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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony In Support of SB 891  
Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions**

Madam Chair, Mr. Vice Chair, and Members of the Committee:

Senate Bill 891 strengthens Maryland’s framework for identifying and treating perinatal mental health conditions across the continuum of pregnancy and the postpartum period.

Perinatal mental health conditions—including postpartum depression, anxiety disorders, and other behavioral health conditions occurring during pregnancy and up to one year after its conclusion—are significant contributors to maternal morbidity and pregnancy-related mortality. Maryland’s Maternal Mortality Review Team investigates pregnancy-related deaths through one year after the end of pregnancy and has repeatedly identified behavioral health conditions, including suicide and overdose, as critical drivers of mortality risk.

SB 891 is designed to address early identification, access to care, and clinician preparedness in a structured and sustainable way.

**Insurance Article – Access and Coverage**

The bill makes several important clarifications and improvements to existing insurance law.

First, it includes perinatal mental health conditions within the definition of mental health disorders for purposes of referral protections. It requires carriers to provide a standing referral to a mental health care provider for the duration of pregnancy and for one year after birth. This eliminates repeated referral barriers during a clinically vulnerable period.

Second, the bill clarifies and strengthens out-of-network referral protections when a carrier cannot provide reasonable access to in-network mental health services within required time and distance standards.

Third, SB 891 requires coverage for screening for perinatal mental health conditions during pregnancy, in the postpartum period, and during the infant’s first year of life. These screenings are already recommended by the U.S. Preventive Services Task Force and are covered preventive benefits. The sponsor amendments clarify that these screenings are reimbursable preventive

services and do not create a new insurance mandate beyond existing federal preventive coverage standards.

The goal is straightforward: early screening must be accessible, covered, and not administratively burdensome.

### **Health – General Article – Screening and Resources**

The bill directs the Maryland Department of Health to:

- Identify and disseminate evidence-based written materials on perinatal mental health conditions;
- Make those materials available to providers, birthing facilities, and WIC agencies;
- Identify validated screening tools;
- Support providers with referral pathways and resource coordination.

This bill does not institute a new standalone program. It codifies structured screening expectations and resource dissemination within existing public health infrastructure. At the recommendation of the Department, certain implementation timelines are adjusted to ensure readiness and coordination.

### **Continuing Education – Health Occupations Article**

SB 891 requires clinicians who evaluate and manage pregnancy or postpartum care to complete two continuing education credit hours in perinatal mental health conditions beginning with the first renewal cycle after April 1, 2027.

The intent is not to legislate scope of practice, but to ensure that providers interacting with the perinatal population are equipped to recognize warning signs and connect patients to appropriate care. Sponsor amendments clarify that the Boards of Nursing and Physicians may adopt regulations to implement this requirement in a manner that best fits their licensees.

### **Definition and Clarifications**

Sponsor amendments update the definition of perinatal mental health conditions to reflect that not all pregnancies result in live birth and that screening and support should extend throughout the full perinatal period.

We have had robust conversations with key stakeholders regarding definition language, screening cadence, and scope. Discussions regarding inclusion of substance use conditions are ongoing, and we defer to the Committee's judgment as these conversations continue.

Importantly, this bill does not legislate specific follow-up triggers after a positive screening. Existing clinical protocols and coordination with local health authorities remain in place. The standing referral provision ensures access to care when needed.

### **Legislative Intent**

This legislation is grounded in recommendations from the 2017 Maternal Mental Health Task Force and elevated in the 2025 MD MOM Strategic Plan. It seeks to:

- Normalize routine screening;
- Remove referral barriers;
- Clarify insurance coverage;
- Improve clinician competency;
- Strengthen statewide maternal behavioral health infrastructure.

The Senate Finance Committee has worked on maternal health issues for years. This bill reflects the growing recognition that perinatal behavioral health requires structured, coordinated support—particularly in a time of provider shortages.

We are equipping mothers with information, screening, and referral access while aligning with existing preventive coverage standards. This bill allows us to see how these components work in concert moving forward.

I also want to acknowledge Delegate White Holland, the House sponsor, who has done outstanding work on this legislation and has been an incredible partner and Champion on this effort.

For these reasons, I respectfully request a favorable report on Senate Bill 891.

Thank you.