



## SENATE BILL 190

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

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**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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup> 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](mailto:рмаiora1@jhu.edu) or 410-937-1433.

1 [https://mgaleg.maryland.gov/2019RS/Chapters\\_noln/CH\\_532\\_hb0116e.pdf](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/>