



SB 891

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
WRITTEN TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE
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For the Maryland Association of County Health Officers (MACHO)**

Position: Support – Date: February 27, 2026

The Maryland Association of County Health Officers (MACHO) is in strong support of SB 891. This bill, with its sponsor amendments to include sequential screening and referral for substance misuse during pregnancy, has the potential to greatly improve the health of women and their children and reduce Maryland’s maternal mortality rate. As Committee members are aware, the United States has the highest maternal mortality rate of any economically developed country in the world.¹ In Maryland, behavioral health disorders are by far the leading cause of maternal deaths.² In addition, mental health and substance use disorders are leading drivers of Maryland children being placed in foster care.³

Pregnancy and the postpartum period can change both the intensity of mental health and substance use disorders and the pace at which life-threatening problems can develop. SB 891 addresses this by requiring serial screening during the pregnancy and through the end of the first postpartum year. Extending screening until one year after the completion of a pregnancy also aligns the bill with the definition of pregnancy-related morbidity and mortality used by both the CDC and the Maryland Department of Health. Including pregnancies that do not result in the birth of a living child also recognizes the emotional toll of miscarriages and stillbirths in the setting of physiological changes brought on by pregnancy.

Perhaps most importantly, SB 891 will require obstetric and pediatric providers to maintain an updated list of mental health and substance use providers in their geographic area. The greatest barrier to behavioral health referrals may be clinicians’ lack of awareness of the behavioral health specialists practicing in their area. SB 891 would forge a working relationship with each jurisdiction’s local behavioral health authority (LBHA) and their local obstetric and pediatric providers. LBHAs have knowledge of all licensed mental health and substance use providers in their jurisdiction. By providing updated, region-specific lists every 6 months, LBHAs will keep prenatal and pediatric providers better informed while minimizing administrative demands on busy clinical practices. We expect this partnership, along with the more robust screening schedule detailed in SB 891, will significantly increase the number of referrals from obstetric and pediatric providers to their behavioral health colleagues. As a result, mental health and substance use disorders will be treated at an earlier stage with resulting improvements in perinatal well-being.

MACHO would like to thank Senator Gile for working with an array of stakeholders to craft this bill into legislation that has the potential to greatly improve the health and safety of pregnant and postpartum women and their children. For these reasons, the Maryland Association of County Health Officers submits written testimony in strong support of SB 891. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

¹ <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

² <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>

³ https://health.maryland.gov/bha/documents/publications/hb7_adaa_finalreport.pdf