

## HB 626 - Pregnant Person's Freedom Act of 2022

Health and Government Operations

March 11, 2022

Position: Favorable

Chair Pendergrass and Members of the Health and Government Operations,  
I am writing to you as a former birthworker, doula, social work student, and as a drug policy researcher in **SUPPORT** of HB626. **This bill provides critical protection from criminal investigation and punishment due to myriad pregnancy outcomes such as abortion, stillbirth, miscarriage, or a neonatal death related to a 'failure to act.'**

**HB626 will offer protection to pregnant people by ensuring that pregnancy outcomes are not criminalized.** Pregnancy loss, miscarriage, abortion and stillbirth are regular realities for pregnant people: six in ten pregnancies end in an induced abortion;<sup>1</sup> 10-20% of pregnancies end in miscarriage,<sup>2</sup> and stillbirth affects 1 in 160 births.<sup>3</sup> Whether a person chooses to end their own pregnancy or loses their pregnancy to a miscarriage or stillbirth, the individual and their family needs self-defined support, not punishment and criminalization.

**HB626 will facilitate improved perinatal health outcomes.** We are in the midst of a perinatal health crisis that has claimed over 700 maternal deaths nationally in 2019, the highest rate in any advanced nation.<sup>4</sup> This crisis disproportionately affects Black, Indigenous, and Latinx people - while White women die of pregnancy related causes at a rate of 13.4%, African American women die at a rate of 41.7%, and people Indigenous to North America have a mortality rate of 28.3%.<sup>5</sup> Further, abortion restrictions and perinatal health are linked: states that have more abortion restrictions have *higher rates* of maternal and infant mortality. Without this bill protecting Marylander's pregnancies, we can reasonably expect to see higher rates of perinatal death in our state. This means that not only will people lose their pregnancies, but we as a community will continue to lose mothers, parents, friends, colleagues, and community members.

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<sup>1</sup> Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014. 2017. <https://www.guttmacher.org/article/2017/10/population-group-abortion-rates-and-lifetime-incidence-abortion-united-states-2008>

<sup>2</sup> Miscarriage, 2021. <https://www.ncbi.nlm.nih.gov/books/NBK532992/>

<sup>3</sup> What is stillbirth?, 2020.

[https://www.cdc.gov/ncbddd/stillbirth/facts.html#:~:text=Stillbirth%20affects%20about%201%20in%20stillborn%20in%20the%20United%20States.&text=That%20is%20about%20the%20same,Infant%20Death%20Syndrome%20\(SIDS\)](https://www.cdc.gov/ncbddd/stillbirth/facts.html#:~:text=Stillbirth%20affects%20about%201%20in%20stillborn%20in%20the%20United%20States.&text=That%20is%20about%20the%20same,Infant%20Death%20Syndrome%20(SIDS))

<sup>4</sup> Maternal Mortality Rates, 2019.

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/maternal-mortality-2021.htm#:~:text=Rates%20increased%20with%20maternal%20age,for%20women%20under%20age%2025>

<sup>5</sup> Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. 2020.

<https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

**HB626 will encourage pregnant people who are criminalized to get connected to services.**

Between 2013-2017 in Maryland, unintentional drug overdose was the leading cause of pregnancy-associated deaths.<sup>6</sup> Pregnant people who use drugs fear discrimination, punishment, and being forcibly separated their children by Child Protective Services, all of which prevent them from seeking healthcare, yet high quality prenatal care mitigates the majority of the risks associated with substance use during pregnancy.<sup>7</sup> Our laws and systems need to encourage pregnant people to get the healthcare they need and deserve, HB626 is a bill that will help facilitate that process for Marylanders. Drug and paraphernalia decriminalization will also be necessary to ensure that pregnant people who use drugs can be supported by their healthcare providers without fear of criminalization.

Any pregnancy can end in miscarriage, abortion, stillbirth, or as an infant loss. Pregnant people need your support and the opportunity to connect to high quality healthcare of their choosing, not be routed through the carceral system. None of your Maryland constituents should be punished for being pregnant.

**Pregnant people will be better protected if HB626 is enacted in law. I strongly urge the committee for a favorable report on HB626.**

Signed,  
Jess Nesbitt

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<sup>6</sup> In Maryland in 2019, the Annual Report of the Maternal Mortality Review Committee showed that 38% of pregnancy-associated deaths resulted from substance use and unintentional overdose. Maryland Department of Health. "Health-General Article, § 13-1207, Annotated Code of Maryland-2019 Annual Report–Maryland Maternal Mortality Review." 2020.  
<https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article.%20%C2%A713-1207.%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%E2%80%9320Maryland%20Maternal%20Mortality%20Review.pdf>

<sup>7</sup> Prenatal care reduces the impact of illicit drug use on perinatal outcomes. 2003.  
<https://pubmed.ncbi.nlm.nih.gov/12847528/>