

Senate Bill 891 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions

POSITION: Favorable

February 27, 2026

House Health Committee

The University of Maryland Medical System (“UMMS”) supports Senate Bill 891 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions. Senate Bill 891 (“HB 891”) will increase access to screening and treatment for perinatal mental health conditions and improve professional education so health providers are better trained to identify and address these conditions. UMMS understands that the bill sponsor will introduce amendments, and we believe these amendments will further strengthen the legislation.

UMMS provides primary, urgent, emergency and specialty care at 11 hospitals and more than 150 medical facilities across the state. We care for pregnant and postpartum patients in all regions and communities of the State outside of western Maryland. UMMS clinicians encounter on a daily basis how untreated depression, anxiety, and substance use disorders contribute to preventable complications, maternal morbidity, and increased health care utilization. SB 891 would expand perinatal mental health screening and strengthen provider training and accountability.

Perinatal mood and anxiety disorders, including depression, anxiety, bipolar disorder, and substance use disorders, affect approximately 1 in 5 pregnant and postpartum individuals nationwide. Postpartum depression alone affects roughly 1 in 8 mothers, and many cases go undiagnosed and untreated. Maryland data reflect a similar burden: state surveillance has found that more than 10% of individuals report depression during pregnancy, over 14% experience postpartum depression, and nearly 18% report postpartum anxiety symptoms. These conditions are common, clinically significant, and affect families across every region of the State.

The consequences of untreated perinatal mental health conditions are profound. National data from Maternal Mortality Review Committees show that mental health conditions, including suicide and substance use disorder, account for nearly one-quarter of pregnancy-related deaths, and the majority of these deaths are deemed preventable. Suicide has emerged as one of the leading causes of pregnancy-associated death in the United States. In Maryland, behavioral health conditions are similarly central to the maternal mortality crisis. Substance use and mental health conditions are major contributors to pregnancy-associated deaths, with overdose remaining a leading cause in recent years. These findings make clear that perinatal mental health is not a peripheral issue, it is a primary driver of preventable maternal death.

Untreated depression and anxiety during pregnancy are also associated with increased risk of preterm birth, hypertensive disorders, impaired maternal–infant bonding, greater emergency department utilization, and higher overall health care costs. Yet screening and follow-up remain inconsistent across practice settings, and many individuals, particularly those facing structural inequities, do not receive timely identification or referral to care. SB 891 directly addresses these

gaps by expanding required perinatal mental health screening, strengthening referral pathways, and enhancing provider education and accountability. By ensuring earlier identification and more consistent access to treatment, this legislation represents a practical, data-driven strategy to reduce preventable maternal deaths, improve infant outcomes, and promote health equity across Maryland.

For these reasons, the University of Maryland Medical System supports SB 891, and respectfully requests a *favorable* report on the bill.

For more information, please contact:

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