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Judiciary Committee

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Health Committee

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Chair Bartlett, Vice Chair Davis, Chair Bagnall, Vice Chair Cullison and Esteemed Members of the Judiciary and Health Committee:

My name is Ronnie L. Taylor, and I work as the Community Impact Director at FreeState Justice, a Maryland-based organization that advocates for legal justice and equity for LGBTQ+ residents through legal services, policy work, and system improvements.

I write in strong support of **House Bill 0592**, which creates a Task Force to Study Forced Infant Separation From Incarcerated Individuals.

This legislation establishes a structured, multidisciplinary body to review how Maryland manages pregnancy, postpartum recovery, and infant bonding within the correctional system. The issue is not hypothetical; it impacts public health, child welfare, and intergenerational stability across our state.

Maryland incarcerates women at one of the highest rates in the region. According to the Maryland Department of Public Safety and Correctional Services, hundreds of women are housed in state facilities each year, and nationally, an estimated 3–5% of incarcerated women are pregnant at the time of intake.

Research shows that immediate postpartum separation has measurable effects on infant development and maternal health. The American Academy of Pediatrics consistently states that early maternal bonding supports infant neurological development, attachment security, and long-term health outcomes. Forced separation increases the risk of postpartum depression, trauma, and negative childhood outcomes.

National data from the Prison Policy Initiative shows that over 80% of incarcerated women are mothers, and most were primary caregivers before incarceration. When separation happens at birth, the state bears not only emotional but also financial costs through foster care placements, medical expenses, and long-term child welfare involvement.

HB0592 recognizes that Maryland lacks comprehensive data on:

At FreeState Justice, we envision a Maryland where LGBTQ+ people live openly with the dignity they deserve. Facing discrimination shouldn't keep anyone from being themselves. Through pro bono legal services, policy advocacy, resource connections, and community support, FreeState works to break down those barriers so all Marylanders can thrive.

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- The number of pregnant and postpartum incarcerated individuals.
- The current correctional infrastructure supports them.
- The long-term impact of forced infant separation.

Without that data, policymaking stays reactive instead of being based on evidence.

House Bill 0592 creates a Task Force made up of legislative leaders, agency officials, public defenders, child welfare advocates, medical professionals, and directly affected individuals.

This composition is intentional and suitable. It ensures that:

- Public safety perspectives are represented.
- Health expertise informs analysis.
- Child welfare professionals contribute evidence-based standards.
- Formerly incarcerated individuals share lived experiences.

The Task Force is responsible for examining:

- The number of pregnant and postpartum individuals in state prisons.
- The feasibility of creating space within prerelease units for postpartum care.
- The impact of forced infant separation.
- Best practices from other states.

This aligns with national reforms. States like New York and Washington have expanded prison nursery programs or postpartum bonding initiatives, demonstrating reductions in recidivism and improved child outcomes. Evidence shows that correctional nursery programs are associated with lower reoffending rates compared to the national averages for women released from prison.

From a legal perspective, the Eighth Amendment requires adequate medical care for incarcerated individuals, and courts have recognized pregnancy and postpartum care as part of that obligation. A structured study enables Maryland to assess whether current practices meet constitutional standards and to focus on infant well-being.

From a social justice perspective, this issue intersects with race and poverty. Black women are incarcerated at disproportionately high rates in Maryland and across the nation. Forced infant separation worsens structural inequalities already present in maternal health outcomes. The CDC reports that Black women experience significantly higher maternal morbidity rates than white women. When incarceration is added to those disparities, the risk increases.

For LGBTQ+ families, including transgender men and nonbinary people who may become pregnant while incarcerated, policy silence can lead to invisibility and insufficient care. A Task Force model ensures inclusive data collection and recommendations that account for diverse family structures.

This bill does not require a specific correctional model. It calls for informed legislative recommendations. That is a responsible first step.

At FreeState Justice, our legal work often involves supporting LGBTQ+ parents through family separation, incarceration, and child welfare systems. We observe how swiftly separation can disrupt housing, employment, and custody rights.

Policy decisions made at birth have long-lasting effects. When the state intervenes at that earliest stage, it must do so with evidence, transparency, and accountability.

HB0592 positions Maryland to make data-driven, constitutionally sound, and child-centered decisions regarding incarcerated parents and their infants. It does not predetermine outcomes. It establishes the framework for assessing them.

For these reasons, I respectfully request that the Committee issue a favorable report on **House Bill 0592**.

Thank you for your consideration.

Ronnie L. Taylor

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Sources:

1. The Sentencing Project, *Incarcerated Women and Girls* (2023), <https://www.sentencingproject.org/fact-sheet/incarcerated-women-and-girls/>
2. Prison Policy Initiative, *Women's Mass Incarceration: The Whole Pie* (2023), https://www.prisonpolicy.org/reports/women_overtime.html