

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 411
Finance

(Senator Waldstreicher)

**Health Insurance - Postpartum Depression Screening - Required Coverage and
Authorized Cost Sharing**

This bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage for “postpartum depression screening” (defined as the administration, review, or discussion of the Edinburg Postnatal Depression Scale or any similar method used to screen for postpartum depression). Coverage may be subject to a copayment, coinsurance, or deductible provided that it is no greater than that imposed by a carrier for similar coverages under the same policy or contract. **The bill takes effect January 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) in FY 2026 only from the \$125 rate and form filing fee; review of filings can be handled with existing budgeted resources. No impact on the State Employee and Retiree Health and Welfare Benefits Program as such screening is a covered service.

Local Effect: The bill is not anticipated to have a material fiscal impact on local governments.

Small Business Effect: None.

Analysis

Current Law: Under Maryland law, there are more than 50 mandated health insurance benefits that specified carriers must provide to their enrollees.

The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits (EHBs), which include mental health and substance use disorder services, including behavioral health treatment, as well as preventive and wellness services and chronic disease management.

Under the ACA, most health plans must cover preventive services with no cost sharing. This includes depression screening for adults and adolescents ages 12 and older and maternal depression screenings for mothers at well-baby visits. The U.S. Preventive Services Task Force recommends screening for depression in adults (including pregnant and postpartum persons).

Under § 31-116 of the Maryland Insurance Article, EHBs must be included in the State benchmark plan and, notwithstanding any other benefits mandated by State law, must be the benefits required in (1) all individual health benefit plans and health benefit plans offered to small employers (except for grandfathered health plans) offered outside the Maryland Health Benefit Exchange (MHBE) and (2) all qualified health plans offered in MHBE.

Additional Comments: MIA advises that the bill does not apply to the nongrandfathered individual and small employer markets. Should the bill be amended to apply to all markets, the State would be required to defray the cost of the new mandate to the extent it applies to the individual and small group ACA plans.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the past three years.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Insurance Administration; Department of Legislative Services

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km/ljm

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