



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: (207) 287-4469

Scott M. Hamann

60 Thornton Avenue
South Portland, ME 04106

Phone: (207) 233-2951

scott.hamann@legislature.maine.gov

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Testimony of Rep. Scott Hamann presenting

LD 1063, An Act to Reduce the Number of Substance-Exposed Infants *Before the Joint Standing Committee on Health and Human Services*

Senator Brakey, Representative Hymanson, members of the Joint Standing Committee on Health and Human Services: I am Representative Scott Hamann and I represent House District 32, which includes South Portland and a portion of Cape Elizabeth.

I am here to present **LD 1063, An Act to Reduce the Number of Substance-Exposed Infants**.

An easy, inexpensive, effective way to reduce the number of babies born with substance exposure is to help women struggling with substance use disorder to avoid unintended pregnancies. Among women struggling with opioid use, nearly 9 out of 10 pregnancies are unplanned. This bill aims to improve access to one of the most effective methods of contraception. Additionally, this bill supports targeted outreach and education, also in the interest of addressing the dire rate of substance-exposed infants.

A year ago, LD 1063 presented a three-part approach to increasing access to the most effective contraceptive methods:

- Directing MaineCare to cover contraceptive services immediately after a covered patient gives birth, instead of requiring the patient to wait weeks for a post-partum follow up appointment. This approach to contraceptive care has been recognized as medically appropriate and highly effective in reducing the risk of an unintended second pregnancy;
- Simplifying enrollment for MaineCare family planning benefits by implementing presumptive eligibility for women who would be eligible for pregnancy-related services; and
- Creating a small outreach program to bring information about family planning to high-risk populations.

In the months following the last vote on LD 1063, MaineCare made significant progress in enrolling women in the limited family planning benefit. MaineCare has worked closely with providers to create systems to streamline enrollment, reducing the need for presumptive eligibility (the most controversial component of this proposal).

MaineCare has also endorsed the best practice of allowing women covered for pregnancy-related care to access contraceptive care before they leave the hospital. My understanding is that the first part of rulemaking for this coverage is complete, with another round of rulemaking necessary to permit physicians to bill MaineCare.

Consequently, I am presenting a revised version of LD 1063 that eliminates the provisions for presumptive eligibility. The revised version also requires that MaineCare rules around post-partum contraceptive services include protections against potential coercion in patients' decisions around accessing contraceptive care. The anti-coercion protections in the bill are identical to those of the federal Title X family planning program.

And finally, after consulting with the March of Dimes, I'd like to offer a further amendment to Section 2 of the bill, which creates an outreach and educational program: Rather than limiting the outreach to women involved with illegal substances, the outreach should be broadened to reach women at risk of giving birth to an infant exposed to any dangerous substance, including alcohol, and those who are not actively in treatment. See the proposed language below:

Sec. 2. Outreach and educational programs. The Department of Health and Human Services shall contract with a community-based nonprofit organization to develop outreach and educational programs regarding family planning options and availability for women and adolescents at risk of giving birth to a substance exposed infant, ~~an infant exposed to illegal substances~~. All programs must emphasize the right to individual self-determination regarding family planning and childbearing. Programming must be targeted to women and adolescents who are:

1. Experiencing substance use disorder; ~~Participating in substance use disorder treatment~~;
2. Housed in a correctional setting;
3. Experiencing homelessness; and
4. Living in other circumstances that identify a need for family planning services.