

15 School Street, Suite 200 Annapolis, Maryland 21401 410-269-1554

February 12, 2025

The Honorable Pam Beidle Chair, Senate Finance Committee 3 East Miller Senate Office Building Annapolis, MD 21401

Senate Bill 411 – Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 411 – Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to finding ways that all screenings can be covered when appropriate, but we unfortunately cannot support this approach, especially without premium impact analysis. We also contend that maternal care and especially behavioral health for new mothers has been a particular area of focus the last few years. League members would suggest that screenings and postpartum depression screenings are already a part of the continuum of covered birth care.

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if

coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 411 an unfavorable report.

Very truly yours,

Math Falst

Matthew Celentano Executive Director

cc: Members, Senate Finance Committee