



March 11, 2022

Chair Shane Pendergrass  
Room 241  
House Office Building  
Annapolis, Maryland 21401

**House Bill 1335 - Perinatal Care - Drug and Alcohol Testing and Screening - Consent  
- FAVORABLE**

Dear Chair Pendergrass and House Health and Government Operations 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, respectful services provided by us and dozens of harm reduction programs across the state, BHRC supports House Bill 1335 Perinatal Care - Drug and Alcohol Testing and Screening - Consent.

HB1335 will prevent any healthcare provider from administering a drug or alcohol screening to a pregnant patient unless two criteria are met: 1) the healthcare provider obtains written consent from the patient, and 2) the screening is within the scope of perinatal care being provided to the patient. Additionally, HB1335 will prevent any healthcare provider from administering a drug or alcohol screening to a newborn infant unless the provider obtains written consent from the infant's parent or assigned legal guardian. This proposed legislation mandates that the written consent form for such drug or alcohol screenings describe the potential medical, legal, and collateral consequences of a positive drug or alcohol screening in relation to the pregnant patient or newborn infant.

Due to over 145 years of criminalizing drug use, pregnant and parenting people who use drugs are severely stigmatized and understandably untrusting of healthcare providers. Experience with bias, judgment, and scrutiny – especially from healthcare workers, loved ones, family, and friends – can isolate people and make it harder to seek prenatal care, mental health counseling, social services, and community support.<sup>1</sup> Widespread stigma creates significant barriers to accessing what people need to survive and thrive, such as care, housing, income and social services.

**BHRC supports HB1335 for prioritizing autonomy, respect and dignity, which are essential elements of life-saving harm reduction practices.** The time leading up to and immediately after birth is a vulnerable period for a parent. This stress can easily be exacerbated by fear of State involvement in the family, including the use of drug or alcohol screening tools to surveill or punish

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<sup>1</sup> National Harm Reduction Coalition and The Academy of Perinatal Harm Reduction. (2020). *Pregnancy & Substance Use - A Harm Reduction Toolkit*. [https://harmreduction.org/wp-content/uploads/2020/10/09.17.20\\_Pregnancy-and-Substance-Use-2.pdf](https://harmreduction.org/wp-content/uploads/2020/10/09.17.20_Pregnancy-and-Substance-Use-2.pdf)

parents. HB1335 would institute a protocol to ensure the birthing parent, or infant's parent or guardian is able to make an informed decision regarding their body. The discussion around consent would increase opportunity for the parent to build trust with the healthcare provider. Trust enhances communication between a healthcare provider and patient, improving family health and well-being.<sup>2</sup>

**To improve the access and quality of perinatal care in Maryland, we ask that the Health and Government Operations Committee give HB1335 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](mailto:rajani@baltimoreharmreduction.org)

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<sup>2</sup> Pr au M, Lepo t C, Salmon-Ceron D, Carrieri P, Portier H, Chene G, et al. Health-related quality of life and patient-provider relationships in HIV-infected patients during the first three years after starting PI-containing antiretroviral treatment. *AIDS Care*. 2004;16(5):649–61. <https://doi.org/10.1080/09540120410001716441>