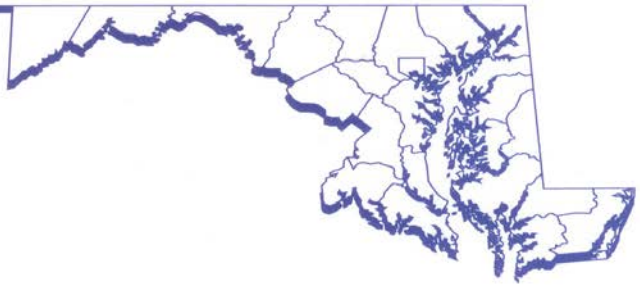
Maryland Association of
COUNTY HEALTH OFFICERS
an affiliate of Maryland Association of Counties, Inc.



2020 SESSION
POSITION PAPER

BILL:	**SB 255 – Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment**
COMMITTEE:	**Judicial Proceedings Committee**
POSITION:	**Letter of Support**
BILL ANALYSIS:	**SB 255 would require that a pregnant incarcerated person would be screened for substance use disorder at intake using a certain screening tool, require referral for care if treatment is deemed necessary and consented to by the person, ensures that medications deemed necessary are provided, and that appropriate links to care and insurance coverage are made and continued upon release, according to accepted clinical practices.**

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports SB 255. Incarcerated women have higher rates of mental illness, substance abuse, and histories of trauma than the general population or that of incarcerated men.[1] While data collection is not standardized across local, state and federal correctional facilities, an analysis of state prisons in 2016 indicated that approximately 4% of women were pregnant upon intake.[2] Pregnant women represent a unique population for correctional facilities and require specialized care if concurrent opioid use disorder (OUD)is present. In addition to the effects of opioids on the pregnant woman herself, substance use during pregnancy is associated with higher rates of negative birth outcomes including fetal growth restriction, placental abruption, pre-term labor, neonatal abstinence syndrome and fetal death. According to the American College of Gynecology, the evidence-based best practice and standard of care for pregnant women with OUD is medication-assisted treatment (MAT) with evidence-based behavioral health services.[3]

While specific to incarcerated pregnant women, the intent of SB 255 is consistent with the 2019 Medication Assisted Treatment in Detention Act. Key tenets of that legislation are timely behavioral health screenings and evaluations, access to all FDA-approved medications for opioid use disorder, access to support services like counseling and peer recovery specialists, and connections to care post-incarceration.

Providing MAT in correctional settings has proven to be an effective means to combat the opioid crisis. The Rhode Island Bureau of Corrections saw a 61% decrease in post-incarceration overdose deaths with a coordinated MAT program. MAT with behavioral health services during pregnancy is associated with increased pre-natal care, improved adherence to addiction treatment, improved birth outcomes, and reduced risk of relapse and overdose.[4]

Ensuring there are an adequate number of providers and continuity of care for the women after release may be difficult in some areas of the state which will require additional planning and coordination by all involved community partners. These issues should be taken into consideration when considering SB 255.

For these reasons, the Maryland Association of County Health Officers **supports SB 255**. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-614-6891. *This communication reflects the position of MACHO.*

1) Sufrin C et al. Best Practices for Pregnant Incarcerated Women with Opioid Use Disorder. *J of Correct Health Care*. 2019; 25(1): 4–14.
2) Sufrin C et al. Pregnancy Outcomes in US Prisons, 2016–2017. *Am J Public Health*. 2019; 109(5): 799–805.
3) American College of Gynecology. *Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy*. 2017
4) Jones HE et al. Methadone Maintenance Vs. Methadone Taper During Pregnancy. *Am J Addictions*. 2008; 17, 372–386.