



HOUSE BILL 44

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

WRITTEN TESTIMONY BEFORE THE JUDICIARY COMMITTEE

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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.¹ 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.² 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.³

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 2016.⁴ 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 or 410-937-1433. *This communication reflects the position of MACHO.*

1 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/>