



October 16, 2017

Klint Kesto
Chair, Law and Justice Committee
S-888 House Office Building
P.O. Box 30014
Lansing, MI 48909

Dear Representative Kesto,

We have reviewed Representative Garcia's HB 4877 and oppose this bill as written. As certified nurse-midwives and obstetrician-gynecologists, our focus in pregnancy is prenatal care and safe childbirth for women and infants. We are very aware of the harm that substance use during pregnancy has – both on the developing fetus and on the health of the pregnant woman.

However, we are concerned about the deterrent effect this proposed legislation could have on women seeking prenatal care. We know that prenatal care improves health outcomes for both newborns and mothers. We know that it is already challenging to get some "at risk" women to seek care regularly. We know that we have the opportunity during prenatal care to screen for substance abuse, educate about it, and offer counseling and treatment.

Both of our respective professional organizations oppose criminalization of substance use during pregnancy.

As detailed in the 2017-2018 Policy Agenda of the American College of Nurse-Midwives (ACNM), the organization supports "policies that *protect the rights of women with addictions* so they may seek health care *without fear of criminal retribution*, in addition to recognizing midwives as appropriate providers of this care" [emphases added]. <http://www.midwife.org/ACNM-Policy-Agenda>

The American College of Obstetricians and Gynecologists' (ACOG) 2011 Committee Opinion #473, "Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist," states:

"Drug enforcement policies that deter women from seeking prenatal care are contrary to the welfare of the mother and fetus. Incarceration and the threat of incarceration have proved to be ineffective in reducing the incidence of alcohol or drug abuse."

ACOG's Committee Opinion further states, "They [OB/GYNs] are encouraged to work with state legislators to *retract legislation that punishes women for substance abuse* during pregnancy" [emphasis added]. <https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Substance-Abuse-Reporting-and-Pregnancy-The-Role-of-the-Obstetrician-Gynecologist>

Most women will not come for prenatal care if they are afraid that their children will be removed from their custody, or that they will spend the rest of their pregnancy in jail. In order to help substance-

abusing women, and their infants, we need them to come for care and stay in care, to open the doors for treatment and risk reduction.

While the bill provides a pathway for an addicted mother to avoid prosecution for child abuse, it does not acknowledge that facilities for such treatment are limited in the state, especially during pregnancy, and that many addicted women will not have the financial resources to pay for treatment and fulfill the requirements proposed in this bill.

The maternity-care providers of Michigan applaud the Representative's interest in reducing the burden of addiction and the impact it has on newborns and families. We discourage further efforts at criminalization, however, and advise that focus be placed on expanding access to drug treatment programs.



Emily Dove-Medows, CNM
President, Michigan Affiliate
of the American College of Nurse Midwives



Matthew Allswede, MD
Chair, Michigan Section
of the American Congress of
Obstetricians and Gynecologists