use Disorder Before, During, and After Pregnancy. <https://www.cdc.gov/pregnancy/opioids/treatment.html>

<sup>v</sup> Pregnant women and substance use: fear, stigma, and barriers to care <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-015-0015-5>

<sup>vi</sup> Overcoming obstacles to implementing methadone maintenance therapy for prisoners: Implications for policy and practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936228/>

<sup>vii</sup> <sup>8</sup> Barriers to Medications for Addiction Treatment: How Stigma Kills. <https://www.tandfonline.com/doi/abs/10.1080/10826084.2017.1363238?journalCode=isum20>

<sup>viii</sup> Stigmatizing attitudes of probation, parole and custodial officers towards people with mental health issues: A systematic literature review and meta-analysis. <https://bpspsychub.onlinelibrary.wiley.com/doi/full/10.1111/lcrp.12227>

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<sup>ix</sup> Stigma Criminal Justice Slidedeck\_mmfV2\_508.pptx Preventing and Reducing Stigma: Criminal Justice. <https://pttcnetwork.org/centers/great-lakes-pttc/preventing-and-reducing-stigma-criminal-justice>

**21 - HB 44 - JUD - MACHO - SAA.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: FWA



**HOUSE BILL 44**

***Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder  
Assessment and Treatment***

**WRITTEN TESTIMONY BEFORE THE JUDICIARY COMMITTEE**

***Laurence Polsky, MD, MPH, Calvert County Health Officer***

**For the Maryland Association of County Health Officers (MACHO)**

***Position: Support As Amended – February 28, 2023***

The Maryland Association of County Health Officers (MACHO) is in strong support of HB 44 as amended. Per the 2019 decision of the Maryland General Assembly (HB 116), all detention facilities should be screening inmates for substance use disorders and providing access to medication treatment when therapeutically indicated.<sup>1</sup> HB 44 accelerates access to treatment resources for inmates who are pregnant and will better protect both pregnant women and the babies they are carrying.

The Maryland Maternal Mortality Review, released in 2020, revealed that overdoses accounted for four times more deaths than any other cause.<sup>2</sup> The American College of Obstetrics and Gynecology states that opioid agonist pharmacotherapy (buprenorphine or methadone) is **the** recommended therapy for pregnant women with an opioid use disorder and should be offered as primary treatment. Putting pregnant women through withdrawal results in worse health outcomes, including obstetric complications.<sup>3</sup>

All correctional facilities should have in-house resources to provide prenatal care and treat substance use disorders or have contracts in place with local health providers for the services specified in HB 44. Successful models ensuring incarcerated pregnant women have timely access to such care are currently operational in Maryland. Concerns raised by the Department of Public Safety and Correctional Services to last year's version of the bill have been addressed by the amendments for HB 44. Of note, DPSCS raised concerns that this bill will also apply to juvenile facilities. It should be made clear that a pregnant incarcerated minor and her baby are at equivalent health risks to a pregnant adult and her baby. Those in juvenile facilities should have access to the same level of prenatal and behavioral health care as adults.

Research conducted by investigators from Johns Hopkins document that only 36 pregnant women were incarcerated in Maryland's prison system during the entirety of 2016.<sup>4</sup> Helping in the process of enrolling pregnant women for health insurance and providing timely release of medical records for what amounts to a fraction of 1% of the DPSCS inmate population should be relatively manageable. For a very modest investment in resources, HB 44 will lead to healthier babies and play a role in efforts to reduce maternal mortality.

For these reasons MACHO supports HB 44 as amended. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

1 [https://mgaleg.maryland.gov/2019RS/Chapters\\_noln/CH\\_532\\_hb0116e.pdf](https://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_532_hb0116e.pdf)

2 <https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article,%20C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20%E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>

3 <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy.pdf>

4 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6459671/>



# 2023 HB44 Written testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



### **Opposition Statement HB44**

Correctional Services - Pregnant Incarcerated Individuals -  
Substance Use Disorder Assessment and Treatment

Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We Oppose HB44**

On behalf of our 200,000 followers across the state, we respectfully object to HB44. We oppose funding abortion, abortion services and entities and persons promoting and providing abortion and abortion services for the Pregnant Incarcerated Individuals. Incarcerated women deserve funding to promote the health and well-being of themselves and their babies. Pregnant Incarcerated Women can receive substance abuse treatment while receiving quality obstetric care for themselves and their babies. Incarcerated individuals can and do receive health insurance coverage through Maryland Medicaid. According to the Maryland Department of Health *Factsheet #6 Maryland Medicaid Program Abortion Services*, abortion may be covered for reasons such as, “risk to mother’s current or future somatic health” and “risk to mother’s current or future mental health.” Our opposition includes reimbursement of behavioral health professionals. We ask that abortion funding be excluded from Senate Bill 190.

**The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.** The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in Fiscal 1999. Without language to prohibit abortion funding, expansion of the Maryland Medical Assistance Program and MHCP will certainly increase the number of abortions and thus the amount of taxpayer money spent on abortions.



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**Maryland is one of only 4 states that forces taxpayer funding of abortion.** Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

**Abortion is not healthcare and abortion is never medically necessary.** A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See [www.BlackGenocide.org](http://www.BlackGenocide.org).

**Americans oppose taxpayer funding of abortion.** Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

**Funding restrictions are constitutional.** The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

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**Women who are incarcerated and suffering from drug addiction deserve better than abortion coercion.** Pregnant, incarcerated women are at the mercy of the prison system as to where they will go for their obstetric care. Those women should not feel they have to settle for OB/Gyn care from abortion entities that may or may not have physicians providing proper care. Do not discriminate against the pregnant women in prison by limiting their choices to abortion providers.

Maryland Right to Life urges the addition of an amendment to exclude abortion purposes, including the prescription and distribution of chemical abortion drugs from the application of this bill. Without this amendment, we ask you to reject this bill in its entirety.

For these reasons, we oppose **HB44**.

**SB190 HB44 Pregnant Incarcerated Individuals - Su**

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Position: INFO



## Department of Public Safety and Correctional Services

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**BILL: HOUSE BILL 44**

**POSITION: LETTER OF INFORMATION**

**EXPLANATION:** This bill will require an incarcerated pregnant individual be screened for substance use disorder at intake, be referred to behavioral and reproductive health care providers, receive the same medication for substance use disorder they were receiving prior to incarceration, and ensure health insurance and medical records are provided upon release.

The Department operates the Division of Correction (DOC), the Division of Pretrial Detention and Services (DPDS), and the Division of Parole and Probation (DPP).

- DOC operates 13 State correctional facilities housing offenders sentenced to periods of incarceration for 18 months and longer. The Maryland Correctional Institution for Women (MCI-W) houses the female sentenced population
- DPDS operates the Baltimore City Pretrial Complex which houses pretrial detainees and incarcerated individuals sentenced to incarceration for periods of 18 months and less. Baltimore Central Booking and Intake Center (BCBIC) houses female detainees.
- DPP supervises parolees, probationers and those on mandatory release from correctional facilities.

**DPSCS has several concerns with the implementation and effect of the following provisions of HB 44 , specifically:**

- **The bill uses the definition of “correctional unit” under Correctional Services Article § 8-201** which includes individuals who have been placed on parole, mandatory supervision, or probation, or have received a suspended sentence. Individuals under supervision are no longer under the care of the Division of Correction (DOC), but are under supervision with the Division of Parole and Probation (DPP). As returning citizens, pregnant women should receive medical care in the community. DPP Agents are not medical providers and are not equipped to administer medication, nor should they be.
- **HB 44 removes the DPSCS medical provider from making the most appropriate clinical decision for the pregnant incarcerated individual** as it requires the medical personnel to continue an individual on the SAME medication the individual was taking prior to incarceration. DPSCS medical providers have no knowledge of whether or not the pregnant individual was receiving appropriate medical care prior to incarceration and

cannot determine whether the medication the pregnant individual was taking prior is appropriate until a medical provider has made that determination.

- It should also be noted that a woman who was receiving medication in the community may have been receiving it without informing the provider that she was pregnant or even knowing herself that she was pregnant. Therefore, continuing her on the same dose she was receiving in the community may put her and the pregnancy at risk.
- The bill also allows a pregnant incarcerated individual to decline or terminate treatment. Allowing a pregnant incarcerated individual to decline or terminate medication treatment has unintended consequences. The health of the mother and pregnancy is of the utmost importance, and complications may arise when treatment is declined. Allowing an individual to decline or terminate medication should be made in consultation with a mental health provider.
- **HB 44 requires DPSCS to contact and work with government agencies to arrange health insurance coverage.** This requirement is not necessary as DPSCS has Medicaid Enrollment Specialists and works with Healthcare Access Maryland to enroll incarcerated individuals in Medicaid prior to release, but can only do so if the individual elects to participate. In FY 2022, DPSCS successfully enrolled over 2,500 individuals in Medicaid prior to release. Again, enrollment in Medicaid is voluntary and many individuals decline to be enrolled at intake.
- **HB 44 requires that pregnant incarcerated individuals shall be provided a complete set of their medical records at release or within 10 calendar days.** Currently, when an incarcerated individual is released, they are provided a Continuity of Care form that provides information on medications, medical history, ongoing treatments, follow-up appointments and clinical test notes. In addition, all pregnant females receive wrap-around services to ensure continuity of care, continuation of substance abuse treatment when indicated, and required prenatal care.
  - DPSCS will send a complete copy of an individual's medical record to a community health provider upon request.
  - Providing a complete set of medical records to the individuals upon release does not guarantee that they will reach a provider.

**DPSCS provides robust care for pregnant incarcerated individuals, including:**

- Upon intake, all incarcerated individuals and detainees receive an initial medical, mental health and substance use screening, conducted by a Registered Nurse or higher level health care staff, within 4 hours of entrance into the facility from the community. DPSCS has a 95% compliancy rating for conducting screenings within 4 hours of intake. For female offenders, the screening includes a pregnancy test.
  - Upon determination of pregnancy, a female offender is immediately enrolled in a prenatal program.

- A pregnant female offender is immediately referred to medical for a focused pregnancy evaluation
  - All pregnant individuals receive an initial medical and mental health screening at intake. **Positive screens for substance use disorder are referred to the Addiction Specialist for evaluation and treatment.**
- DPSCS has contracted with two substance use disorder providers that provide substance use disorder treatment services to the incarcerated population.
  - BCBIC has made significant progress in its efforts to implement all aspects of the State Opioid Examination and Treatment Program as required by HB 116 that passed in 2019; and
  - BCBIC operates a licensed, accredited Opioid Treatment Program offering Methadone, Buprenorphine and Naltrexone, as well as Substance Use Counseling services including group therapy.
- All pregnant individuals diagnosed with Substance Use Disorder are provided medication under the Opioid Therapy Program at BCBIC and MCI-W.
- The practices employed by the infirmary at MCI-W for the care of pregnant incarcerated individuals meet the evidence-based guidelines established by the American College of Obstetrics and Gynecology for care of safe performance of gynecology and obstetrics procedures, as prescribed under this bill.
- With two substance use disorders contracts in place to provide substance use disorder treatment to incarcerated individuals and the ongoing efforts to implement all aspects of the State Opioid Examination and Treatment Act of 2019 (HB116), legislation is not required to implement the provisions of this bill.
- DPSCS follows the Community of Care practices for the medical and mental treatment of ALL incarcerated individuals. Moreover, clinical practices and standards of care should be developed by certified clinicians and physicians within the medical field.

**CONCLUSION:** The Department of Public Safety and Correctional Services respectfully requests the Committee consider this information as it deliberates on House Bill 44.