

NCADD-MD - 2023 SB 190 FAV - Pregnant Women in Jai

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Position: FAV



**Senate Judicial Proceedings Committee
February 8, 2023**

**Senate Bill 190
Correctional Services - Pregnant Incarcerated Individuals –
Substance Use Disorder Assessment and Treatment**

Support

NCADD-Maryland supports Senate Bill 190. In 2019, the General Assembly, the Governor's office, and local detention center wardens crafted first-in-the-nation legislation to require people with opioid use disorders in custody in local jails be offered medication assisted treatment. Maryland has failed to achieve the goal set out in that law by the 2023 deadline. There's no question the COVID-19 pandemic delayed progress, but that is exactly why it is imperative to pass Senate Bill 190 so that pregnant women with substance use disorders can have their needs met.

Untreated substance use disorder in pregnancy can cause disastrous results, including maternal death, poor fetal growth, preterm birth, or stillbirth. Organizations such as the American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention recommend pregnant women with opioid use disorders start medication assisted treatment with methadone or buprenorphine. These medications are shown to be safe and effective treatments for opioid use disorder during pregnancy. Studies show that the use of methadone among pregnant women is associated with higher treatment retention. The use of buprenorphine has shown lower incidences of neonatal abstinence syndrome.

The bill establishes procedures related to a pregnant woman's health, during her pregnancy and after child birth when in the State's custody. Providing appropriate medical care to people when they are in the custody of the State should not be optional. Courts are making decisions in favor of providing medication assisted treatment as a matter of people's civil rights.

We urge a favorable report on SB 190.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

Maryland Catholic Conference_FAV_SB190.pdf

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Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 8, 2023

SB 190

**Correctional Services – Pregnant Incarcerated Individuals – Substance Use
Disorder Assessment and Treatment
Senate Judicial Proceedings Committee**

Position: Favorable

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state’s second largest social service provider network, behind only our state government.

Senate Bill 190 supports the needs of a vulnerable population in Maryland – pregnant inmates – and seeks to affirm their dignity and worth by requiring correctional facilities to screen pregnant women at intake for substance use disorders, regardless of the length of time the inmate will be incarcerated. It further sets requirements and guidelines for those women to receive substance abuse treatment, if desired, and provides for health insurance upon their release.

The Conference supports legislation that ensures access to quality, affordable, and life-giving health care for all. The opioid crisis has dramatically intensified the need for behavioral health services in Maryland. An increasing number of Marylanders are in need of healing and as such, every effort must be made to make services available to all those who are seeking behavioral health care. The Conference supports expanding access to health care options for all who need it, regardless of status, as every person has a basic right to adequate health care arising from the Church’s teaching on the sanctity and dignity of human life.

Protecting the needs of a woman during her pregnancy can have a positive effect on a woman’s role as a mother and citizen. With the growing number of incarcerated women who are pregnant, it is important to recognize that failing to provide substance abuse treatment and behavioral healthcare for these women may have significant unforeseen costs to themselves, their growing families, and society at large.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 190**.
Thank you for your consideration.

SB 190 - Pregnant Incarcerated Individuals - Subst

Uploaded by: Brian Sims

Position: FAV



Maryland
Hospital Association

February 7, 2023

To: The Honorable William C. Smith Jr., Chair, Senate Judicial Proceedings Committee

Re: Letter of Support - Senate Bill 190 - Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment

Dear Chair Smith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 190. The behavioral health crisis in Maryland affects approximately one in five Marylanders—from youth to senior citizens, across all socioeconomic levels. Unfortunately, our behavioral health system is fragmented, potentially harming access to care. Incarcerated pregnant women are an especially vulnerable population—in part because of their high-risk pregnancies and elevated rates of substance use.¹ SB 190 would improve their access to behavioral health care by requiring screening for substance use disorders and ensuring they are referred to a behavioral health provider and obstetrician.

In 2018, MHA's Behavioral Health Task Force released a "[Roadmap to an Essential Comprehensive System of Behavioral Health Care for Maryland.](#)" The first recommendation in the report is "to provide all patients with behavioral health screenings and, if necessary, referrals, as a part of their routine care, regardless of setting."² Viewing this recommendation through a broad lens to include Marylanders in correctional facilities furthers the goal of providing broad access to screening and referral to care—across all settings.

About 15% of children born in the United States are affected by drug or alcohol use each year.³ According to data compiled in 2014, every 15 minutes, a baby was born with neonatal abstinence syndrome—equivalent to 100 babies per day, or 32,000 a year.⁴ Neonatal abstinence syndrome results when a baby is exposed to certain drugs, most commonly opioids, while in the womb and

¹ The American College of Obstetricians and Gynecologists. Committee on Health Care for Underserved Women. (November, 2011). *Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females*. www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females?IsMobileSet=false

² Maryland Hospital Association. (2018). *Roadmap to an Essential Comprehensive System of Behavioral Health Care for Maryland*. www.mhaonline.org/docs/default-source/publications/roadmap-to-an-essential-comprehensive-system-of-behavioral-health-care-for-maryland.pdf?sfvrsn=2

³ National Center on Substance Abuse and Child Welfare. (n.d.). *Infants with Prenatal Substance Exposure*. ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx

⁴ Centers for Disease Control and Prevention. (n.d.). *Data and Statistics About Opioid Use During Pregnancy*. www.cdc.gov/pregnancy/opioids/data.html

then experiences withdrawal after birth.⁵ Ensuring all pregnant women, no matter where they are, are appropriately screened and referred for treatment also would help to improve health outcomes for their babies.

For these reasons, we request a favorable report on SB 190.

For more information, please contact:
Brian Sims, Vice President, Quality & Equity
Bsims@mhaonline.org

⁵ March of Dimes. (n.d.) *Neonatal Abstinence Syndrome*. [marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](http://marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)

SB0190 Pregnant Incarcerated Individuals.pdf

Uploaded by: Emily Allen

Position: FAV

**Senate Bill 190 Correctional Services – Pregnant Incarcerated Individuals – Substance Use
Disorder Assessment and Treatment**
Senate Judicial Proceedings Committee
February 8, 2023
Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 190.

SB 190 requires correctional facilities to perform a substance use disorder screening of pregnant inmates at intake, and as appropriate, to refer those individuals to a behavioral health provider and a reproductive health provider. The bill also establishes requirements relating to the assessment, treatment, and release of pregnant incarcerated individuals with a substance use disorder.

The threat of criminal and civil child welfare actions against pregnant individuals with substance use disorders feeds an enduring and deadly barrier: fear. A policy of punishment has discouraged pregnant women from disclosing substance use problems and kept them out of prenatal care and social services when early therapeutic approaches can help recovery and provide support to their families.

At the same time, the number of women incarcerated has outpaced men – since 1978 it has increased nine-fold¹. Often female inmates do not learn of their pregnancy until entering a correctional facility². Hence, behavioral health and reproductive health supports at this juncture are critical. A pregnant inmate who is going to deliver for the first time may not know anything about prenatal care and requires support services to improve delivery outcomes.

An ongoing opioid epidemic in Maryland is resulting in more pregnant inmates with substance use disorders. These individuals require more attention and support to provide for a healthy pregnancy and delivery. SB 190 requires each correctional facility to use an evidence-based screening to diagnose a pregnant inmate for an opioid use disorder and then provide them with medication-assisted treatment if appropriate. As such, while incarcerated, the inmate will receive treatment to protect herself and the fetus. Upon release, SB 190 provides a pregnant inmate with a substance use disorder with an aftercare plan to continue with treatment. This requirement helps to connect them to providers and resources in the community to support their recovery.

For these reasons, MHAMD supports SB 190 and urges a favorable report.

¹<https://www.acog.org/About-ACOG/ACOG-Departments/State-Legislative-Activities/Incarcerated-Women?IsMobileSet=false> 2
²<https://www.ncchc.org/womens-health-care>

MATOD - 2023 SB 190 FAV - Pregnant Women SUD Treat

Uploaded by: Joshua Grollmes

Position: FAV



Senate Judicial Proceedings Committee
February 8, 2023
Support of Senate Bill 190

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on SB 190.

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2021 - 2023

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Providers in MATOD are utilizing the gold standard in addiction medicine to treat opioid addiction, medication assisted treatment. This protocol is critical for our most vulnerable patients – pregnant women. Studies have shown the most effective and safe treatment protocol for a pregnant patient with an opioid use disorder to deliver a healthy baby is through stabilization of Medication in conjunction with cognitive behavioral therapies. MATOD can offer its patients this high level of care, but this ability is lost when a patient enters the prison systems.

MATOD cannot emphasize strongly enough the absolute necessity for pregnant woman to be screened, treated, and most importantly maintained on their medication when they enter the prison system. It is malpractice to not allow these women access to the medication that has been medically proven to offer the greatest chance of a successful pregnancy. Even one day of withdrawal symptoms brought on by the lack of the patient's medication can do irreparable harm.

MATOD has unfortunately heard of countless examples of woman being forced into withdrawal in detention centers due to regulation, mismanagement, and outright denial of the medication they need. This law will be a positive step forward to provide pregnant woman the standard of care for themselves and their future children that is universally agreed upon as the safest treatment protocol for mother and child.

MATOD thanks the General Assembly for passing legislation (HB116) in 2019 to roll out the use of medication assisted treatment for all people in local jails. We urge a favorable opinion on SB 190 to speed up the provision of services to pregnant women.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

MD Addiction Directors Council - 2023 FAV SB 190 -

Uploaded by: Kim Wireman

Position: FAV



Maryland Addiction Directors Council

Senate Bill 190 – Correctional Services –

Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment

Senate Judicial Proceedings Committee

February 8, 2023

TESTIMONY IN SUPPORT

Maryland Addiction Directors Council (MADC) represents SUD and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 1,200 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment.

MADC is writing in support of SB190 which requires the needed screening and care for pregnant incarcerated individuals. MADC providers are at the forefront of treatment services for the court-ordered and 8507 programs and know first-hand the many challenges in transition of health care from incarceration to release.

SB190 provides for screening for substance use disorder at intake for pregnant incarcerated individuals, referral to a health care provider and provision of certain medications and treatment. The bill requires a correctional unit to arrange for health insurance coverage and follow-up health care before release of a pregnant incarcerated individual and that the pregnant incarcerated individual be provided with medical records on release.

This bill will help ensure that pregnant incarcerated individuals receive the needed treatment services and at release are transitioned to appropriate health care with needed medical records. **For these reasons, Maryland Addiction Directors Council urges this committee to pass SB190.**

SB 190 SUDAT RJI 2023 FAVORABLE.pdf

Uploaded by: Kimberly Haven

Position: FAV



**REPRODUCTIVE
JUSTICE INSIDE**

REPRODUCTIVE JUSTICE INSIDE

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February 7, 2023

Chairman Will Smith

Vice Chair Jeff Waldstreicher

Senate Judicial Proceedings Committee

SB 190 -Correctional Services –

Pregnant Incarcerated Individuals –

Substance Use Assessment and Treatment

POSITION: FAVORABLE

Members of the Senate Judicial Proceedings Committee,

My name is Kimberly Haven, and I am the Executive Director of Reproductive Justice Inside. We are the only organization in the country that focuses our work to address the needs of systems-involved individuals seeking quality and timely sexual and reproductive healthcare. Our mission is to support and protect, as a fundamental right and value, reproductive freedom for the entire reproductive lifespan of incarcerated individuals and to address the conditions of confinement where systems-involved individuals are not in complete control of their reproductive futures and freedom.

We offer this testimony in support of SB 190

Already a vulnerable population while incarcerated, pregnant incarcerated individuals who are preparing to be released lack the support upon re-entry for their unique health needs. Pregnant incarcerated individuals must be afforded continuity of reproductive health care upon release and there should be a relationship with community-based partners for care in the jurisdiction they will return to.

Continuity of care would help to prevent adverse health outcomes for parent and child, as well as prevent unnecessary pregnancy complications. Additionally, pregnant incarcerated individuals who present with a substance use disorder must also be afforded comprehensive assessment and offered medication assisted treatment as well as be offered mental health evaluations and care prior to release.

Currently, there is no care coordination provided between public safety institutions and community-based providers. This legislation will ensure that there is a clear referral to those providers and create a pathway that can lead to improved maternal health outcomes. The transition time between release and accessing reproductive health care represents a high-risk period for these individuals. It is also good risk management for the State and local jurisdictions.

The National Commission on Correctional Health (NCCHC) the American Congress of Obstetricians and Gynecologists (ACOG) and the American Public Health Association (APHA) all recommend that pregnant incarcerated individuals receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care. They also stress the importance of providing assessments and treatments for substance abuse and mental health.

The National Commission on Correctional Health Care also weighed in on the need to view incarcerated women as a special population and to provide appropriate treatment. They recommended screening, health assessment, nutrition guidelines and medical diets, pregnancy counseling, and comprehensive services for incarcerated women's unique health problems.

Pregnant individuals have health-care needs that are minimally met by prison systems. Many of these mothers have high-risk pregnancies due to the economic and social problems that led them to be incarcerated: poverty, lack of education, inadequate health care, and substance abuse.

With the growing number of incarcerated women who are pregnant, it is important to recognize that failing to provide preventive and curative health care for these women may cost more to society than funding programs that might improve attachment and parenting behaviors, facilitate drug rehabilitation, and reduce recidivism among this population.

“According to a study published in the June 2017 Health Affairs, coauthored by Dr. Wang, about 80% of people released from prison have chronic medical, psychiatric, or substance abuse disorders, but care coordination is rare to nonexistent between prison and community health care settings. Many prisoners are never referred to a community physician or clinic or given their medical records upon release. Although the Affordable Care Act (ACA) allowed many former prisoners to become insured under Medicaid after 2014, insurance is only one among many barriers.”¹

We recognize that the Department of Public Safety and Correctional Services has done some work in this area to address the concerns that this issue raises – however, there is more to be done.

SB 190 will put into place a system of best practices that have been vetted by experts in this field. Additionally, it will place Maryland once again as a leading state in the care we provide for our incarcerated pregnant population.

SB 190 is good policy – it is best practice and it will lead to good maternal health outcomes.

Reproductive Justice Inside urges a favorable report on SB 190.

Respectfully submitted,

Kimberly Haven
Executive Director

¹ Colwell, J. (2017). Caring for ex-prisoners presents management challenges Retrieved from <https://acpinternist.org/archives/2017/09/caring-for-ex-prisoners-presents-management-challenges.htm>

SB 190- Correct Serv - Preg Incarcerated Indiv - S

Uploaded by: Larry Polsky

Position: FAV



SENATE BILL 190

Correctional Services- Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment **WRITTEN TESTIMONY BEFORE THE JUDICIAL PROCEEDINGS COMMITTEE**

Laurence Polsky, MD, MPH, Calvert County Health Officer
For the Maryland Association of County Health Officers (MACHO)

Position: Favorable as Amended – February 8, 2023

The Maryland Association of County Health Officers (MACHO) is in strong support of SB 190 as amended. Per the 2019 decision of the Maryland General Assembly (HB 116), all detention facilities should be screening inmates for substance use disorders and providing access to medication treatment when therapeutically indicated.¹ SB 190 accelerates access to treatment resources for inmates who are pregnant. SB 190 will better protect both pregnant women and the babies they are carrying.

The Maryland Maternal Mortality Review, released in 2020, revealed that overdoses accounted for four times more deaths than any other cause.² The American College of Obstetrics and Gynecology states that opioid agonist pharmacotherapy (buprenorphine or methadone) is **the** recommended therapy for pregnant women with an opioid use disorder and should be offered as primary treatment. Putting pregnant women through withdrawal results in worse health outcomes, including obstetric complications.³

All correctional facilities should have in-house resources to provide prenatal care and treat substance use disorders or have contracts in place with local health providers for the services specified in SB 190. Successful models ensuring incarcerated pregnant women have timely access to such care are currently operational in Maryland. Concerns raised by the Department of Public Safety and Correctional Services to last year's version of the bill have been addressed by the amendments for SB 190. Of note, DPSCS raised concerns that this bill will also apply to juvenile facilities. It should be made clear that a pregnant incarcerated minor and her baby are at equivalent health risks to a pregnant adult and her baby. Those in juvenile facilities should have access to the same level of prenatal and behavioral health care as adults.

Research conducted by investigators from Johns Hopkins documented that only 36 pregnant women were incarcerated in Maryland's prison system during the entirety of 2016.⁴ Assisting in the process of enrolling pregnant women for health insurance and providing timely release of medical records for what amounts to a fraction of 1% of the DPSCS inmate population should be relatively manageable. For a very modest investment in resources, SB 190 will lead to healthier babies and play a role in efforts to reduce maternal mortality.

For these reasons MACHO supports SB 190 as amended. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at рмаiora1@jhu.edu or 410-937-1433.

1 https://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_532_hb0116e.pdf

2 <https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article,%20C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>

3 <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy.pdf>

4 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6459671/>

NASW Maryland - 2023 SB 190 FAV - Pregnant Women i

Uploaded by: Mary Beth DeMartino

Position: FAV

**Senate Judicial Proceedings Committee
February 8, 2023**

**Senate Bill 190: Correctional Services - Pregnant Incarcerated Individuals
- Substance Use Disorder Assessment and Treatment**

*****SUPPORT*****

The National Association of Social Workers – Maryland Chapter, an organization representing social workers statewide, is asking for your support for Senate Bill 190 - Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment.

This bill would assist women without who lack support and services to get prenatal care which can help them have a healthy baby. It also lowers the risk of the baby being born too early, which can lead to health problems for the baby.

Social Workers support this bill because research has proven that good health care before and during and after pregnancy is important in baby growth and development and keeping both baby and mother healthy. Early intervention is the best way to be sure the baby gets a head start on a healthy life.

We urge a favorable report on Senate Bill 190.

SB 190 - WLCMD - FAV.pdf

Uploaded by: Michelle Siri

Position: FAV

BILL NO.: Senate Bill 190
TITLE: Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse
Assessment and Treatment
COMMITTEE: Judiciary
DATE: March 8, 2022
POSITION: **SUPPORT**

Senate Bill 190 seeks to require each local correctional facility in the Department of Public Safety and Correctional Services to follow the clinical guidance of the American College of Nurse Midwives or the American College of Obstetricians and Gynecologists when providing care to pregnant incarcerated individuals, and to ensure that there is a continuity of care, in particular as it relates to substance abuse treatment, for pregnant incarcerated individuals.

The Women's Law Center of Maryland supports this legislation as we believe all women are entitled to quality healthcare and medical treatment, regardless of their status within the justice system. The Supreme Court has ruled that access to healthcare while incarcerated is a fundamental right¹. Reproductive health care needs do not cease upon entering prison. And drug and substance abuse treatment is all the more necessary at this stage of health. Approximately 6-10% of women are already pregnant when they enter a prison or jail². Many of these mothers have high-risk pregnancies due to the economic and social problems that led them to be incarcerated: poverty, lack of education, inadequate health care, and substance abuse. Reproductive healthcare is an essential human right for any woman, yet the services they receive are varied and inconsistent.

Currently, there is no care coordination provided between public safety institutions and community-based providers. This legislation will ensure that there is a clear referral system in place between those providers and creates a pathway that can lead to improved maternal health outcomes. The transition time between release and accessing reproductive health care represents a high-risk period for these individuals and this legislation would be a marked improvement in preventing and addressing that risk.

For the above reasons, the Women's Law Center of Maryland urges a favorable report for SB 190.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

¹ *Estelle v. Gamble*, 429 US 97 (1976).

² Reproductive Health Care for Incarcerated Women and Adolescent Females, THE AM. COLL. OF OBSTETRICIANS AND GYNECOLOGISTS (Aug. 2012), <http://www.acog.org/resources-and-publications/committee-opinions/committee-on-health-care-for-underserved-women/reproductive-health-care-for-incarcerated-women-and-adolescent-females>.

SB0190 - JPRFAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 0190

February 8, 2023

TO: Members of the Judicial Proceedings Committee

FROM: Nina Themelis, Interim Director of Mayor's Office of Government Relations

RE: Senate Bill 190 – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment

POSITION: Support

Chair Smith, Vice Chair Waldstreicher, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 190.

SB 190 will improve access to healthcare services, screening for substance use disorder (SUD), and linkage to insurance coverage among incarcerated pregnant individuals. Enhancement of these protocols can directly correlate to improved pregnancy outcomes for mother and child. Pregnant individuals require specific and timely healthcare services and considerations. The period of incarceration presents an opportune time to evaluate and treat these women and their children-to-be.

Drug use and SUD are highly prevalent among the female population in detention centers, with as high as 25 percent of the overall population being pregnant or postpartum within the past year. Access to high-quality services is critical. Studies of pregnancy outcomes among women prisoners have “demonstrated high rates of perinatal mortality and morbidity.”¹ Improvement of specialized healthcare provision can improve this reality.

Continuation of these services after release is critical. Research shows that uninsured women “receive fewer prenatal care services than their insured counterparts and report greater difficulty in obtaining the care that they believe they need.”² This bill will support the arrangement of health insurance coverage and follow-up care post release.

For these reasons, the BCA respectfully requests a **favorable** report on **SB 0190**. The BCA believes this legislation is a win-win for all parties involved. Thus, we urge this committee to report on SB 0190 favorably, and help ensure healthcare access to pregnant incarcerated individuals.

¹ Kristine Siefert, PhD, ACSW, Sheryl Pimlott, ACSW, Improving Pregnancy Outcome during Imprisonment: A Model Residential Care Program, *Social Work*, Volume 46, Issue 2, April 2001, Pages 125–134, <https://doi.org/10.1093/sw/46.2.125>

² Institute of Medicine (US) Committee on the Consequences of Uninsurance. *Health Insurance is a Family Matter*. Washington (DC): National Academies Press (US); 2002. 6, Health-Related Outcomes for Children, Pregnant Women, and Newborns. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>

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SB0190_FAV_MedChi, MDACOG_Corr. Serv. - Pregnant I

Uploaded by: Pam Kasemeyer

Position: FAV



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TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee
The Honorable Chris West

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 190 – *Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment*

On behalf of the Maryland State Medical Society and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** for Senate Bill 190.

Senate Bill 190 requires that substance use disorder screening and treatment be offered to pregnant individuals who are incarcerated. The legislation also provides requirements for ensuring that pregnant individuals are connected to the health resources that they need upon release.

Incarcerated individuals who are pregnant should have access to the services needed to maintain a healthy pregnancy. Substance use disorder treatment, including medication assisted treatment, is essential for those individuals with such disorders. However, it is not always available in correctional facilities and local detention centers. Passage of Senate Bill 190 will help address these access challenges by ensuring that these services are available to pregnant individuals. Further, the legislation also addresses the important issue of ensuring that individuals can identify health care resources in their communities upon release to avoid gaps in care that could place the patient at risk. Continuity of care is particularly important for those suffering from substance use disorders.

Passage of Senate Bill 190 will ensure that pregnant incarcerated individuals receive the care they need to maintain a health pregnancy and increase the likelihood of a positive birth outcome. It will also serve to enhance the long-term health of the individual and their newborn. A favorable report is requested.

SB190_Pregnant Incarcerated Individuals_BHRC_FAVOR

Uploaded by: Rajani Gudlavalleti

Position: FAV



February 8, 2022

The Honorable Will Smith
Chairman, Senate Judicial Proceedings Committee
2 East Wing, Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 190 - Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment - FAVORABLE

Dear Chairman Smith and Senate Judicial Proceedings Committee members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies. As a certified Overdose Response Program, Naloxone distributor, and syringe service program, we have provided essential health care services across the state for years. To supplement the life-saving services provided by us and dozens of harm reduction programs across the state, BHRC supports Senate Bill 190 (Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment).

Due to over 145 years of criminalizing drug use, people who use drugs are over-represented in the carceral system where they are unlikely to receive adequate treatment and healthcare. House Bill 1120 would prioritize the health of pregnant people by requiring correctional facilities to screen all pregnant individuals upon intake for a substance use disorder. Upon a positive screening, that facility must immediately refer the pregnant individual to a behavioral health provider for full assessment.

BHRC supports SB190 for prioritizing autonomy and access to care, which are essential elements of life-saving harm reduction practices. Under SB190, once a full assessment is conducted, the pregnant individual may choose to (without mandate) initiate or continue receiving FDA-approved Medication Assisted Treatment (MAT) or other care to address their opioid use. For pregnant and postpartum individuals wishing to maintain their pregnancy, MAT with methadone or suboxone is the evidence-based standard of care.¹ Adhering to a methadone or suboxone regimen while pregnant eliminates withdrawal's negative impacts on the fetus and provides stability to the parent during their pregnancy. Any reluctance to provide MAT to pregnant patients is scientifically unfounded and dangerous for the fetus and the pregnant person.

Of utmost importance, the bill would also require the correctional unit to ensure that the pregnant individual has health insurance coverage and a referral for treatment continuity prior to release. Within the first two weeks following release, formerly incarcerated people are 40 percent more likely to die of fatal overdose due to decreased tolerance following a period of incarceration.²

¹ NIDA, Treating Opioid Use Disorder During Pregnancy

² Ranapurwala et al. (2018)

Maryland's leading cause of maternal mortality continues to be drug overdose.³ We must make comprehensive substance use treatment available to all pregnant people, inside and outside of the walls. We ask that the Judicial Proceedings Committee give SB190 a favorable report.

For more information about Baltimore Harm Reduction Coalition or our position, please contact our Director of Mobilization, Rajani Gudlavalleti at rajani@baltimoreharmreduction.org

³ Maryland Department of Health, Maryland Maternal Mortality Review 2019 Annual Report

2023 PPM SB 190 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Judicial Proceedings Committee
Bill number: SB 190
Title: Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment
Hearing Date: February 8, 2023
Position: Support

Planned Parenthood of Maryland (PPM) supports *Senate Bill 190 – Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment*. The bill would ensure that substance use disorder screening and treatment be offered to pregnant individuals who are incarcerated. It would also help ensure that pregnant individuals are connected to the health resources that they need upon release.

PPM believes that all individuals who are incarcerated should have access to the health care services that they need to be healthy. This legislation addresses an important area of unmet need for substance use disorder screening and treatment. Individuals who are pregnant should have the services that they need to maintain a healthy pregnancy. Substance use disorder treatment, including medication assisted treatment, is essential, but it is not always available in correctional facilities and local detention centers. This legislation will help address that gap by ensuring that these services are available to pregnant individuals.

The legislation also addresses the important issue of ensuring that individuals can identify health care resources in their communities upon release. Particularly with substance use disorder treatment, any gaps in care can place the patient at risk.

We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

MD Addiction Directors Council - 2023 FAV SB 190 -

Uploaded by: Scott Whetsell

Position: FAV



Maryland Addiction Directors Council

Senate Bill 190 – Correctional Services –

Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment

Senate Judicial Proceedings Committee

February 8, 2023

TESTIMONY IN SUPPORT

Maryland Addiction Directors Council (MADC) represents SUD and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 1,200 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment.

MADC is writing in support of SB190 which requires the needed screening and care for pregnant incarcerated individuals. MADC providers are at the forefront of treatment services for the court-ordered and 8507 programs and know first-hand the many challenges in transition of health care from incarceration to release.

SB190 provides for screening for substance use disorder at intake for pregnant incarcerated individuals, referral to a health care provider and provision of certain medications and treatment. The bill requires a correctional unit to arrange for health insurance coverage and follow-up health care before release of a pregnant incarcerated individual and that the pregnant incarcerated individual be provided with medical records on release.

This bill will help ensure that pregnant incarcerated individuals receive the needed treatment services and at release are transitioned to appropriate health care with needed medical records. **For these reasons, Maryland Addiction Directors Council urges this committee to pass SB190.**

SB 190_Pregnant Incarcerated Individuals SUD Asses

Uploaded by: Stacey Jefferson

Position: FAV



February 9, 2023

**Senate Judicial Proceedings Committee
TESTIMONY IN SUPPORT**

SB 190- Correctional Services- Pregnant Incarcerated Individuals-Substance Use Disorder Assessment and Treatment

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

Behavioral Health System Baltimore supports SB 190- Pregnant Incarcerated Individuals- Substance Use Disorder Assessment and Treatment. This bill requires correctional facilities to perform a substance use disorder screening of pregnant inmates, and if appropriate to facilitate care with a behavioral health provider.

BHSB supports SB 190 because untreated substance use disorder in pregnancy can cause disastrous outcomes, including maternal death, poor fetal growth, preterm birth, or stillbirth. The danger presented by OUD for both child and mother require specialized medical care and treatment. The Centers for Disease Control and Prevention recommends pregnant women with opioid use disorders start medication assisted treatment with methadone or buprenorphine.¹ Adhering to a medication assisted treatment regimen while pregnant eliminates withdrawal’s negative impacts on the fetus and provides stability to the parent during their pregnancy.

SB 190 will provide immediate screening and treatment that will mitigate the risks to the incarcerated individual and their unborn child. It will ensure care between the community and the facility therefore reducing the potential for relapse, pregnancy complications, and overdose. As such, **BHSB urges the Senate Judicial Proceedings Committee to support SB 190.**

Contact:

Stacey Jefferson
Director, Policy, and Stakeholder Engagement
Stacey.jefferson@bhsbaltimore.org /443-813-9231

¹ <https://www.cdc.gov/pregnancy/opioids/treatment.html>.

8 - SB 190 - JPR - MACHO - LOS .docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



SENATE BILL 190

Correctional Services- Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment

WRITTEN TESTIMONY BEFORE THE JUDICIAL PROCEEDINGS COMMITTEE

Laurence Polsky, MD, MPH, Calvert County Health Officer

For the Maryland Association of County Health Officers (MACHO)

Position: Favorable as Amended – February 8, 2023

The Maryland Association of County Health Officers (MACHO) is in strong support of Senate Bill (SB) 190 as amended. Per the 2019 decision of the Maryland General Assembly (HB 116), all detention facilities should be screening inmates for substance use disorders and providing access to medication treatment when therapeutically indicated.¹ SB 190 accelerates access to treatment resources for inmates who are pregnant. SB 190 will better protect both pregnant women and the babies they are carrying.

The Maryland Maternal Mortality Review, released in 2020, revealed that overdoses accounted for four times more deaths than any other cause.² The American College of Obstetrics and Gynecology states that opioid agonist pharmacotherapy (buprenorphine or methadone) is **the** recommended therapy for pregnant women with an opioid use disorder and should be offered as primary treatment. Putting pregnant women through withdrawal results in worse health outcomes, including obstetric complications.³

All correctional facilities should have in-house resources to provide prenatal care and treat substance use disorders or have contracts in place with local health providers for the services specified in SB 190. Successful models ensuring incarcerated pregnant women have timely access to such care are currently operational in Maryland. Concerns raised by the Department of Public Safety and Correctional Services to last year's version of the bill have been addressed by the amendments for SB 190. Of note, DPSCS raised concerns that this bill will also apply to juvenile facilities. It should be made clear that a pregnant incarcerated minor and her baby are at equivalent health risks to a pregnant adult and her baby. Those in juvenile facilities should have access to the same level of prenatal and behavioral health care as adults.

Research conducted by investigators from Johns Hopkins document that only 36 pregnant women were incarcerated in Maryland's prison system during the entirety of 2016.⁴ Helping in the process of enrolling pregnant women for health insurance and providing timely release of medical records for what amounts to a fraction of 1% of the DPSCS inmate population should be relatively manageable. For what amounts to a very modest investment in resources, SB 190 will lead to healthier babies and play a role in efforts to reduce maternal mortality.

For these reasons MACHO supports SB 190 as amended. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

1 https://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_532_hb0116e.pdf

2 <https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article,%20C%2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20%E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>

3 <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy.pdf>

4 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6459671/>

SB190 Amendment.pdf

Uploaded by: Christopher West

Position: FWA

SB0190/243722/1

BY: Senator West
(To be offered in the Judicial Proceedings Committee)

AMENDMENTS TO SENATE BILL 190
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with the second “individual” in line 8 down through “records” in line 9 and substitute “individual’s medical records be made available to the pregnant incarcerated individual’s postincarceration medical and behavioral health providers”.

AMENDMENT NO. 2

On page 1, in line 22, after “(2)” insert ““BEHAVIORAL HEALTH CARE PROVIDER” MEANS A PERSON CERTIFIED OR LICENSED TO PROVIDE BEHAVIORAL HEALTH SERVICES UNDER THE HEALTH OCCUPATIONS ARTICLE.

(3)”.

On page 2, in line 2, strike “(3)” and substitute “(4)”; in line 14, after “(2)” insert “(1)”; in line 16, after “A” insert “LICENSED”; strike beginning with “AND” in line 17 down through “MEDICATION” in line 22 and substitute “FOR A FULL ASSESSMENT AND THE DEVELOPMENT OF A TREATMENT PLAN NOT LATER THAN THE FOLLOWING BUSINESS DAY.

(II) IF THE PREGNANT INDIVIDUAL IS AT RISK FOR GOING INTO WITHDRAWAL, THE INDIVIDUAL SHALL BE REFERRED, IN AN EXPEDITED MANNER SIMILAR TO OTHER MEDICAL EMERGENCIES, TO AN APPROPRIATE HEALTH CARE PROVIDER TRAINED TO PREVENT AND TREAT WITHDRAWAL”;

and in line 27, strike “THE SAME” and substitute “AN EQUIVALENT”.

On page 3, in line 27, strike “THE JURISDICTION” and substitute “REASONABLE GEOGRAPHIC PROXIMITY”; in line 28, strike “10 CALENDAR” and substitute “5 BUSINESS”; in line 29, after “RELEASE,” insert “A COMPLETE COPY OF”; strike beginning with “INDIVIDUAL” in line 29 down through “THE” in line 30; and in line 32, after “ASSESSMENTS” insert “SHALL BE MADE AVAILABLE TO THE INDIVIDUAL’S POSTINCARCERATION OBSTETRIC AND BEHAVIORAL HEALTH PROVIDERS AFTER CONSENT IS PROVIDED BY THE INDIVIDUAL”.

SB190 West FAV.pdf

Uploaded by: Christopher West

Position: FWA

CHRIS WEST
Legislative District 42
Baltimore and Carroll Counties

Judicial Proceedings Committee



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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February 7th, 2023
Senate Judicial Proceedings Committee
The Honorable William C. Smith Jr.
2 East Miller Senate Building
Annapolis, MD, 21401

Re: Senate Bill 190 - Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment

Dear Chairman Smith and members of the Committee,

According to a September 28, 2022 AP story, a woman incarcerated in the Washington County jail in Hagerstown was left to give birth to her baby alone on the dirty concrete floor of her cell

Pregnant women represent a unique population for correctional facilities and require specialized care if concurrent opioid use disorder is present.

Senate Bill 190 requires substance use disorder screening to be provided to pregnant women who are incarcerated. If the woman scores positive on the screening, the bill requires her to be referred immediately to a behavioral health care provider and a reproductive health care provider for counseling and, if appropriate, the initiation or continuation of medication.

SB 190 further provides that a pregnant woman who was receiving medication for opioid use disorder prior to incarceration must be provided the same medication without a break in care once she is incarcerated. The bill explicitly states, however, that the woman has the right to decline or terminate treatment.

Before a pregnant woman is released from prison, the bill states that she be provided with health insurance coverage, that she be referred to a qualified reproductive health care provider and that she be referred to a community-based mental health and substance use professional for treatment and medication continuity. Finally, the bill requires that the woman be provided with a complete copy of her medical records upon her release.

Senate Bill 190 will ensure that pregnant incarcerated women receive the appropriate care to maintain a healthy pregnancy and greater likelihood of a healthy birth.

I appreciate the Committee's consideration of Senate Bill 190 and will be happy to answer any questions the Committee may have.

SB0190 testimony AODAAC.pdf

Uploaded by: Leslie Frey

Position: FWA



ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

Marc Elrich
County Executive

Testimony in Support of Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (SB0190)

February 8, 2023

Dear Chairman Smith and Respected Committee Members:

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC) urges you to support with amendment Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (SB0190).

AODAAC provides guidance to the County Executive and County Council for Montgomery County by identifying alcohol and other drug prevention and treatment needs and reviewing the county's efforts in addressing those needs. We are comprised of experts in prevention and treatment, and have representatives from the legal, business, and medical communities.

Aim of the Bill

This bill addresses the plight of incarcerated pregnant individuals, a vulnerable, underserved, and growing population. The bill requires screening/assessment, treatment, and planning for follow-up care for consenting pregnant persons using opioids. Two suggested amendments to the bill are described below.

AODAAC's Position

AODAAC supports this bill because it will address a significant lack of treatment support for pregnant incarcerated individuals with substance use disorder. Additionally, it will enhance the safety of the individual and the child by reducing the risk of relapse and potential overdose, re-incarceration, and infectious diseases. However, we do suggest two amendments to increase the success of implementation of this treatment in the criminal justice setting.

Rationale for Supporting the Bill It is well documented that the rate of incarceration for women has increased by over 700% between 1980 and 2019, outpacing the rate of increase for men.ⁱ Along with the concerning rates among women in general, maternal use of opioids quadrupled from 2009 to 2014. Ninety per cent of incarcerated women report having a substance use disorder and are more likely than men to have used substances in the month prior to incarceration. Women constitute a significant proportion of those arrested who misuse opioids. For example, 30% of all opioid misusing arrestees in the past year were women.ⁱⁱ The needs of women at triple risk—pregnant, incarcerated, and opioid misuse, can be addressed by the provisions of this bill.

Evidence-based, state of the art treatment for pregnant women with opioid use disorder (OUD) is called Medication Assisted Therapy (MAT).^{iii,iv} MAT is a combination of medication (i.e., methadone or buprenorphine), counselling, and behavioral therapies. It has been shown to lead to better outcomes for the mother and baby. The postpartum period is seen as a period of high risk for relapse and so care should not be discontinued after delivery.

Pregnant inmates are especially vulnerable to being unsuccessful in treatment due to the additional barriers they face.^v Being “labeled” as a “drug user” may especially impair pregnant or postnatal women while incarcerated or after release. This is because they fear the consequences of being known to Child Protective Services and thus may conceal the type or degree of substance use, isolate themselves from others, skip treatment appointments, or avoid treatment altogether. Women interviewed in studies described multiple barriers to treatment and healthcare, including a lack of suitable treatment options and difficulty finding and enrolling in them.

There are several consequences of failing to treat pregnant women with opioid use disorder. Abrupt cessation of opioids during pregnancy can have serious consequences for this population including preterm labor, fetal distress, or miscarriage resulting in further health risks and need for additional medical interventions.ⁱⁱⁱ Additionally, discontinuation of opioids without MAT is associated with higher rate of relapse.^{vi} Finally, the specialized care of infants born from an opioid affected pregnancy (Neonatal Abstinence Syndrome—NAS) is costly to the healthcare system.

Proposed Amendments

We recommend two amendments to this bill to ensure optimal implementation of MAT in the criminal justice setting. The first amendment is to increase trainings about mental health and SUDs for personnel and professionals working across the criminal justice system to remedy the widespread stigma and harmful negative attitudes in the system towards those with these disorders. The second amendment is to ensure adequate staffing of trained and experienced correctional nurses to assess, treat and plan follow-up care. Both of these enhancements must be fully funded to ensure equitable access to care statewide.

Rationale for the Amendments

Effective treatments for substance use are not useful if barriers to implementation in real world settings are not addressed and corrective measures instituted. Two major barriers apply (to both men and women) in criminal justice settings. These barriers are (1) the devastating effects of the widespread stigma attached to substance use, even by criminal justice staff, and (2) inadequate resources in jails to remedy staffing shortages that undermine treatment.

The first barrier is stigma. Experts say that “stigma kills”^{vii} and state that “a major barrier [toward getting treatment] is stigmatizing perceptions, attitudes and behavior of corrections staff towards inmates with Substance Use Disorders. (SUDs)” Understanding the culture of our facilities and attitudes at all levels needs to be addressed among leadership and staff. Studies have shown that negative and stigmatizing attitudes have detrimental effects on treatment

outcomes for mental disorders. Studies from a leading federal government agency indicate that stigma – whether structural, social, or personal – make the effects of incarceration worse.

Experts have stated “stigma towards justice-involved clients with mental health issues may have significant impacts on these clients in terms of their well-being, access to treatment programs and treatment outcomes. Reducing the stigma of correctional staff towards people with mental health issues may be a critical step to improving the well-being and outcomes of justice-involved clients.”^{viii} Therefore, they have the following two recommendations:^{ix} 1) Increase trainings about mental health and SUDs for all personnel and professionals working across the criminal justice system. 2) Establish programs at county level criminal justice systems to address stigma, negative attitudes, and prejudice towards people with mental illness and substance use disorder and to engage community stakeholders and increase awareness of harmful stereotypes.

The second barrier requires critical attention to adequate staffing of trained and experienced corrections nurse-providers. Nursing understaffing jeopardizes the quality of assessment and subsequent care. It is well known that correctional work is very stressful and may result in high turnover and short staffing. Sufficient funding is needed to ensure that there are adequate personnel to administer the assessments, provide treatment, and plan post-incarceration care.

Conclusion

For all the reasons cited, we respectfully urge the committee to support this bill with the suggested amendments so that this vulnerable population can be helped onto the path to recovery and social and financial costs mitigated.

ⁱ Peeler M. et al. Best Practices for pregnant Incarcerated Women with Opioid Use Disorder. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6543816/>

ⁱⁱ Substance Abuse and Mental Health Services Administration. Public Use Data Set

ⁱⁱⁱ Sala,KA, et al. Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment. (2016) *Curr Obstet Gynecol Rep.* 5:257-263.

^{iv} Center for disease Control (April 30, 2020) Treatment for Opioid Use Disorder Before, During, and After Pregnancy. <https://www.cdc.gov/pregnancy/opioids/treatment.html>

^v Pregnant women and substance use: fear, stigma, and barriers to care <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-015-0015-5>

^{vi} Overcoming obstacles to implementing methadone maintenance therapy for prisoners: Implications for policy and practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936228/>

^{vii} ⁸ Barriers to Medications for Addiction Treatment: How Stigma Kills. <https://www.tandfonline.com/doi/abs/10.1080/10826084.2017.1363238?journalCode=isum20>

^{viii} Stigmatizing attitudes of probation, parole and custodial officers towards people with mental health issues: A systematic literature review and meta-analysis. <https://bpspsychub.onlinelibrary.wiley.com/doi/full/10.1111/lcrp.12227>

^{ix} Stigma Criminal Justice Slidedeck_mmfV2_508.pptx Preventing and Reducing Stigma: Criminal Justice. <https://pttcnetwork.org/centers/great-lakes-pttc/preventing-and-reducing-stigma-criminal-justice>

2023 ACNM SB 190 Senate Side FWA.docx.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Judicial Proceedings Committee

Bill number: SB 190 - Correctional Services – Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment

Hearing Date: February 8, 2023

Position: Support with Amendment

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *House Bill 235 – Pregnant Incarcerated Individuals – Substance Use Assessment and Treatment*. The bill proposes that all pregnant incarcerated individuals be offered substance use disorder screening and treatment as well as receive appropriate referrals upon release.

ACNM is a strong supporter of ensuring that individuals have the services they need to remain healthy during pregnancy. Pregnant individuals dealing with substance use disorders have a critical need for resources to address their own health issues as well as maintain a healthy pregnancy. This legislation ensures that pregnant individuals can obtain those services when they are incarcerated.

We are also supportive of the legislation’s requirement that pregnant individuals receive appropriate referrals upon release. It is challenging to obtain prenatal care as there are provider shortages in many regions. To ensure that no gaps in care endanger the health of pregnant individuals and their children, structures that support coordination of care and a strong referral system when individuals are released from a correction facility are essential.

We have a technical amendment that will allow the bill to recognize two other advanced practice clinicians who provide pregnancy care and work in in the field substance use disorder services during pregnancy:

On page 2 in line 6 after “NURSE PRACTITIONER” insert “CLINICAL NURSE SPECIALIST, LICENSED CERTIFIED MIDWIFE”

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2023 SB190 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB190

Correctional Services - Pregnant Incarcerated Individuals -
Substance Use Disorder Assessment and Treatment
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB190

On behalf of our 200,000 followers across the state, we respectfully object to SB190. We oppose funding abortion, abortion services and entities and persons promoting and providing abortion and abortion services for the Pregnant Incarcerated Individuals. Incarcerated women deserve funding to promote the health and well-being of themselves and their babies. Pregnant Incarcerated Women can receive substance abuse treatment while receiving quality obstetric care for themselves and their babies. Incarcerated individuals can and do receive health insurance coverage through Maryland Medicaid. According to the Maryland Department of Health *Factsheet #6 Maryland Medicaid Program Abortion Services*, abortion may be covered for reasons such as, “risk to mother’s current or future somatic health” and “risk to mother’s current or future mental health.” Our opposition includes reimbursement of behavioral health professionals. We ask that abortion funding be excluded from Senate Bill 190.

The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in Fiscal 1999. Without language to prohibit abortion funding, expansion of the Maryland Medical Assistance Program and MHCP will certainly increase the number of abortions and thus the amount of taxpayer money spent on abortions.



Opposition Statement SB190, page 2 of 2
Correctional Services - Pregnant Incarcerated Individuals -
Substance Use Disorder Assessment and Treatment
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

SB190_DPSCS_Letter of Information.pdf

Uploaded by: Catherine Kahl

Position: INFO



Department of Public Safety and Correctional Services

Office of Government & Legislative Affairs

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STATE OF MARYLAND

WES MOORE
GOVERNOR

ARUNA MILLER
LT. GOVERNOR

CAROLYN J. SCRUGGS
ACTING SECRETARY

CHRISTINA LENTZ
ACTING
DEPUTY SECRETARY
ADMINISTRATION

ANNIE D. HARVEY
ACTING
DEPUTY SECRETARY
OPERATIONS

VACANT
ASSISTANT SECRETARY

JENNIFER A. BESKID
DIRECTOR

BILL: SENATE BILL 190

POSITION: LETTER OF INFORMATION

EXPLANATION: This bill will require an incarcerated pregnant individual be screened for substance use disorder at intake, be referred to behavioral and reproductive health care providers, receive the same medication for substance use disorder they were receiving prior to incarceration, and ensure health insurance and medical records are provided upon release.

- The Department of Public Safety and Correctional Services' (DPSCS) Division of Correction is responsible for operating 13 correctional facilities that house offenders sentenced to a period of incarceration for 18 months or longer. The Department also operates the Division of Pretrial Detention and Services, which houses pretrial detainees and inmates sentenced to incarceration for 18 months and less.
- The Maryland Correctional Institution for Women (MCI-W) houses the female sentenced population and the Baltimore Central Booking and Intake Center (BCBIC) houses female detainees.

DPSCS has several concerns with the implementation and effect of the following provisions of SB 190, specifically:

- **The bill uses the definition of "correctional unit" under Correctional Services Article § 8-201** which includes individuals who have been placed on parole, mandatory supervision, or probation, or have received a suspended sentence. Individuals under supervision are no longer under the care of the Division of Correction (DOC), but under supervision with the Division of Parole and Probation (DPP). As returning citizens, pregnant women should receive medical care in the community. DPP Agents are not equipped to administer medication, nor should they be.
- **Section (C)(2) on page 2 of the bill** will require an incarcerated pregnant individual who has both a positive pregnancy test at intake and a positive score on a substance use disorder screening to be

referred to a behavioral health care provider; however, the behavioral health care provider is not clearly defined in the legislation.

- Given the transient nature of the detained population, a detainee may be released before a referral is made.
- **SB 190 removes the Department's medical provider from making the most appropriate clinical decision for the pregnant incarcerated individual** as it requires the Department's medical personnel to continue the individual on the same medication the individual was taking prior to incarceration. The Department has no knowledge of whether or not the pregnant individual was receiving appropriate medical care prior to incarceration and cannot determine whether the medication the pregnant individual was taking prior is appropriate until a medical provider has made that determination.
- To maintain the pregnant individual on the same drug she was receiving in the community would require a modification to the medical contract to include, at minimum, one Addiction Specialist medical doctor who has received their practitioner waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000) and patient limit increase. The estimated salary for an Addiction Specialist MD is **\$112.00 per hour** for a total of **\$232,960.00 per annum**.
- Allowing a pregnant incarcerated individual to decline or terminate medication treatment has unintended consequences. The health of the mother and pregnancy is of the utmost importance, and complications may arise when treatment is declined. The DOC is committed to providing all incarcerated individuals with appropriate medical care that is clinically recommended. In addition, if treatment is declined, counseling is provided on the risks associated with the action.
- SB 190 defines a pregnant incarcerated individual to include an individual who is within a 12-week postpartum period. The only way the Department would know if a pregnant individual was postpartum in the Division of Pretrial Detention and Services would be if she disclosed it during intake or throughout her detention.
- **SB 190 requires health insurance enrollment, but in actuality enrollment is voluntary and individuals may elect not to participate.** DPSCS does enroll incarcerated individuals in Medicaid prior to release, but can only do so if the individual elects to participate. Ensuring enrollment in a health care insurance plan,

other than Medicaid, and providing coverage within 24 hours of release is not feasible.

- **SB 190 requires that pregnant incarcerated individuals shall be provided a complete set of their medical records at release or within 10 calendar days.** Currently, when an incarcerated individual is released, they are provided a Continuity of Care form that includes a copy of their current medication list, which should be sufficient for the individual to continue with appropriate care. If the individual's community provider would like to have additional information, they can request the Department to provide it. This would ensure that the community provider receives the medical, mental health, addictions and assessment records.

DPSCS provides robust care for pregnant incarcerated individuals, including:

- Upon intake, all incarcerated individuals and detainees receive an initial medical and mental health and substance use screening, conducted by a Registered Nurse or higher level health care staff, within 4 hours of entrance into the facility from the community. DPSCS has a 95% compliancy rating for conducting screenings within 4 hours of intake. For female offenders, the screening includes a pregnancy test.
 - Upon determination of pregnancy, a female offender is immediately enrolled in a prenatal program.
 - A pregnant female offender is immediately referred to medical for a focused pregnancy evaluation. The evaluation shall determine a history of substance abuse during the pregnancy, and most recent drug use.
 - All pregnant females with a history of opiate abuse will be assessed by a physician and the appropriate treatment plan initiated.
- Individuals eligible for methadone detoxification or methadone maintenance are referred to substance use specialists and enrolled in appropriate programs in accordance with established procedures. Enrollment occurs within twenty-four (24) hours of initial intake screening.
 - Methadone maintenance for pregnant women is an accepted best practice that has been used safely for years and has been widely researched.¹

¹ Jail-Based Medication-Assisted Treatment Promising Practices, Guidelines, and Resources for the Field, October 2018

- The practices employed by the infirmary at MCI-W for the care of pregnant incarcerated individuals meet the evidence-based guidelines established by the American College of Obstetrics and Gynecology for care of safe performance of gynecology and obstetrics procedures, as prescribed under this bill.
- DPSCS strives to enroll all incarcerated individuals in Medicaid prior to their release to ensure continuity of clinical care post-release. It should be noted that Medicaid enrollment is voluntary, so meeting the 24-hour deadline outlined in the bill is improbable. In addition, incarcerated individuals are connected to linkage of care programming within the community for assistance with housing, medical care, mental health care, community case management, and substance abuse treatment.
- Additionally, when a pregnant incarcerated individual is released, she is provided a Continuity of Care form that includes a copy of the current medication list, which should be sufficient for the individual to continue with appropriate community care. A community provider can request additional information by completing a Release of Information form, as is standard within the medical community.
- In closing, the Department follows the Community of Care practices for the treatment of all incarcerated individuals. Clinical practices and standards of care should be developed by certified clinicians and physicians within the medical field.

CONCLUSION: The Department of Public Safety and Correctional Services respectfully requests the Committee consider this information as it deliberates on Senate Bill 190.