

HOUSE BILL 1118

J5, J2, J1

6lr2076
CF SB 891

By: **Delegates White Holland, Acevero, Addison, Alston, Amprey, Crutchfield, Fennell, Hill, J. Long, Mireku–North, Pasteur, Phillips, Roberson, Roberts, Ross, Ruth, Smith, Taveras, Taylor, Toles, Wilkins, and Woods**

Introduced and read first time: February 11, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Health, Health Insurance, and Health Occupations – Perinatal Mental Health**
3 **Conditions**

4 FOR the purpose of requiring carriers to provide a standing referral to a mental health care
5 provider for a certain period of time; clarifying the application of provisions requiring
6 carriers to allow a member to obtain a referral to a provider who is not part of the
7 carrier's provider network when seeking care for a mental health condition in certain
8 circumstances; requiring certain insurers, nonprofit health service plans, and health
9 maintenance organizations to provide coverage for screening for perinatal mental
10 health conditions at certain times; altering and establishing requirements related to
11 the identification and development of training programs that improve early
12 identification of perinatal mental health conditions; requiring the Maryland
13 Department of Health to establish a perinatal mental health condition screening
14 program; requiring certain applicants for the renewal of a health occupation license
15 or certificate to provide documentation that the applicant completed continuing
16 education credit hours on perinatal mental health conditions; and generally relating
17 to perinatal mental health conditions.

18 BY repealing and reenacting, with amendments,
19 Article – Insurance
20 Section 15–830(a) and (c)
21 Annotated Code of Maryland
22 (2017 Replacement Volume and 2025 Supplement)

23 BY repealing and reenacting, without amendments,
24 Article – Insurance
25 Section 15–830(d)
26 Annotated Code of Maryland
27 (2017 Replacement Volume and 2025 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY adding to
2 Article – Insurance
3 Section 15–864
4 Annotated Code of Maryland
5 (2017 Replacement Volume and 2025 Supplement)

6 BY adding to
7 Article – Health – General
8 Section 20–1801 and 20–1804
9 Annotated Code of Maryland
10 (2023 Replacement Volume and 2025 Supplement)

11 BY repealing and reenacting, with amendments,
12 Article – Health – General
13 Section 20–1801 and 20–1802
14 Annotated Code of Maryland
15 (2023 Replacement Volume and 2025 Supplement)

16 BY adding to
17 Article – Health Occupations
18 Section 1–231
19 Annotated Code of Maryland
20 (2021 Replacement Volume and 2025 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
22 That the Laws of Maryland read as follows:

23 **Article – Insurance**

24 15–830.

25 (a) (1) In this section the following words have the meanings indicated.

26 (2) “Carrier” means:

27 (i) an insurer that offers health insurance other than long–term
28 care insurance or disability insurance;

29 (ii) a nonprofit health service plan;

30 (iii) a health maintenance organization;

31 (iv) a dental plan organization; or

1 (v) except for a managed care organization as defined in Title 15,
2 Subtitle 1 of the Health – General Article, any other person that provides health benefit
3 plans subject to State regulation.

4 (3) (i) “Member” means an individual entitled to health care benefits
5 under a policy or plan issued or delivered in the State by a carrier.

6 (ii) “Member” includes a subscriber.

7 (4) **“MENTAL HEALTH DISORDER” INCLUDES A PERINATAL MENTAL**
8 **HEALTH CONDITION.**

9 ~~[(4)]~~ (5) “Nonphysician specialist” means a health care provider:

- 10 (i) 1. who is not a physician;
11 2. who is licensed or certified under the Health Occupations
12 Article; and
13 3. who is certified or trained to treat or provide health care
14 services for a specified condition or disease in a manner that is within the scope of the
15 license or certification of the health care provider; or

16 (ii) that is licensed as a behavioral health program under § 7.5–401
17 of the Health – General Article.

18 (6) (I) **“PERINATAL MENTAL HEALTH CONDITION” MEANS A**
19 **MENTAL HEALTH CONDITION OCCURRING DURING PREGNANCY, THE POSTPARTUM**
20 **PERIOD, OR THE PERINATAL PERIOD.**

21 (II) **“PERINATAL MENTAL HEALTH CONDITION” INCLUDES**
22 **POSTPARTUM DEPRESSION.**

23 ~~[(5)]~~ (7) (i) “Provider panel” means the providers that contract with a
24 carrier either directly or through a subcontracting entity to provide health care services to
25 enrollees of the carrier.

26 (ii) “Provider panel” does not include an arrangement in which any
27 provider may participate solely by contracting with the carrier to provide health care
28 services at a discounted fee-for-service rate.

29 ~~[(6)]~~ (8) “Specialist” means a physician who is certified or trained to
30 practice in a specified field of medicine and who is not designated as a primary care provider
31 by the carrier.

1 (c) (1) (I) Notwithstanding any other provision of this section, a member
2 who is pregnant shall receive a standing referral to an obstetrician, in accordance with this
3 subsection.

4 [(2)] (II) After the member who is pregnant receives a standing referral to
5 an obstetrician, the obstetrician is responsible for the primary management of the
6 member's pregnancy, including the issuance of referrals in accordance with the carrier's
7 policies and procedures, through the postpartum period.

8 (2) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A
9 MEMBER SHALL RECEIVE A STANDING REFERRAL TO A MENTAL HEALTH CARE
10 PROVIDER, IN ACCORDANCE WITH THIS SUBSECTION, FOR THE DURATION OF THE
11 MEMBER'S PREGNANCY AND 1 YEAR AFTER THE MEMBER GIVES BIRTH.

12 (3) A written treatment plan may not be required when a standing referral
13 is to an obstetrician OR MENTAL HEALTH CARE PROVIDER under this subsection.

14 (d) (1) Each carrier shall establish and implement a procedure by which a
15 member may request a referral to a specialist or nonphysician specialist who is not part of
16 the carrier's provider panel in accordance with this subsection.

17 (2) The procedure shall provide for a referral to a specialist or nonphysician
18 specialist who is not part of the carrier's provider panel if:

19 (i) 1. the member is diagnosed with a condition or disease that
20 requires specialized health care services or medical care; and

21 2. A. the carrier does not have in its provider panel a
22 specialist or nonphysician specialist with the professional training and expertise to treat or
23 provide health care services for the condition or disease; or

24 B. the carrier cannot provide reasonable access to a specialist
25 or nonphysician specialist with the professional training and expertise to treat or provide
26 health care services for the condition or disease without unreasonable delay or travel,
27 including within the reasonable appointment waiting time and travel distance standards
28 established in regulation for mental health and substance use disorder services; or

29 (ii) 1. the member is seeking mental health or substance use
30 disorder care; and

31 2. the carrier cannot provide reasonable access to a specialist
32 or nonphysician specialist within the reasonable appointment waiting time and travel
33 distance standards established in regulation for mental health and substance use disorder
34 services.

1 (3) The procedure shall ensure that a request to obtain a referral to a
2 specialist or nonphysician specialist who is not part of the carrier's provider panel is
3 addressed in a timely manner that is:

4 (i) appropriate for the member's condition; and

5 (ii) in accordance with the timeliness requirements for
6 determinations made by private review agents under § 15-10B-06 of this title.

7 (4) If a member cannot access mental health or substance use disorder
8 services through the referral requirements under paragraphs (2) and (3) of this subsection,
9 the procedure shall require the carrier to provide additional assistance to the member in
10 identifying and arranging coverage of mental health or substance use disorder services by
11 a specialist or nonphysician specialist who is not part of the carrier's provider panel.

12 (5) If a carrier approves a member's request for a referral made in
13 accordance with this subsection, the carrier may not require utilization review other than
14 what would be required if the covered benefit were provided by a provider on the carrier's
15 provider panel.

16 (6) The procedure may not be used by a carrier as a substitute for
17 establishing and maintaining a sufficient provider network in accordance with § 15-112 of
18 this title.

19 (7) Each carrier shall:

20 (i) have a system in place that documents all requests to obtain a
21 referral to receive a covered service from a specialist or nonphysician specialist who is not
22 part of the carrier's provider panel;

23 (ii) inform members of the procedure to request a referral under
24 paragraph (1) of this subsection; and

25 (iii) provide the information documented under item (i) of this
26 paragraph to the Commissioner on request.

27 **15-864.**

28 **(A) IN THIS SECTION, "PERINATAL MENTAL HEALTH CONDITION" HAS THE**
29 **MEANING STATED IN § 15-830 OF THIS SUBTITLE.**

30 **(B) THIS SECTION APPLIES TO:**

31 **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**
32 **PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**

1 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
2 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

3 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
4 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
5 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

6 (C) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE
7 COVERAGE FOR SCREENING FOR PERINATAL MENTAL HEALTH CONDITIONS:

8 (I) AT EACH PRENATAL VISIT;

9 (II) AT LEAST ONCE WITHIN 6 WEEKS AFTER THE INSURED OR
10 ENROLLEE GAVE BIRTH; AND

11 (III) AT EACH WELL CHILD VISIT WITHIN THE FIRST YEAR OF THE
12 CHILD'S LIFE.

13 (2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, AN
14 ENTITY SUBJECT TO THIS SECTION MAY SUBJECT THE COVERAGE REQUIRED UNDER
15 THIS SUBSECTION TO A COPAYMENT OR COINSURANCE REQUIREMENT OR
16 DEDUCTIBLE THAT AN ENTITY SUBJECT TO THIS SECTION IMPOSES FOR SIMILAR
17 COVERAGES UNDER THE SAME POLICY OR CONTRACT.

18 (II) THE COPAYMENT OR COINSURANCE REQUIREMENT OR
19 DEDUCTIBLE IMPOSED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT BE
20 GREATER THAN THE COPAYMENT OR COINSURANCE REQUIREMENT OR DEDUCTIBLE
21 IMPOSED BY THE ENTITY FOR SIMILAR COVERAGES.

22 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
23 as follows:

24 Article – Health – General

25 20-1801.

26 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
27 INDICATED.

28 (B) “HEALTH CARE PROVIDER” MEANS A PERSON WHO IS LICENSED,
29 CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS
30 ARTICLE TO PROVIDE HEALTH OR MEDICAL CARE IN THE ORDINARY COURSE OF
31 BUSINESS OR PRACTICE OF A PROFESSION.

1 (C) (1) “PERINATAL MENTAL HEALTH CONDITION” MEANS A MENTAL
2 HEALTH CONDITION OCCURRING DURING PREGNANCY, THE POSTPARTUM PERIOD,
3 OR THE PERINATAL PERIOD.

4 (2) “PERINATAL MENTAL HEALTH CONDITION” INCLUDES
5 POSTPARTUM DEPRESSION.

6 [20–1801.] **20–1802.**

7 (a) [(1) In this section the following words have the meanings indicated.

8 (2) (i) “Health care facility” means a facility or an office where health
9 or medical care is provided to patients by a health care provider.

10 (ii) “Health care facility” includes a hospital and a limited service
11 hospital.

12 (3) “Health care provider” means a person who is licensed, certified, or
13 otherwise authorized under the Health Occupations Article to provide health or medical
14 care in the ordinary course of business or practice of a profession.

15 (4) “Hospital” has the meaning stated in § 19–301 of this article.

16 (5) “Limited service hospital” has the meaning stated in § 19–301 of this
17 article.

18 (b)] The Department, in consultation with stakeholders, shall identify up-to-date,
19 evidence-based, written information about perinatal [mood and anxiety disorders]
20 **MENTAL HEALTH CONDITIONS** that:

21 (1) Has been reviewed by medical experts and national and local
22 organizations specializing in maternal mental health;

23 (2) Is designed for use by health care providers and pregnant and
24 postpartum women and their families;

25 (3) Is culturally and linguistically appropriate for potential recipients of
26 the information; and

27 (4) Includes:

28 (i) Information addressing:

29 1. The signs and symptoms of perinatal mood and anxiety
30 disorders;

1 2. Perinatal medication usage;

2 3. Risk factors of perinatal [mood and anxiety disorders]
3 **MENTAL HEALTH CONDITIONS**, including perinatal loss and high–risk pregnancy;

4 4. How and when to screen for symptoms of perinatal [mood
5 and anxiety disorders] **MENTAL HEALTH CONDITIONS**;

6 5. Brief intervention strategies; and

7 6. Evidence–based psychosocial treatments; and

8 (ii) Contact information for national and local maternal mental
9 health programs and services.

10 **[(c)] (B)** The Department shall:

11 (1) Provide the information identified by the Department under subsection
12 **[(b)] (A)** of this section to [health]:

13 **(I) HEALTH** care facilities and health care providers that provide
14 prenatal care, labor and delivery services, and postnatal care to expectant parents; **AND**

15 **(II) EACH LOCAL SPECIAL SUPPLEMENTAL NUTRITION**
16 **PROGRAM FOR WOMEN, INFANTS, AND CHILDREN AGENCY IN THE STATE**; and

17 (2) Make the information identified by the Department under subsection
18 **[(b)] (A)** of this section available on the Department’s website.

19 **(C) A HEALTH CARE PROVIDER WHO EVALUATES AND MANAGES**
20 **PREGNANCY OR POSTPARTUM CARE WHILE ACTING WITHIN THE SCOPE OF THE**
21 **HEALTH CARE PROVIDER’S LICENSE OR CERTIFICATE SHALL PROVIDE THE**
22 **INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (A) OF THIS**
23 **SECTION TO A PATIENT AT EACH PRENATAL VISIT.**

24 **(D) A HOSPITAL SHALL PROVIDE THE INFORMATION IDENTIFIED BY THE**
25 **DEPARTMENT UNDER SUBSECTION (A) OF THIS SECTION TO A BIRTHING PARENT ON**
26 **DISCHARGE FROM THE BIRTHING HOSPITAL.**

27 **[20–1802.] 20–1803.**

28 (a) The Department, in [collaboration with MedChi, The Maryland State Medical
29 Society, the Maryland Nurses Association, the Maryland Affiliate of the American College
30 of Nurse Midwives, the Maryland Psychological Association, and any other health
31 professional association or public health entity in the State identified by the Department]

1 **CONSULTATION WITH THE STATE BOARD OF PHYSICIANS, THE STATE BOARD OF**
2 **NURSING, AND POSTPARTUM SUPPORT INTERNATIONAL**, shall identify and develop
3 training programs that improve early identification of [postpartum depression and]
4 perinatal [mood and anxiety disorders] **MENTAL HEALTH CONDITIONS THAT AN**
5 **INDIVIDUAL MAY USE TO SATISFY THE REQUIREMENTS OF § 1-231 OF THE HEALTH**
6 **OCCUPATIONS ARTICLE.**

7 (b) The programs **IDENTIFIED OR** developed under subsection (a) of this section
8 shall include continuing medical education programs developed by organizations that are
9 accredited by the Accreditation Council for Continuing Medical Education.

10 (c) **THE DEPARTMENT SHALL PROVIDE A LIST OF TRAINING PROGRAMS**
11 **IDENTIFIED OR DEVELOPED UNDER SUBSECTION (A) OF THIS SECTION ON REQUEST.**

12 **20-1804.**

13 (A) **THE DEPARTMENT, IN CONSULTATION WITH THE STATE BOARD OF**
14 **PHYSICIANS AND THE STATE BOARD OF NURSING, SHALL DEVELOP A PERINATAL**
15 **MENTAL HEALTH CONDITION SCREENING PROGRAM.**

16 (B) **THE PROGRAM DEVELOPED UNDER SUBSECTION (A) OF THIS SECTION**
17 **SHALL REQUIRE A HEALTH CARE PROVIDER WHO EVALUATES AND MANAGES**
18 **PREGNANCY OR POSTPARTUM CARE WHILE ACTING WITHIN THE SCOPE OF THE**
19 **HEALTH CARE PROVIDER'S LICENSE OR CERTIFICATE TO CONDUCT A SCREENING**
20 **FOR PERINATAL MENTAL HEALTH CONDITIONS:**

21 (1) **AT EACH PRENATAL VISIT;**

22 (2) **AT LEAST ONCE WITHIN 6 WEEKS AFTER THE INSURED OR**
23 **ENROLLEE GAVE BIRTH; AND**

24 (3) **AT EACH WELL CHILD VISIT WITHIN THE FIRST YEAR OF THE**
25 **CHILD'S LIFE.**

26 (c) (1) **THE DEPARTMENT SHALL IDENTIFY ACCEPTABLE SCREENING**
27 **TOOLS FOR CONDUCTING THE SCREENINGS REQUIRED UNDER SUBSECTION (B) OF**
28 **THIS SECTION.**

29 (2) **THE SCREENING TOOLS IDENTIFIED UNDER PARAGRAPH (1) OF**
30 **THIS SUBSECTION SHALL BE VALIDATED, ROUTINELY USED, FREE, EASY TO**
31 **ADMINISTER AND SCORE, AND AVAILABLE IN MULTIPLE LANGUAGES.**

32 (d) **THE DEPARTMENT SHALL ASSIST HEALTH CARE PROVIDERS WITH**
33 **ACCESSING RESOURCES AND REFERRAL SERVICES THROUGH MARYLAND**

1 **BEHAVIORAL HEALTH INTEGRATION IN PEDIATRIC PRIMARY CARE, MATERNAL**
2 **HEALTH INNOVATION PROGRAM, AND POSTPARTUM SUPPORT INTERNATIONAL TO**
3 **ASSIST PROVIDERS IN FINDING TIMELY AND EFFECTIVE CARE FOR INDIVIDUALS**
4 **IDENTIFIED AS AT RISK FOR A PERINATAL MENTAL HEALTH CONDITION.**

5 **Article – Health Occupations**

6 **1–231.**

7 **(A) THIS SECTION APPLIES ONLY TO AN APPLICANT WHO EVALUATES AND**
8 **MANAGES PREGNANCY OR POSTPARTUM CARE WHILE ACTING WITHIN THE SCOPE OF**
9 **THE APPLICANT’S LICENSE OR CERTIFICATE.**

10 **(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN**
11 **APPLICANT FOR THE RENEWAL OF A LICENSE OR CERTIFICATE ISSUED BY A HEALTH**
12 **OCCUPATIONS BOARD UNDER THIS ARTICLE WHO INTERACTS WITH THE PERINATAL**
13 **POPULATION SHALL PROVIDE SATISFACTORY DOCUMENTATION WITH THE**
14 **RENEWAL APPLICATION THAT THE APPLICANT HAS COMPLETED AT LEAST TWO**
15 **CONTINUING EDUCATION CREDIT HOURS ON PERINATAL MENTAL HEALTH**
16 **CONDITIONS IDENTIFIED BY THE DEPARTMENT UNDER § 20–1803 OF THE**
17 **HEALTH – GENERAL ARTICLE.**

18 **(2) THE CONTINUING EDUCATION REQUIREMENT UNDER**
19 **PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY ONLY TO AN APPLICANT’S FIRST**
20 **LICENSE OR CERTIFICATE RENEWAL AFTER APRIL 1, 2027.**

21 **(C) EACH HEALTH OCCUPATIONS BOARD MAY ADOPT REGULATIONS TO**
22 **CARRY OUT THIS SECTION, INCLUDING REGULATIONS SPECIFYING WHICH**
23 **PROVIDERS ARE SUBJECT TO THE REQUIREMENTS OF THIS SECTION.**

24 **SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall**
25 **apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the**
26 **State on or after January 1, 2027.**

27 **SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take**
28 **effect January 1, 2027.**

29 **SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section**
30 **4 of this Act, this Act shall take effect October 1, 2026.**