



**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



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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,

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