



Reproductive Health Equity Alliance of Maryland

**HB 235 Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment
Hearing of the Judiciary Committee
January 26, 2021 1:30pm**

Position: SUPPORT

The Reproductive Health Equity Alliance of Maryland (RHEAM) is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality reproductive, pregnancy and infant health options designed to build healthy and stable families of color. We stand in strong support of HB 235, sponsored by Delegate Wanika Fisher, because *all* people, including those that are or have been incarcerated, deserve access to the health care and resources necessary to have healthy pregnancies and birth outcomes.

Pregnant people who are incarcerated experience a litany of unique harm during their time in the carceral system. According to [Sufrin et. al.](#), around 5% of women in jail, 4% in state prison, and 3% in federal prison report their pregnancies upon intake, but many first learn they are pregnant in prison or jail.¹ In a national representative survey about pregnancy care for incarcerated women, only 54% of women in state prisons and 35% of women in jails reported having "received 'instructions on child care, exercises, special diet, medication, or special testing.'" These statistics demonstrate the dismally lacking prioritization of health care for pregnant women, who are considered at higher risk for adverse birth outcomes.

This legislation 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. 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.

Pregnant people, including those who are incarcerated or re-entering society, are deserving of healthy and safe pregnancies, birth outcomes, and access to comprehensive support, resources, and healthcare. For these reasons, RHEAM urges the committee to issue a **favorable** report on **HB 235**. Please contact Isabel Blalock at 410.868.4055 or isabel@prochoicemd.org if you have any questions about this testimony.

Thank you for your time and consideration,

The following members of the Reproductive Health Equity Alliance of Maryland:

[Birth Supporters United](#)

[Public Justice Center](#)

[NARAL Pro-Choice Maryland](#)

[Baltimore Doula Project](#)

[MOMCares](#)

ⁱ Sufrin, Carolyn, Alexa Kolbi-Molinas, and Rachel Roth. "Reproductive justice, health disparities and incarcerated women in the United States." *Perspectives on Sexual and Reproductive Health* 47, no. 4 (2015): 213-219.