



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 12, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 411 – Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing – Letter of Support with Amendments

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 411 – Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing. SB 411 would require insurers, nonprofit health service plans, and health maintenance organizations to cover postpartum depression screening, and allows these insurers to require a copayment, coinsurance, or deductible for this screening.

In 2015, the Maryland General Assembly created a Task Force to Study Maternal Mental Health.¹ The Task Force's 2016 report recommended requiring mental health screening for pregnant and postpartum people, and emphasized that perinatal and postpartum depression are most likely to be detected by obstetric providers or pediatric providers, since that is where pregnant people get most of their primary care.² The United States Preventive Services Task Force (USPSTF) recommends screening for perinatal and postpartum depression as grade B,³ meaning that under the Affordable Care Act, this screening must be covered without copay, coinsurance, or deductible. Currently in Maryland, Medicaid reimburses the infant's clinical provider to screen for postpartum depression, but does not reimburse the birthing person's

¹ Maryland Senate Bill 74, Chap. 6 (2015). Task Force to Study Maternal Mental Health.
https://mgaleg.maryland.gov/2015RS/Chapters_noln/CH_6_sb0074t.pdf

² Maryland Report of the Task Force to Study Maternal Mental Health. 12/6/16.
<https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

³ United States Preventive Services Task Force. Recommendation: Depression and Suicide Risk in Adults: Screening. 6/20/23.
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-adults>

clinical provider separate from the bundled payments for the pregnancy episode of care.^{4,5} There is no requirement for reimbursement by private insurers.

On its 2024 report card, the Policy Center for Maternal Mental Health gave Maryland an “F” for screening and screening reimbursement.⁶ SB 411 will help strengthen Maryland’s regulatory framework for pregnancy-associated depression screening and reimbursement. SB 411 is likely to help address disparities in maternal mental health care access and support early intervention by removing financial and systemic barriers.

The Department believes that this proposal can be strengthened with the below changes:

1. Specify that insurance coverage for postpartum depression screening should include both the prenatal and postpartum periods of care. This is in line with leading professional society recommendations, namely the United States Preventive Services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG).
2. Enable clinical providers to be reimbursed for multiple postpartum depression screenings over the course of a pregnancy and the postpartum period.
3. Align with USPSTF recommendations and remove a potential financial barrier to this important service by requiring that reimbursement for postpartum depression screening should not be subject to copayment, coinsurance, or deductible.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

⁴ Maryland. Billing Guidelines for Developmental and Mental Health Screening and Assessment in Primary Care. <https://health.maryland.gov/mmcp/epsdt/healthykids/AppendixSection6/Coding-Guidelines-for-Screening-Tools-Primary-Care-final.pdf>

⁵ National Academy for State Health Policy. Medicaid Policies for Caregiver and Maternal Depression Screening during Well-Child Visits, by State. 3/17/23. <https://nashp.org/state-tracker/maternal-depression-screening/>

⁶ Policy Center for Maternal Mental Health. Maryland- 2024 Report Card. 5/10/24. <https://policycentermmh.org/report-card/maryland-2024-report-card/>

AMENDMENT TO SENATE BILL 411

(First Reading File Bill)

On page 2, strike in their entirety, lines 10 through 18, inclusive, and substitute

“(2) COVERAGE FOR POSTPARTUM DEPRESSION SCREENING SHALL EXTEND TO BOTH THE PRENATAL AND POSTPARTUM PERIODS OF MEDICAL CARE.

(3) CLINICAL PROVIDERS SHALL BE ELIGIBLE FOR REIMBURSEMENT FOR CONDUCTING MULTIPLE POSTPARTUM DEPRESSION SCREENINGS THROUGHOUT THE DURATION OF PREGNANCY AND THE POSTPARTUM PERIOD.

(4) THE COVERAGE REQUIRED UNDER THIS SUBSECTION MAY NOT BE SUBJECT TO A COPAYMENT OR COINSURANCE REQUIREMENT OR DEDUCTIBLE.”