



**REPRODUCTIVE  
JUSTICE INSIDE**

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2103 Gough Street \* Baltimore, MD 21231

[www.reproductivejusticeinside.org](http://www.reproductivejusticeinside.org)

[info@reproductivejusticeinside.org](mailto:info@reproductivejusticeinside.org)

443.619.9278

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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.”<sup>1</sup>

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

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