

**House Committee on Family & Fiduciary Relationships
Testimony of the Texas Women's Healthcare Coalition
In Support of House Bill 330
March 24, 2025**

The **Texas Women's Healthcare Coalition (TWHC)** is grateful for this opportunity to provide written testimony in **support of House Bill 330** by Representative Terry Meza.

TWHC is a group of 77 healthcare, faith, and community-based member organizations - dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

In alignment with this mission, we wish to reiterate our **support for HB 330 - as it would promote healthcare access for the many pregnant and parenting women experiencing substance abuse issues in Texas, as well as their babies and families.**

For many years, the United States has faced a growing addiction and overdose crisis. And the state of Texas in particular has struggled with the intersection of Substance Use Disorder (SUD) and maternal health. Research shows that nearly 8 out of every 100 adults in Texas, or 1.65 million Texan adults, has a substance use disorder. Most of these Texans have an alcohol-related SUD, but roughly 1 in 5 has a drug-related SUD.¹ The 2022 the drug overdose death rate in Texas was 18.2 per 100,000.²

For Texas women specifically, the data is even more alarming. Drug overdose was the most common cause of maternal death in Texas from 2012 to 2015. While a handful of overdose deaths occurred within seven days of delivery, the vast majority occurred more than 60 days postpartum and within one year following birth. Of the 382 maternal deaths in Texas between 2012 and 2015, drug overdose was the cause of 65 of them and five more were the result of Substance Use Sequelae (conditions that are a consequence of substance use, e.g., liver cirrhosis).³ Women are most at risk of developing a SUD during their reproductive years (between the ages of 18 and 44) and as a result, pregnant people or people who may become pregnant are especially vulnerable to SUD. Unsurprisingly,

¹ "Substance Use Disorder Landscape." MMHPI, Meadows Mental Health Policy Institute, Mar. 2018, mmhpi.org/wp-content/uploads/2018/04/SUD-Landscape-March-2018-FINAL.pdf.

² "Drug Overdose Mortality by State." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 10 Jan. 2025, www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm.

³ Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, Texas Department of State Health Services, Sept. 2018, www.dshs.texas.gov/sites/default/files/legislative/2018-Reports/MMMTFJointReport2018.pdf.

SUD can cause many health problems for pregnant people and their babies, both during pregnancy and postpartum, such as preterm birth and low birth weight.⁴

There is a clear need for SUD treatment and overdose death prevention in Texas, especially for our pregnant women and mothers. While many would argue that mandates for substance use testing and reporting among pregnant women is the proper solution to this challenge, evidence suggests otherwise. **The criminalization of substance use during pregnancy drives fear in pregnant people, resulting in fewer women seeking prenatal care and SUD treatment, which can ultimately endanger the health and well-being of mothers, infants, and their families.**

The threat of reporting and child removal from homes results in pregnant and parenting people avoiding prenatal and obstetric care.⁵ In states that require doctors to report their patients' substance use, prenatal care tends to be sought later in pregnancy.⁶ This, unfortunately, increases the risk of obstetrical complications, preterm birth, and delivery of low birth weight infants. It also contributes to higher rates of unmanaged Neonatal Abstinence Syndrome (NAS).⁷ **By exempting medical care professionals from reporting a patient's self-disclosed illegal drug use during pregnancy, HB 330 provides a vital pathway to tackling the SUD epidemic among pregnant and parenting women in Texas.** It incentivizes pregnant and parenting women to be honest about their substance use issues, ensuring they can seek care and treatment without retribution.

TWHC is eager to help with these issues, and we are happy to provide any additional information on this topic.

Respectfully,

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⁴ Le, Caroline, and Sarah Coombs. Substance Use Disorder Hurts Moms & Babies, National Partnership for Women & Families, June 2021, nationalpartnership.org/report/substance-use-disorder-hurts-moms-and-babies/.

⁵ "Opposition to Criminalization of Individuals during Pregnancy and the Postpartum Period." ACOG, The American College of Obstetricians and Gynecologists, Dec. 2020, www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period.

⁶ Volkow, Nora. "Pregnant People with Substance Use Disorders Need Treatment, Not Criminalization." National Institute on Drug Abuse, U.S. Department of Health and Human Services, 15 Feb. 2023, nida.nih.gov/about-nida/noras-blog/2023/02/pregnant-people-substance-use-disorders-need-treatment-not-criminalization.

⁷ Patrick, Stephen W et al. "A Public Health Response to Opioid Use in Pregnancy." *Pediatrics* vol. 139,3 (2017): e20164070. doi:10.1542/peds.2016-4070