



Maryland
Hospital Association

February 11, 2020

To: The Honorable Luke Clippinger, Chairman
House Judiciary Committee

From: Brian Frazee, Vice President, Government Affairs
Maryland Hospital Association

Re: Letter of Support- House Bill 524- Correctional Services - Pregnant Incarcerated Individuals
- Substance Abuse Assessment and Treatment

Dear Chairman Clippinger:

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 524. 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.ⁱ House Bill 524 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 apart of their routine care, regardless of setting."ⁱⁱ 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.ⁱⁱⁱ 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.^{iv} Neonatal abstinence syndrome results when a baby is exposed to certain drugs, most commonly opioids, while in the womb and then experiences withdrawal after birth.^v 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 ask for a **favorable report** on HB 524.

For more information, please contact:
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ⁱ 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

ⁱⁱ 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

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

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

^v 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)