

MaineHealth

Testimony of Dr. Jonathan Fellers

MaineHealth

In Opposition to LD 1556

“An Act To Protect Children from Prenatal Drug and Alcohol Exposure”

Senator Brakey, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, while I was in attendance at the public hearing scheduled for LD 1556 on May 8th I was unfortunately unable to stay long enough to voice my strong opposition to this bill in person.

The focus and intent of LD 1556 may be well meaning; it attempts to identify babies at risk of being drug-affected, and steer these addicted women into treatment. Unfortunately, it uses penalties to accomplish its goals, thereby encouraging further marginalization of this stigmatized population. In my experience as a physician who treats pregnant women with addiction, I fear that if enacted, the bill will result in significant unintended consequences, and will worsen the situation.

Maine has seen a devastating yearly rise in the number of drug-affected babies. No one wants this troubling trend to continue, but LD 1556 is not the solution. This bill would require health care providers to become mandatory reporters to DHHS for suspected or identified drug use in pregnant women. I agree that we need to encourage people with substance use disorders to seek help, particularly when they are pregnant, but the reality is that these women already live in constant fear of DHHS. They worry that they will lose their babies. They are acutely aware of the dangers of their drug use, and its impact on the developing fetus. They hear it all the time, and their own self-condemnation is the loudest voice. I run a Pregnant and Postpartum Women’s Group in Portland, ME. I prescribe buprenorphine for my patient’s opioid

use disorder. These women are so happy when they find care with me because they thrive on the hope that our treatment provides, and they feel supported by the other women who have gone through the same battles with addiction, stigma, and misunderstanding. I am privileged to witness the change that overtakes them. My group is often the first place where they have a reprieve from judgement.

By making me a mandated reporter, LD 1556 introduces an additional barrier for me in establishing a therapeutic alliance with my patients. How can a patient trust me if I am obliged to report them? Not only is confidentiality lost, but also is any therapeutic relationship. This is important because, more than any other factor, therapeutic alliance has been shown to predict treatment adherence and good clinical outcomes across a range of diagnoses and treatment settings.

Rather than encouraging women to seek treatment, LD 1556 will drive these women into secrecy about their pregnancies to avoid contact with mandated reporters. Women will avoid treatment rather than seek it out. They will avoid prenatal care. They will avoid addiction treatment.

While we can all agree that treatment for pregnant women who abuse drugs or alcohol should be a priority, LD 1556 lacks foundation in evidence-based research and is likely to undermine, rather than positively promote maternal, fetal, and child health. I urge you to vote Ought Not to Pass. Thank you.