



**HB0235 - Correctional Services – Pregnant Incarcerated Individuals –  
Substance Abuse Assessment and Treatment**

Presented to the Honorable Luke Clippinger and Members of the House Judiciary Committee  
January 26, 2021 1:30 p.m.

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**POSITION: SUPPORT**

NARAL Pro-Choice Maryland urges the House Judiciary Committee to issue **a favorable report on HB0235 - Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment**, sponsored by Delegate Wanika Fisher.

Our organization is an advocate for reproductive health, rights, and justice. Incarcerated and detained pregnant people are among the most vulnerable population of Marylanders we support, and require affordable continuity of care upon re-entry to prevent adverse health outcomes for the parent and child.

Although it is estimated that an average of 4 to 8% of women are pregnant while incarcerated, there currently exists no care coordination between public safety institutions and community-based providers for pregnant individuals.<sup>1</sup> One of the primary complicating factors of pregnancy for these individuals is Substance Abuse Disorder (SUD), as drug offenses constitute the primary cause of imprisonment for incarcerated women and incarcerated women generally report much higher rates of drug use when compared to the general population. During pregnancy, SUD is associated with increased risk of complications, including preterm labor and fetal death, making screening for and treatment of SUD of utmost importance both during and after incarceration.<sup>2</sup>

HB 235 will ensure that pregnant incarcerated individuals will be able to access critical healthcare and be provided continuity of care upon release through coordinated and implemented reentry and referral plans. The bill calls for proper assessment for any factor contributing to a high-risk pregnancy, such as substance use, mental health, or HIV status. Many people—both those inside and outside the carceral system—do not realize that people [lose their Medicaid coverage while incarcerated](#). HB 235 requires health care coverage to be arranged for individuals re-entering society, and that health care coverage begin within 24 hours of release. It also requires that the pregnant person be provided with their medical records, and be referred to quality reproductive healthcare providers and other medical professionals as part of their plans. Receiving appropriate healthcare and assessment while inside, no matter the length of confinement, with coordination of continued care upon release will lead to improved pregnancy outcomes. This effort is good risk management for our correctional facilities and jurisdictions, and badly needed as our correctional systems continue to struggle with appropriate and timely responses to the COVID-19 pandemic. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on HB035**. Thank you for your time and consideration.

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<sup>1</sup> Peeler, Mary, Kevin Fiscella, Mishka Terplan, and Carolyn Sufrin. "Best Practices for Pregnant Incarcerated Women With Opioid Use Disorder." *Journal of Correctional Health Care* 25, no. 1 (January 1, 2019): 4–14. <https://doi.org/10.1177/1078345818819855>.

<sup>2</sup> Sufrin, Carolyn, Lauren Beal, Jennifer Clarke, Rachel Jones, and William D. Mosher. "Pregnancy Outcomes in US Prisons, 2016–2017." *American Journal of Public Health* 109, no. 5 (March 31, 2019): 799–805. <https://doi.org/10.2105/ajph.2019.305006>.