

SB0411 - Health Insurance - Postpartum Depression

Uploaded by: Charlotte Hoffman

Position: FAV



Charlotte Persephone Hoffman, Esq.
(they/she)
Policy Director
charlotte@transmaryland.org

Thursday February 06, 2025

The Honorable Pamela Beidle
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Testimony of Trans Maryland

IN SUPPORT OF

**SENATE BILL #411: Health Insurance - Postpartum Depression Screening -
Required Coverage and Authorized Cost Sharing**

To the Chair, Vice Chair, and esteemed members of the Senate Finance Committee:

Trans Maryland is a multi-racial, multi-gender community power-building organization for Maryland's trans community. Trans Maryland believes in protecting the rights of all Marylanders, particularly transgender community members, to access safe, inclusive, and appropriate healthcare, including access to efficacious treatments for mental health issues such as postpartum depression.

Postpartum depression, like many medical issues, disproportionately affects marginalized groups who are more likely to experience difficulty with finding and maintaining access to healthcare services. This includes transgender Marylanders, who not only struggle to find affirming providers, but also deal with societal discrimination and expectations around gender roles.

At present, only a minority of mothers experiencing postpartum depression seek treatment for the condition, with many reporting that feelings of guilt and shame or worries about appearing to be a bad mother prevented them from seeking help. On top of this, transgender and nonbinary parents also often struggle with dysphoria, discrimination, and worries about denials of parental rights that their cisgender peers, making them even less likely to seek care. Indeed, given the treatment many transgender men have experienced while obtaining gynecological care, far too many expect the experience of seeking care for postpartum depression to be even more traumatic than the condition itself.

By routinizing postpartum depression screens—and ensuring that they are paid for by insurance plans—Senate Bill 411 helps to ensure that those most at-risk of postpartum depression, including transgender birthing parents, are given the same opportunity for care as everyone else. For this reason, we urge a favorable report.

SB0411_FAV_MedChi, MDACOG_HI - Postpartum Depressi

Uploaded by: Christine Krone

Position: FAV



The Maryland State Medical Society
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Baltimore, MD 21201-5516
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1.800.492.1056
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Senate Finance Committee

February 12, 2025

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

POSITION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of support for Senate Bill 411. Senate Bill 411 requires insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for postpartum depression screenings. The bill also allows these entities to impose copayments, coinsurance, or deductibles on the coverage, but these costs cannot exceed those for similar coverages.

Both the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG) emphasize the importance of screening for postpartum depression. Both organizations highlight the critical role of screening in identifying and addressing postpartum depression to improve maternal health outcomes.

- The AMA supports the use of simple, practical questionnaires to screen for depression in primary care settings, including for pregnant and postpartum individuals. They recommend that all adults, including those who are pregnant or postpartum, be screened for depression to ensure timely identification and treatment.
- ACOG recommends that everyone receiving well-woman, prepregnancy, prenatal, and postpartum care be screened for depression and anxiety using standardized, validated instruments. They advise that screening should occur at the initial prenatal visit, later in pregnancy, and at postpartum visits. ACOG also emphasizes the need for systems to ensure timely access to assessment, diagnosis, effective treatment, and appropriate follow-up.¹

These screenings help identify women experiencing significant depressive symptoms and ensure they receive appropriate evaluation and treatment. We urge the General Assembly to pass Senate Bill 411 to ensure that all Marylanders have access to essential postpartum depression screenings and the necessary support for maternal mental health.

For more information call:

Christine K. Krone
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
410-244-7000

¹ [Patient Screening | ACOG](#)

Maryland Catholic Conference_FAV_SB411.pdf

Uploaded by: Diane Arias

Position: FAV



February 12, 2025

**Senate Bill 411
Health Insurance - Postpartum Depression Screening - Required Coverage and
Authorized Cost Sharing
Senate Finance Committee**

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 411 requires certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for postpartum depression screening; authorizing the insurers, nonprofit health service plans, and health maintenance organizations to subject a copayment, coinsurance, or deductible requirement on coverage for postpartum depression screening; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2026.

Screening for postpartum depression is essential and often coincides with the rapid physical, hormonal, and emotional changes that follow childbirth. The postpartum period is a time of immense transition, and while it brings joy, it can also introduce significant stress, anxiety, and emotional challenges. Early identification of postpartum depression through routine screening ensures that new mothers receive the support they need, reducing the risk of prolonged suffering. In 2020, approximately 13.4% of 995 Maryland mothers self-reported experiencing postpartum depressive symptoms.¹ However, not all cases are self-reported, and untreated symptoms can escalate to life-threatening thoughts or behaviors. Screening is a critical intervention for improving maternal outcomes, helping to detect depressive symptoms early, and fostering healthy relationships during this emotionally vulnerable time.

Moreover, ensuring coverage for postpartum depression screening lays the groundwork for broader maternal mental health support. It helps bridge the gap between initial detection and

¹ <https://marylandmatters.org/2023/08/07/the-united-states-is-failing-mothers-when-it-comes-to-maternal-mental-health-how-is-it-in-maryland/>

continued care, allowing mothers to access ongoing treatment and support services tailored to their needs. Addressing postpartum depression proactively strengthens family stability, promotes maternal well-being, and enhances the overall health of future generations. Investing in comprehensive postpartum care is not only a moral imperative but also a practical step toward building healthier families and communities.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 411**.

Thank you for your consideration.

SB411 2025 SB NAPNAP.pdf

Uploaded by: JD Murphy

Position: FAV

February 9, 2025

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair, and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, we are writing to express our **support of SB 411 Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing.**

As pediatric healthcare professionals and advocates, we firmly believe that the mental health of mothers following childbirth is an essential aspect of maternal well-being, and that postpartum depression screening is a critical step in ensuring the health and safety of new parents. Postpartum depression is a prevalent and serious condition that affects approximately 1 in 7 women after childbirth. Unfortunately, it is widely underdiagnosed, often because of the stigma surrounding mental health or the lack of awareness among both patients and healthcare providers. Without appropriate screening, many mothers may not receive the support they need, which can have lasting consequences for both the mother and her child.

Research has shown that early detection of postpartum depression through screening, paired with timely intervention, significantly improves outcomes for both maternal mental health and child development. Consequently, universal postpartum depression screening should be seen as an essential preventive measure in the overall care of mothers. In fact, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the U.S. Preventive Services Task Force (USPSTF) all strongly recommend that all new mothers be screened for postpartum depression at least once during the postpartum period. Traditionally, postpartum depression screening has occurred during OB follow-up visits, typically at a six-week postpartum checkup. However, the American Academy of Pediatrics also recommends that postpartum depression screening be conducted at the 1-, 2-, 4-, and 6-month well-child visits for new mothers.

Postpartum depression screenings at both OB and well child pediatric check ups, will improve the quality of maternal care. Addressing postpartum depression can reduce healthcare costs by lowering the risk of chronic mental health issues, preventing adverse child development outcomes, and promoting healthier families overall.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to support to SB 411 Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing. and requests a favorable report.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter legislative committee or president, Yvette Laboy at mdchesnapnapleg@outlook.com.

Sincerely,

Yvette Laboy

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogorodova

Dr. Evgenia Ogorodova DNP, CPNP-PC
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

Lindsay J. Ward

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Immediate Past-President

Jessica D. Murphy

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

SB0411 Written Testimony 2:12:2025.pdf

Uploaded by: Lynn Mortoro

Position: FAV



TESTIMONY IN SUPPORT OF SB 411

**An Act Concerning Health Insurance, Postpartum Depression Screening-
Required Coverage
Authorized Cost Sharing.**

FAVORABLE

TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes and all members of the Senate Finance Committee.

FROM: Lynn R. Mortoro, member of the Maryland Episcopal Public Policy Network. (MEPPN)

DATE: February 12, 2025

Chair Senator Beidle, Vice Chair Hayes and members of the Senate Finance Committee:

Thank you for the opportunity to offer testimony on behalf of this bill.

The Episcopal Church has long promoted improvements in maternal health. We, as a country, are doing poorly, especially in certain geographical areas and care for mothers pre and postpartum.

Postpartum depression screening is a vital part of caring for both the mother and infant after birth, as well as the family.

When noted early in the postpartum period, it is much more manageable and outcomes as with most disease, are generally improved.

Screenings would lead to earlier diagnosis and assistance for those involved, especially the mother.

The Diocese of Maryland requests a **Favorable** report

2025 MCHS SB 411 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

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

Hearing Date: February 12, 2025

Position: Support

The Maryland Community Health System supports *Senate Bill 411 – Health Insurance – Postpartum Depression Screening – Required Coverage and Authorized Cost Sharing*. The bill would require state-regulated private plans to cover postpartum depression screening.

Maryland Community Health System is a network of federally qualified health centers providing primary, behavioral, and dental care to underserved communities throughout Maryland. Postpartum depression has a significant impact on the health of both mother and newborn.ⁱ With our Medicaid patients, the State is undergoing a systems transformation to screen and identify risks, including postpartum depression, for new moms as a result of House Bill 1051/Senate Bill 1059 last year. This year, SB 411 would help close the gap for individuals with coverage of postpartum services from private insurance.

We ask for a favorable report. If we can answer any questions, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ Slomian J, Honvo G, Emonts P, Reginster JY, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Womens Health (Lond)*. 2019 Jan-Dec;15:1745506519844044. doi: 10.1177/1745506519844044. Erratum in: *Womens Health (Lond)*. 2019 Jan-Dec;15:1745506519854864. doi: 10.1177/1745506519854864. PMID: 31035856; PMCID: PMC6492376.

SB 411.pdf

Uploaded by: Taylor Dickerson

Position: FAV



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www.marylandpsychology.org

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Taylor Dickerson

February 10, 2025

Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

RE: SB 411 Health Insurance – Postpartum Screening – Required Coverage and Authorized Cost Sharing

Position: SUPPORT

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the Senate Finance Committee to **FAVORABLY report on SB 411.**

Postpartum depression (PPD) affects approximately 1 in 7 women, making it one of the most common complications of childbirth (Centers for Disease Control and Prevention, 2020). Despite its prevalence, many women go undiagnosed and untreated, leading to adverse outcomes for both mothers and their children. Early screening and intervention can significantly improve health outcomes, yet financial barriers often prevent access to these essential services. Research shows that untreated postpartum depression can have long-term negative effects on child development, including cognitive, emotional, and behavioral issues. By requiring coverage for postpartum depression screening, this bill will help identify at-risk mothers early, allowing for timely intervention and reducing the long-term societal costs associated with untreated maternal mental health conditions. Ensuring that all new mothers have access to postpartum screening is a vital step in promoting public health and supporting families in our state.

We urge the Committee to issue a **favorable report on SB 411**. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Wolf, JD, Ph.D. at mpalegislativcommittee@gmail.com.

Respectfully submitted,

David Goode-Cross, Ph.D.
David Goode-Cross, Ph.D.
President

Stephanie Wolf, JD, Ph.D.
Stephanie Wolf, JD, Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

NPAM letter of support SB 411.pdf

Uploaded by: Malinda Duke

Position: FWA



"Advocating for Nurse Practitioners since 1992"

February 10, 2025

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

Position: **Support**

Dear Chair Beidle, Vice Chair Hayes, and members of the committee:

On behalf of over 850 members of the Nurse Practitioner Association of Maryland (NPAM), and the over 8,000 certified Nurse Practitioners licensed to practice in Maryland, I am writing in support of SB 411. Please consider the following information in your decision making regarding this bill:

As healthcare professionals and advocates, we firmly believe that the mental health of mothers following childbirth is an essential aspect of maternal well-being, and that postpartum depression screening is a critical step in ensuring the health and safety of new parents and their infants.

Postpartum depression is a prevalent and serious condition that affects approximately one in seven women after childbirth. However, it is widely underdiagnosed, often because of the stigma surrounding mental health or the lack of awareness among both patients and healthcare providers. Without appropriate screening, many mothers may not receive the support they need, which can have lasting consequences for both the mother and baby.


Research has shown that early detection of postpartum depression through screening, paired with timely intervention, significantly improves outcomes for both maternal mental health and child development. As such, universal postpartum depression screening should be seen as an essential preventive measure in the overall care of mothers. In fact, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP) and the U.S. Preventive Services Task Force (USPSTF) both strongly recommend that all new mothers be screened for postpartum depression at least once, during the postpartum period. Traditionally postpartum depression screening has occurred in OB follow up visits traditionally at a six-week postpartum visit, however the American Academy of Pediatrics also recommends that postpartum

depression screening should be conducted at the 1-, 2-, 4-, and 6-month well-child visits for new mothers.

By covering postpartum depression screenings at both OB and well child pediatric checkups, insurance companies can play an essential role in improving the quality of maternal care. Addressing postpartum depression can reduce healthcare costs in the long run by lowering the risk of chronic mental health issues, preventing adverse child development outcomes, and promoting healthier families overall. Furthermore, this coverage aligns with the commitment to promote both the physical as well as mental health of Maryland women after childbirth.

For the above reasons, we ask for a favorable report for SB 411. If there are further questions, please reach out to our NPAM Executive Director, Malinda Duke at NPAMexdir@npedu.com

Sincerely:

A handwritten signature in black ink that reads "Malinda D. Duke CRNP-PC". The signature is written in a cursive, flowing style.

Malinda D. Duke CPNP-PC, CDCES
Executive Director, NPAM
5372 Iron Pen Place
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443-367-0277 (office)
410-404-1747 (mobile)

SB 0411 - FIN - PHPA - LOSWA.docx.pdf

Uploaded by: Meghan Lynch

Position: FWA



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,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott", is placed over a faint, light blue star-shaped watermark.

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-Pri-mary-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.”

SB 411.pdf

Uploaded by: Mikah Goldman Berg

Position: FWA



Senator Waldenstricher
Miller Senate Office Building, 2 East Wing
11 Bladen St., Annapolis, MD 21401

To Whom It May Concern,

We are writing to give notice about providing written testimony in regards to SB0411 and to request the office consider an amendment to align with model evidence-based policy.

We are so grateful to Sen. Waldstreicher for recognizing that maternal mental health conditions are a serious matter and need to be addressed.

We are requesting your office consider an amendment to align with the model state legislation developed by the Policy Center for Maternal Mental Health.¹

SB0411, currently addresses insurers covering screenings. However insurers are already covering routine and follow-up screenings. Further, screenings must be covered at no cost-share under the Affordable Care Act's provision addressing preventive care.

The problem is not with insurance covering screenings, it is that OB/Gyns, and other providers, are not routinely screening. This happens for a variety of reasons, with the unfortunate and sometimes deadly outcome that pregnant and new moms are falling through the cracks.

We would like to request SB0411 be amended to align with the Model Legislation. Highlights include: requiring that licensed health care practitioners, who provide prenatal and postpartum obstetric or primary care, to screen those who are pregnant or within two years postpartum for maternal mental health conditions according to clinical guidelines published by clinical bodies, such as the American College of obstetricians and Gynecologists (ACOG).

Additionally, health insurers, and managed care plans, should create case management programs to support screening providers in managing patient care, including finding patients qualified in-network mental health care providers. They should also be required to inform their contracted providers of the screening requirements and guidelines, monitor screening rates by these providers, and implement quality improvement plans to address provider barriers.

Thank you for your consideration and we welcome additional conversation on these evidence-based amendments.

Warmly,

Mikah Goldman Berg

mberg@postpartum.net

Policy Center for Maternal Mental Health, MD Policy Fellow 2025

Postpartum Support International, PSI Chapters Program Assistant Director

Crystal McAuley

crystal.mcauley@policycentermmh.org

Policy Center for Maternal Mental Health

¹<https://policycentermmh.org/model-mmh-screening-um-and-cm-legislation/>

2025 ACNM SB 411 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

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

Hearing Date: February 12, 2025

Position: Support with Amendment

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 411 – Health Insurance – Postpartum Depression Screening – Required Coverage and Authorized Cost Sharing*. The bill would require state-regulated private plans to cover postpartum depression screening.

Approximately 1 in 8 individuals giving birth experience postpartum depression.ⁱ Postpartum depression has a negative impact on the health of both the parent and child.ⁱⁱ Last year, the Maryland General Assembly took a major step forward by enacting *House Bill 1051/Senate Bill 1059* to increase risk assessment of pregnant individuals in the Medicaid program. ACNM supports SB 411 because it would enhance efforts to screen for postpartum depression for people covered by private insurance.

ACNM would request an amendment to prohibit copayments or cost-sharing, as postpartum depression screening are preventative:

Strike lines 10-18 on page 2 and replace with:

MAY NOT IMPOSE CO-PAYMENT OR COST-SHARING REQUIREMENTS ON COVERAGE REQUIRED UNDER (C) OF THIS SECTION

We ask for a favorable report with this amendment. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://www.cdc.gov/reproductive-health/depression/index.html#:~:text=CDC%20research%20shows%20about%201,reported%20symptoms%20of%20postpartum%20depression.>

ⁱⁱ Slomian J, Honvo G, Emonts P, Reginster JY, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Womens Health (Lond)*. 2019 Jan-Dec;15:1745506519844044. doi: 10.1177/1745506519844044. Erratum in: *Womens Health (Lond)*. 2019 Jan-Dec;15:1745506519854864. doi: 10.1177/1745506519854864. PMID: 31035856; PMCID: PMC6492376.

DOCS-#238713-v1-SB_411_League_OPPOSE_Mandate.pdf

Uploaded by: Matthew Celentano

Position: UNF



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,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee