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Judicial Proceedings Committee

Vice Chair, Baltimore County
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THE SENATE OF MARYLAND
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Senate Judicial Proceedings Committee
The Honorable William C. Smith
2 East Miller Senate Building
Annapolis, Maryland 21401-1991

RE: SB 255 – Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment

Dear Chairman Smith and Members of the Committee:

I am proud to introduce Senate Bill 255 which aims to provide help to one of our most vulnerable populations in pregnant incarcerated women.

Pregnant inmates face a multitude of roadblocks including economic and social problems such as poverty, lack of education, inadequate health care, and substance abuse. Additionally, if treatment is not provided there follows a greater health care cost to society than that of funding programs for the improvement of attachment and parenting behaviors as well as facilitating drug rehabilitation. With this legislation, Maryland would be leading the way in providing proper and encompassing health care for pregnant incarcerated women.

At intake, a pregnant incarcerated individual shall be offered screening for mental health and screening for substance use disorder as well as prenatal testing and assessments. Those who test positive for pregnancy and substance abuse will be referred immediately to a behavioral health care provider as well as a reproductive health care provider will provide counseling on treatment options and the initiation or continuation of medication. This allows inmates who were already being provided with treatment for substance abuse disorder to continue that treatment without a break in care. The key to remember is that none of these things are mandatory, it is up to the inmate as to whether or not they proceed with treatment. It is my understanding that mothers will do what is right for themselves and their children, so I believe that most women will take the option of treatment, however it is not something we should force upon them.

Pregnant inmates who are preparing to be released lack the support upon re-entry for their unique health needs. Upon release these women deserve the continuity of reproductive health care as well as the existence of a relationship with community-based partners for care in their community. The National Commission on Correctional Health among other groups have supported recommendations that pregnant inmates receive timely and appropriate prenatal care,

specialized obstetrical services when indicated, and postpartum care. Concurrently these inmates must be provided assessments and treatments for substance abuse and mental health.

Senate Bill 255 will apply to all sentenced pregnant individuals who are being released. They will be offered pre-natal testing and assessments to ensure their health as well as their child's health. Before their release, the institution will arrange insurance coverage to become effective not later than 24 hours after release as well as requiring the institution to make referrals to a qualified reproductive health care provider and community based mental health and substance use professionals who offer this critical care in the jurisdiction that inmate would return to. Finally, the inmate will be provided with a complete set of their medical records, evaluations, and attest results not later than 10 calendar days after their release.

This legislation will be crucial in aiding a vulnerable population of incarcerated women. It is my hope that we can pave the way for other states to follow suit and provide these services for the women who need it. For these reasons I request the committee offer a favorable report on Senate Bill 255.