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TESTIMONY OF NORMA DREYFUS, M.D.

IN SUPPORT OF LD 1946,

An Act To Improve Access to Mental and Behavioral Health Care by Providing Care in Clinical Reproductive and Sexual Health Care Settings

Joint Standing Committee on Health & Human Services
Room 209, Cross State Office Building, Augusta, Maine
Tuesday, February 4, 2020 1:00 PM

Senator Gratwick, Representative Hymanson and members of the Joint Standing Committee on Health and Human Services, my name is Dr. Norma Dreyfus and I am a retired pediatrician from Arrowsic and am pleased to submit testimony in support of LD 1946 on behalf of the Maine Medical Association. I am a long-term member of the MMA Legislative and Public Health Committees.

The importance of delivering behavioral health services in clinical reproductive and sexual health settings cannot be overstated. In my career in Pediatrics, I saw many infants with Neonatal Abstinence Syndrome, born of mothers with drug abuse disorder. Rather than decreasing, the incidence has markedly increased in recent years.

Studies have shown that mental health conditions are prevalent among women of reproductive age. (1,2). Many do not attend health care services routinely and their only interface with the health care system is in the reproductive and sexual health care setting.

Women who abuse drugs or alcohol or who are mentally ill are less likely to use contraception effectively and are at high risk for sexual exploitation. (3) They are more likely to have multiple sexual partners and higher rates of unintended pregnancies. In some cases, non-use or inconsistent use of contraception and poor reproductive health outcomes can be linked to intimate partner violence.

Support from trained behavioral health professionals is crucial in helping troubled clients make autonomous family planning decisions for themselves. If their well-informed decisions are to avoid pregnancy at this stage of their lives, there are extremely effective reversible contraceptive choices that take no active measures from clients after initial insertion.

\$150,000 will save many more dollars in the future in health care expenditures. One hospitalization of an infant with NAS costs many times \$150,000. In addition, helping mothers to make good family planning decisions for themselves allows many to go on to productive careers rather than relying on public assistance.

I ask that you vote ought to pass on LD 1946.

Respectfully submitted.

Norma Dreyfus, MD

1. Farr D, Bitsko R, Hayes D, Dietz P (2010) Mental health and access to services among US women of reproductive age. *American Journal of Obstetrics and Gynecology* 203: 542 (abstract or 542)
2. Hall K, Steinberg J, Cwiak C, Allen R, Marcus S (2015) Contraception and mental health: a commentary on the evidence and principles for practice. *American Journal Obstetrics and Gynecology* 212: 740-746 (abstract or 740-746)
3. Hankoff L, Darney P (1993) Contraceptive choices for behaviorally disordered women. *American Journal of Obstetrics and Gynecology* 168: 1086-1989 (abstract or 1086-1989)

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