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POSITION ON PROPOSED LEGISLATION

BILL: HB 1120 -- Correctional Services - Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 03/04/2022

The Maryland Office of the Public Defender respectfully requests that this Committee issue a favorable report on House Bill 1120.

HB 1120 requires correctional facilities to perform a substance use disorder screening of pregnant inmates, and if appropriate, to facilitate care with a behavioral health provider.

According to the Centers for Disease Control, the prevalence of opioid use disorder (OUD) during pregnancy more than quadrupled from 1999 to 2014.¹ From 2002 to 2009, neonatal abstinence syndrome (NAS) from maternal opioid use increased 5-fold, resulting in 1 baby born with NAS every 30 minutes,² further increasing to 1 every 15 minutes by January 2018.³ OUD during pregnancy can result in significant negative maternal and neonatal medical and social consequences.⁴ Pregnancy-specific examples include preterm labor, fetal convulsions,

¹ Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid use disorder documented at delivery hospitalization - United States, 1999-2014. *MMWR Morb Mortal Wkly Rep.* 2018;67(31):845–9. DOI: 10.15585/mmwr.mm6731a1.

² Reddy UM, Davis JM, Ren Z, Greene MF. Opioid use in pregnancy, neonatal abstinence syndrome, and childhood outcomes. *Obstet Gynecol.* 2017;130(1):10–28.

³ Winkelman TNA, Villapiano N, Kozhimannil KB, Davis MM, Patrick SW. Incidence and costs of neonatal abstinence syndrome among infants with Medicaid: 2004-2014. *Pediatrics.* 2018;141(4).

⁴ DeVido J, Greenfiend SF. Opioid dependence in pregnancy: clinical challenges. East Providence (RI): Providers' Clinical Support System [updated 2017 Apr 26; cited 2018 Sep 10] Available from: <http://pcssnow.org/wp-content/uploads/2015/02/PCSSMATDevido-Greenfiend-Opioids-in-Pregnancy.pdf>; Braun-Gabelman A. Opioid use disorders: the female experience. East Providence (RI): Providers' Clinical Support System for Opioid Therapies [updated 2016 May 6; cited 2018 Sep 10] Available from: <http://30qkon2g8eif8wrj03zeh041-wpengine.netdna->

intrauterine fetal demise, and intrauterine meconium passage.⁵ Fetal distress and withdrawal also result from repeated daily cycles of maternal opioid use and withdrawal. These cycles negatively impact placental function and can cause intrauterine growth restriction, placental abruption, preterm delivery, and low birth weight.⁶ Also, limited data indicates a low absolute risk but increased relative risk of birth defects from prescription opioid use during pregnancy, including heart defects, spina bifida, and gastroschisis.⁷ The danger presented by OUD for both child and mother require specialized medical care and treatment.

Entering and exiting prison are destabilizing events in a person's life that require extensive planning and support. Support, treatment, and specialized care is especially crucial for pregnant women who have complex medical needs. An estimated 4% of women are pregnant while entering prison, and incarcerated women are more likely for opioid use. Thus, it is important to screen all of the pregnant women for opioid use disorder. As noted above, there are serious medical complications and risks caused by both OUD and withdrawal during pregnancy. Medication assisted treatment is more likely to improve the health and safety of both mother and child, and is the recognized standard of care to reduce risk of severe complications for mothers suffering from OUD.⁸

[ssl.com/wpcontent/uploads/2018/01/PCSS-OModule-Braun-Gabelman-1.pdf](https://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/Bookshelf_NBK64164.pdf); National Institute on Drug Abuse. *Commonly abused drugs charts. Opioids*. Bethesda (MD): National Institute on Drug Abuse; 2017.

⁵ National Institute on Drug Abuse. *Commonly abused drugs charts. Opioids*. Bethesda (MD): National Institute on Drug Abuse; 2017; Kaltenbach K, Berghella V, Finnegan L. Opioid dependence during pregnancy. Effects and management. *Obstet Gynecol Clin North Am*. 1998;25(1):139–51; ACOG Committee on Health Care for Underserved Women; American Society of Addiction Medicine. ACOG Committee Opinion No. 524: Opioid abuse, dependence, and addiction in pregnancy. *Obstet Gynecol*. 2012;119(5):1070–6. DOI: 10.1097/AOG.0b013e318256496e; Center for Substance Abuse Treatment. TIP 43; Rockville (MD): Substance Abuse and Mental Health Services Administration; c2005 [updated 2012 Jan; cited 2018 Sep 10]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/Bookshelf_NBK64164.pdf; Maeda A, Bateman BT, Clancy CR, Creanga AA, Leffert LR. Opioid abuse and dependence during pregnancy: temporal trends and obstetrical outcomes. *Anesthesiology*. 2014;121(6):1158–65. DOI: 10.1097/ALN.0000000000000472.

⁶ *Id.*

⁷ Broussard CS, Rasmussen SA, Reefhuis J, Friedman JM, Jann MW, Riehle-Colarusso T, et al. Maternal treatment with opioid analgesics and risk for birth defects. *Am J Obstet Gynecol*. 2011;204(4):314.e1–11. DOI: 10.1016/j.ajog.2010.12.039; National Institute on Drug Abuse. *Commonly abused drugs charts. Opioids*. Bethesda (MD): National Institute on Drug Abuse; 2017. Kaltenbach K, Berghella V, Finnegan L. Opioid dependence during pregnancy. Effects and management. *Obstet Gynecol Clin North Am*. 1998;25(1):139–51; ACOG Committee on Health Care for Underserved Women; American Society of Addiction Medicine. ACOG Committee Opinion No. 524: Opioid abuse, dependence, and addiction in pregnancy. *Obstet Gynecol*. 2012;119(5):1070–6. DOI: 10.1097/AOG.0b013e318256496e.

⁸ <https://www.cdc.gov/pregnancy/opioids/treatment.html>.

Screening and treatment tools like those advocated for by House Bill 1120 are critical for the safety of both the incarcerated person and their unborn child. Immediate screening and treatment mitigate not only the risks to mother and child, but ensuring care between community and the incarceration facility will help reduce the risk of relapse, pregnancy complications, and overdose.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on House Bill 1120.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.