

HB 235

Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment

Judiciary Committee

January 26, 2021

SUPPORT

It is well established that, during pregnancy, treatment for substance use disorders generally, and for opioid use disorder (OUD) in particular, is a priority. **The risk of serious adverse outcomes without medication treatment for OUD is high for all individuals, particularly during pregnancy.** Risks include fetal and maternal death and long-lasting medical harms to newborns including poor fetal growth, preterm birth, and possible birth defects.

In the case of alcohol use disorder, fetal alcohol spectrum disorders are common and cause life-long intellectual and other impairments which can be devastating – but **can be prevented**.

For these reasons, **federal regulations on OUD treatment (CFR 42 Part 8.12) require pregnant women with OUD to be prioritized for medication treatment.**

According to the 2017 statement by the **American College of Obstetrics and Gynecology**, **“For pregnant women with an opioid use disorder, opioid agonist pharmacotherapy is the recommended therapy...”**

The required **screening for substance use disorder can be accomplished very quickly** with a short standardized screening instrument.

HB 235 **requires only that the basic standard of care be provided** for substance use disorder which is a health condition like any other, but one with particularly severe – and preventable – consequences. **Providing the basic standard of care should be done routinely. It is cost-effective and will positively impact on mothers and their children.**

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