

SB0891 Hearing 2_27 at 1_00 p.pdf

Uploaded by: Alexandra McNulty

Position: FAV

**Hearing 2/27 at 1:00 p.m.
Senate Finance Committee**

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Alexandra McNulty, LCSW-C, PMH-C, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

Perinatal mental health is a significant and lack of screening and effective care places a significant burden on children, mothers, families, and the system as a whole. Screening for perinatal mental health only matters as much as its accessibility and coverage. A system that places responsibility on mothers in a time of physical, emotional, and existential crisis to seek care and proper treatment on their own is not a system working effectively. This bill would eliminate the significant care gap in perinatal mental health and highlight what parents, women, and mental health care workers have known all long - that perinatal mental health matters and should be accessible to every single parent.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Alexandra McNulty, LCSW-C, PMH-C

Alexandra McNulty, LCSW-C, PMH-C
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AAgalloco 02272026 Testimony Concerning SB 891.pdf

Uploaded by: Andrea Agalloco

Position: FAV

Testimony Concerning SB 891

“Health, Health Insurance, and Health Occupations- Perinatal Mental Health Conditions”

Submitted to the Senate Finance Committee

February 27, 2026

Position: Support

I strongly support SB-8901 Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill requires screenings for perinatal mood and anxiety disorders (PMADs) by health providers at prenatal appointments and the postpartum visit, as well as at each of the seven well child visits during a child's first year of life. For a baby to be well supported and healthy, their parents need to be healthy, especially in terms of their mental health. SB-8901 will ensure that parents suffering from PMADs can get the support they need..

I'm a social worker who has practiced in the greater Washington, DC region over the past ten years, and have held my Perinatal Mental Health certification for the past three and half years. It is well-documented that perinatal mental health disorders are the leading cause of maternal death and we know that at least 20% of perinatal individuals experience a mental health condition. In certain populations for people of color or immigrant populations we may see 40% of individuals develop a PMAD. 75% of people with this disorder do not receive any treatment. These conditions impact far beyond the months of pregnancy and postpartum with the relationship between parent and child impacted. Mental health, cognitive and educational problems are also more likely for children even into their adolescent years.

With increased screenings we can support more individuals in accessing the treatment they need. An increasing number of professionals are earning Perinatal Mental Health certification through Postpartum Support International and the stigma related to mental health is shifting over time. The time to require providers to screen EVERY parent for these conditions is now. It's imperative we pass this bill and get Maryland aligned with the best practices for perinatal mental health screening, diagnosis and referral to treatment. Other states are leading the way on passing similar legislation (Minnesota, California, West Virginia, Virginia and New York). Maryland can do better for families and our future and passing this legislation will support goals outlined in the 2025 Maryland Maternal Health Improvement plan.

Please issue a favorable report on SB 891 to ensure that Maryland's parents and children are supported in these vulnerable times of pregnancy and postpartum. If I can be of any further assistance related to efforts to support our perinatal population in Maryland, please don't hesitate to reach out.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Agalloco". The signature is written in a light gray color.

Andrea L. Agalloco, MSW, LICSW, PMH-C (Perinatal Mental Health Certified Provider)
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SB891_ArielleJuberg_FAV.pdf

Uploaded by: Arielle Juberg

Position: FAV

February 25, 2025

Dear Members of the Finance Committee,

I urge a favorable report on Senate Bill 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. I am a resident of District 8 and have experienced first-hand Maryland's avoidable gaps in screening for postpartum depression.

While screening tools for postpartum depression exist, they don't make a difference if mothers don't receive them, if providers don't review them, and if those needing help aren't referred to services. My own experience demonstrates that we need additional focus on high-quality screening:

- At my 6-week postpartum visit, I completed the standard Edinburgh Postnatal Depression Scale honestly. At that point, I had near-constant anxiety, low emotions, and believed that things would never get better. The nurse took a cursory glance at my completed form, said "New baby blues?", and moved on with the appointment. I was left doubting my own feelings. This happened at a federally qualified health center in Baltimore City.
- I completed the Postnatal Depression Scale at each one of my child's pediatrician appointments. After turning in the form, it was never discussed with me at any appointment. I still don't know if it was even reviewed by the pediatrician or simply filed away in a drawer. This happened at a popular pediatrician office with multiple locations in Baltimore County and Harford County.

Each of these instances was a missed opportunity to be diagnosed with postpartum depression. I continued to experience anxiety, depression, and suicidal thoughts for several months until a provider went out of her way to talk with me and make a referral. If there had been a stronger emphasis on postpartum screening, review, and referral at these offices, I may have received help sooner.

I am particularly encouraged that SB 891 would require the Maryland Department of Health to establish a perinatal mental health condition screening program. We need a dedicated, expert-led, and statewide effort to make sustained changes for mothers and their families.

For these reasons, I urge a favorable report on SB 891. Thank you for your time and service.

Sincerely,

Arielle Juberg
3411 Upton Road
Baltimore, MD 21234

Mir_Support of SB0891 Letter.pdf

Uploaded by: Arielle Mir

Position: FAV

**Hearing 2/27 at 1:00 p.m.
Senate Finance Committee**

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Arielle Mir and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

I live in Silver Spring, MD and I am the mother of two boys who are ten and thirteen. As I navigated the physical, mental, and emotional transition to motherhood - both times - I often felt alone and undersupported. This was challenging for me, but for moms with perinatal mood disorders, this time can be extremely dangerous.

I rise in support of this bill for my friends, my sisters, and all the moms in Maryland who deserve the support. Perinatal mental health screenings - and the accompanying training - are a small and critical way to ensure it happens.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Arielle Mir
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Silver Spring, MD 20910
arielle.r.mir@gmail.com

Children's National Testimony - SB 891 - Alana Aro

Uploaded by: Austin Morris

Position: FAV



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Alana Aronin, MPH
Program Manager, Community Mental Health CORE
Children's National Hospital**

**SB 891: Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions
Position: FAVORABLE
February 27, 2026
Senate Finance Committee**

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide testimony today in support of Senate Bill 891. My name is Alana Aronin, and I am Program Manager for the Community Mental Health CORE at Children's National Hospital. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care to thousands of children and their families every year, which can include multigenerational and dyadic care. Sixty percent of our patients and their families are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Children's National Hospital appreciates Senator Giles' introduction of this legislation, which aims to strengthen screening, education, and training on perinatal mental health conditions. Perinatal mental health disorders are the most common complications of pregnancy. One in five perinatal individuals will experience a perinatal mental health condition¹, with vulnerable and minoritized populations suffering at even more alarming rates². Perinatal mental health conditions are the leading cause of maternal death, yet completely preventable³. Perinatal mental health conditions impact parent-child relations, and can cause behavioral, cognitive, and emotional delays in children that can have an extended impact as children develop.

Prior efforts in Maryland have outlined important steps and now provide a roadmap to protecting and supporting perinatal individuals through a critical period, including recommendations on screening, treating and training on perinatal mental health conditions. The Report of the *Task Force to Study Maternal Mental Health*⁴, established by the General Assembly

¹ Fawcett, E., Fairbrother, N., Cox, M., White, I., & Fawcett, J. (2019, July 23). The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate Bayesian meta-analysis. *The Journal of Clinical Psychiatry*.

² Ertel, K., Rich-Edwards, J., and Koenen, K., "Maternal Depression in the United States: Nationally Representative Rates and Risks," *Journal of Women's Health* 20 (11). (2011): 1609-1617.

³ Trost, S., Beauregard, J., Chandra, G., Njie, F., Berry, J., Harvey, A., & Goodman, D. A. (2022, September 19). Pregnancy-related deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. Centers for Disease Control and Prevention.

⁴ Report of the Task Force to Study Maternal Mental Health, published December 2016. Accessed February 25, 2026 at <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

in 2015, identified recommendations to increase screening and access to services, improve provider training, and expand the perinatal mental health workforce. Ten years later, the *2025 Maryland Maternal Health Improvement Plan*⁵ provided guidance on the screening, diagnosis and treatment of behavioral health conditions, along with workforce training to support the behavioral health needs of perinatal individuals. While Maryland has provided insurance and treatment payment above the national average, the *2025 Maternal Mental Health Report Card* noted that Maryland received a failing grade for its rates of prenatal and postpartum perinatal mental health screening and accountability⁶.

SB 891 reinforces many of the recommendations already outlined in the reports above, which will result in increased screening and identification of perinatal mental health conditions. Early identification can result in intervention that can prevent more severe conditions and improve relational health (also known as dyadic care or multi-generational relations)⁷. Children's National Hospital providers aim to screen for perinatal mental health conditions at well child visits in alignment with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, and best practice recommendations, and provide resources, referrals, and brief interventions through HealthySteps or other behavioral health specialists on staff where available.

Children's National Hospital believes that the treatment of perinatal mental health conditions is in the best interest of the infant/child, in addition to the perinatal individual. When we treat a child, we consider the whole family as an extension of that child. Efforts to identify individuals with perinatal mental health conditions span across our primary care providers, as well as in specialty departments including the Neonatal Intensive Care Unit (NICU), the Emergency Department (ED), the Zickler Family Prenatal Pediatrics Institute (PPI), and more.

Perinatal mental health conditions deserve our immediate attention, and we are encouraged by the ongoing discussions among stakeholders to develop language that centers a holistic approach to screening, referring, and treating individuals with perinatal mental health conditions while supporting providers as they care for patients in this critical time.

I applaud Senator Gile for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 891. Thank you for the opportunity to submit testimony.

For more information, please contact:

Austin Morris, Government Affairs Manager
almorris@childrensnational.org

⁵ Maryland Maternal Health Improvement Strategic Plan, September 2025. Developed by the Maryland Maternal Health Improvement Task Force. Accessed February 25, 2026 at [Maryland Maternal Health Improvement Strategic Plan 2025 vF.pdf](#)

⁶ The Policy Center for Maternal Mental Health (2024, May). 2024 Maternal Mental Health State Report Cards. Policy Center for Maternal Mental Health. www.doi.org/10.69764/YHVM1354

⁷ Freeman SE, Reznik J, Jain M, Sokol EE, Manning D, Rohde H, Loverich TM, Lawler JM. Perinatal Mental Health Interventions with a Parent-Child Relational Component: A Systematic Review of the Effects on Mothers and Dyads. *Clin Child Fam Psychol Rev*. 2025 Sep;28(3):650-683. doi: 10.1007/s10567-025-00535-5. Epub 2025 Jul 7. PMID: 40622559.

SB 891_FAV_MFN.pdf

Uploaded by: Beth Morrow

Position: FAV



Testimony Concerning SB 891
“Health, Health Insurance, and Health Occupations –
Perinatal Mental Health Conditions”
Submitted to the Senate Finance Committee
February 27, 2026

Position: SUPPORT

Maryland Family Network (MFN) strongly supports SB 891 “Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions.” This bill requires screenings for perinatal mood and anxiety disorders (PMADs) by health providers at prenatal appointments and the post-partum visit as well as at each of the 7 well-child visits during a child’s first year of life. For a baby to be well supported and healthy, their parents need to be healthy, especially in terms of their mental health. SB 891 will ensure that parents suffering from PMADs can get the support they need.

MFN has worked since 1945 to improve the availability and quality of child care and other supports for children and families in Maryland. As the largest and oldest statewide child advocacy organization in Maryland, MFN is strongly committed to ensuring the health and well-being of children across our state.

According to the Mental Health Association of Maryland, 20% of women experience PMADs while pregnant or during the first year of their babies’ lives.¹ Two-thirds of people who suffer from PMADs do not get any treatment. PMADs include anxiety, depression, obsessive-compulsive disorder (OCD), bipolar disorder, post-traumatic stress disorder (PTSD), and psychosis.² Many adults, especially first-time parents, are not aware of the wide range of ways a PMAD may look and feel. Given how hard it is to be pregnant and/or have a newborn, a lot of parents are inclined to ignore their anxiety or sadness. Having trusted medical providers screening for these mood disorders throughout both pregnancy and a baby’s first year will help ensure that parents that are suffering are able to get the support they need.

From birth until a child turns three, there are 1 million neural connections made per second.³ For that brain development to stay on track, young children need a strong healthy emotional connection to at least one adult. PMADs can interfere with a parent’s ability to develop that strong attachment to their baby. **We respectfully request a favorable report on SB 891 to ensure that Maryland’s parents have all the support they need to care for their babies.**

¹ <https://www.mhamd.org/what-we-do/outreach-and-education/healthy-new-moms/learn-more/>

² Ibid.

³ <https://www.zerotothree.org/why-0-3/>

MC Federation of Families Testimony in Support of

Uploaded by: Celia Serkin

Position: FAV



Montgomery County Federation of Families for Children's Mental Health,
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Silver Spring, MD 20904
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February 27, 2026

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 891 Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer-led support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. MC Federation of Families has been providing family peer services to families in Montgomery County for 20 years. Our Family Peer Specialists are parents who have raised or are currently raising children with these challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with behavioral health challenges. My son has suffered from debilitating depression for many years. My daughter is a Certified Peer Recovery Specialist who has lived experience with co-occurring challenges.

MC Federation of Families strongly supports SB 891. The bill would:

- Implement the most impactful recommendations of the Task Force to Study Maternal Mental Health, which was established by the General Assembly in 2015
- Bring Maryland into line with other states that have passed legislation similar to SB 891/HB 1118, including Minnesota, California, West Virginia, Virginia and New York
- Achieve some of the goals outlined in a 2025 Maryland Maternal Health Improvement Plan, including improving the screening, diagnosis and treatment of behavioral health conditions in perinatal women, and better training the perinatal workforce to support women's behavioral health

Perinatal mental health disorders can have serious adverse effects on the health and functioning of the mother, her infant and her family.

- 20% of women experience a perinatal mental health condition
- 75% of these women never receive treatment
- Perinatal mental health conditions are the leading cause of maternal death (22%)
- Maternal mental health conditions can disrupt the development of parent-child relationships
- Maternal mental health conditions can cause behavioral, cognitive, and emotional delays in a child

Maryland lags behind other states in perinatal mental health care. Every year the Policy Center for Maternal Mental Health develops state report cards. While overall the 2025 report card gave Maryland a “C,” largely because of its Medicaid expansion, it gave Maryland an “F” for gaps in prenatal and postpartum screening rates and accountability.

SB 891 would improve the overall health and well-being of women and children, and it would mark a critical step in the development of a comprehensive and robust perinatal mental health system of care in Maryland.

MC Federation of Families urges the Senate Finance Committee to support SB 891.

Senate Bill SB0891 Support.pdf

Uploaded by: Chana Johnson

Position: FAV

**Hearing 2/27 at 1:00 p.m.
Senate Finance Committee**

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB0891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Chana Johnson and I write this letter in strong **support** of SB0891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

When I was 36 weeks pregnant, my youngest daughter, Maia Rose Johnson, was stillborn. In the months that followed, I struggled with complicated grief and postpartum depression. I only understand that now in hindsight. At the time, I was never screened for depression, anxiety, or trauma. No one asked the right questions. No one assessed my functioning. I was simply sent home to navigate devastating loss while also caring for my four living children.

Because I was not screened, I went without appropriate treatment for far longer than necessary. My untreated symptoms affected my sleep, my ability to concentrate, my emotional regulation, and my parenting. My husband and children were living with a mother who was suffering deeply — and none of us understood why or how to get help. What could have been identified and addressed earlier became prolonged and far more painful for our entire family.

Today, I am a licensed clinical professional counselor certified in perinatal mental health. I work every week with women who are experiencing postpartum depression, anxiety, trauma, and complicated grief. I see firsthand the consequences of inadequate screening and insufficient provider training.

I work with women who were told they “just have the baby blues” months after delivery, despite meeting clear criteria for postpartum depression. I see mothers whose concerns were dismissed at OB/GYN visits, primary care appointments, and even pediatric visits — appointments where screening could have occurred. I sit with women who explain that they tried to speak up, but their symptoms were minimized or misunderstood. By the time they reach my office, they have often been suffering for months — sometimes years.

The issue is not that every medical provider must treat perinatal mental health conditions. The issue is that they must be able to competently screen, recognize

warning signs, and refer appropriately. Without that foundation, diagnoses are missed, intervention is delayed, and mothers and families suffer unnecessarily.

Untreated perinatal mental health conditions affect not only mothers but also infant development, family stability, and long-term public health outcomes. Screening and referral are not luxuries — they are basic standards of care.

We have the opportunity to make perinatal mental health screening and education a consistent, expected part of the perinatal experience in our state. No mother should have to realize years later that she was struggling with a treatable condition that no one identified. No family should endure preventable suffering because the system failed to ask the right questions.

I respectfully urge you to support SB0891 and help ensure that perinatal mental health care becomes a standard part of maternal care in Maryland.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

A handwritten signature in black ink that reads "Chana Johnson". The signature is fluid and cursive, with the first name "Chana" being more prominent than the last name "Johnson".

Chana Johnson, LCPC, PMH-C, IPPE-C

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SB0891 Testimony.pdf

Uploaded by: CHRIS VOCCI

Position: FAV

Senator Beidle and Members of the Senate Finance Committee,

William Makepeace Thackeray wrote in his novel Vanity Fair

“Mother is the name for God in the lips and hearts of little children.”

But for all the love, care and protection that a Mother provides to their children, many silently suffer and endure the tortures of Postpartum Depression and Psychosis.

My family is one left with the wreckage left behind by the current lack protocol, treatment and urgent response that many Mothers desperately need. In December of 2023, my dear Sister-in-Law Andréa was lost to Postpartum Depression, Psychosis and ultimately Suicide.

Andréa sought treatment from her primary care physician, OB/GYN and even Emergency Room Clinicians, but the lack of urgency, response, and follow-up on the treatment she needed was a significant contributing factor in her untimely and avoidable death.

Andréa left behind a grieving Husband, an infant Son who will know her only in story, and a family looking for answers and solutions to this crisis, so no one else must endure what Andréa did.

Channeling her grief productively, my Wife, Kyra founded a Maternal Mental Health Advocacy Organization, Andréa’s Wish Foundation, joined the Board of Directors of Postpartum Support International – Maryland Chapter and is providing her own Testimony in favor of SB0891.

Kyra is a driven and determined woman; one tough Mother, literally and figuratively; our two sons, now 12 and 15 were nearly 10 and 11 pounds, respectively. Kyra lost her baby sister, and her best friend, my boys lost their loving aunt, my nephew lost his mother, and our family lost its peace.

SB0891: Health, Health Insurance and Health Occupations – Perinatal Mental Health Conditions Bill is a vital Bill to care for and protect so many others like Andréa who need expanded screening, fortified insurance coverage and increased Healthcare provider education resources. Advancements and standardization of rapid response protocols and care coordination are in dire need.

For PSI- Maryland, for grieving families, and for Andréa, consider this proposed bill with all the care, dedication, and consideration that your Mother once gave to you.

Thank you

MD M4C Coalition Letter In Support of SB 891 signe

Uploaded by: Claire Ernst

Position: FAV



**HEALTHY
MOMS.
STRONG
BABIES.**



maryland families 
for safe birth

Date: February 25, 2026

Bill # / Title: Senate Bill 891 - Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions

Committee: Senate Finance Committee

Position: Favorable

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

The undersigned organizations—**Postpartum Support International - Maryland (PSI-Maryland), March of Dimes, The Doula Alliance of Maryland, and Maryland Families for Safe Birth**—strongly urge a favorable report on SB 891. Our coalition represents a broad spectrum of advocates, clinical providers, birth workers, and families dedicated to improving maternal and perinatal health outcomes across the state. Together, we are committed to strengthening the continuum of care for Maryland’s birthing people.

In the United States, [one in five](#) mothers are impacted by a mental health condition during the pregnancy or postpartum period, and mental health conditions are the leading underlying cause of pregnancy-related deaths. More than 75% of women impacted by perinatal mental health conditions remain untreated.

In Maryland, the most common comorbidity of a severe maternal morbidity event, after obesity, was a mental health disorder (29.1%). The Maryland Maternal Mortality Review (MMR) [found](#) that behavioral health conditions are the leading cause of pregnancy-associated deaths, accounting for 23% of preventable deaths in 2020. The Maryland MMR also [concluded](#) that a majority of 2020 deaths (70% of pregnancy-related deaths, 78% of non-pregnancy-related deaths) were considered preventable.

Maryland continues to face significant gaps in the screening and treatment of perinatal mental health conditions. Adequate and timely screening can increase identification of those at risk for perinatal mental health conditions and ultimately save lives. Research-validated screening tools can provide a critical entry point for life-saving clinical interventions, care coordination, and ongoing support.

However, the [Policy Center for Maternal Mental Health](#) awarded Maryland with an “F” for screening and screening reimbursement in its 2025 report card. SB 891 is a necessary and timely step toward addressing these gaps and strengthening Maryland’s maternal health infrastructure. By improving screening access and systemic support for behavioral health concerns, this legislation advances prevention, early intervention, and coordinated care, ultimately saving lives.

Thank you for your continued leadership on behalf of Maryland families. We respectfully ask the Committee for favorable report on SB 891. If you have any questions, you can reach out to Claire Ernst at psimdadvocacy1@gmail.com.

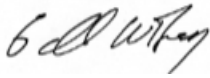
Sincerely,



Claire Ernst, JD
Advocacy Chair
Postpartum Support International - Maryland (PSI-Maryland)



Elizabeth Kielb, PhD, MS
Director, Maternal and Infant Health, March of Dimes
March of Dimes



Edward Bray
Senior Director, State Government Affairs
March of Dimes



Director of Advocacy and Public Policy
Doula Alliance of Maryland
President
Maryland Families for Safe Birth

SB0891_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

**SB 891 Health, Health Insurance, and Health Occupations –
Perinatal Mental Health Conditions**
Senate Finance Committee
February 27, 2026
Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 891.

SB 891 would enact several measures to improve identification and treatment of perinatal mental health conditions in pregnant and postpartum women. It requires that pregnant women receive a standing referral to a mental health care provider for the duration of their pregnancy and one year after giving birth. It provides that insurers must cover mental health screenings at each prenatal visit, at least once within six weeks of giving birth, and at every well child visit within the first year of a child's life. The Maryland Department of Health (MDH) must identify evidence-based information on perinatal mental health conditions and ensure that the information is disseminated widely, to both healthcare providers and pregnant and postpartum women. MDH also must support providers to identify resources and care for women who screen positive for a mental health condition. Finally, certain healthcare providers who manage pregnancy or postpartum care must show they have completed continuing education hours on perinatal mental health conditions.

Perinatal depression is the most underdiagnosed and untreated obstetric complication in the United States. This and other perinatal mood and anxiety disorders (PMADs) can have very serious adverse effects on the health and functioning of the mother, her infant and her family. And though they are treatable once recognized, 75% of all mothers who experience PMADs are never identified.¹

Given this prevalence, the General Assembly enacted legislation in 2015 establishing the *Task Force to Study Maternal Mental Health*.² The Task Force issued its final report and recommendations in December 2016,³ and while some of those recommendations have been adopted, many of the most important findings and recommendations have never been addressed.

¹ Maternal Mental Health Overview. Maternal Mental Health Leadership Alliance (2025).
<https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/68a45ac0be50d4791f30a5bd/1755601600598/Maternal+Mental+Health+Overview+Fact+Sheet+-+August+2025.pdf>

² <https://msa.maryland.gov/msa/mdmanual/26excom/defunct/html/23maternal.html>

³ <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

SB 891 would change that. It would implement the most impactful recommendations from that 2016 report; it would bring Maryland into line with other states that have passed similar legislation, including Minnesota, California, West Virginia, Virginia and New York;⁴ and it would mark a critical step in the development of a comprehensive and robust perinatal mental health system of care in Maryland.

It would also achieve some of the goals outlined in a recent Maryland Maternal Health Improvement Plan. The 2025 strategic plan lists four goals, the second of which is to improve the mental and behavioral health of pregnant and postpartum women. Specific objectives under the goal are to improve the screening, diagnosis, and treatment of behavioral health conditions, and to better train the perinatal workforce to support women's behavioral health.⁵

Despite the evident importance of supporting perinatal mental health, Maryland lags behind other states in several respects. Every year the Policy Center for Maternal Mental Health develops state report cards. While overall Maryland earned a "C," largely because of the state's Medicaid expansion, the 2025 report card gave Maryland an "F" for gaps in prenatal and postpartum screening rates and accountability.⁶

SB 891 would improve the overall health and well-being of women and children. For this reason, MHAMD supports this bill and urges a favorable report.

⁴ 2024 State Maternal Mental Health Legislation Report. Policy Center for Maternal Mental Health (2024). <https://policycentermmh.org/2024-state-maternal-mental-health-legislation-report/>

⁵ https://mdmom.org/sites/default/files/documents/taskforce/Maryland_Maternal_Health_Improvement_Strategic_Plan_2025_vF.pdf

⁶ 2025 State Report Cards. Policy Center for Maternal Mental Health. <https://policycentermmh.org/state-report-cards/>

SB 891_Perinatal MH_BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV

February 27, 2026

Senate Finance Committee
TESTIMONY IN SUPPORT

SB 891 - Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

BHSB strongly supports SB 891 - Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill implements many improvements in perinatal mental health care. The bill includes some of the most impactful recommendations from the Task Force to Study Maternal Mental Health 2016 Report and will advance a comprehensive approach to supporting good mental health during and after pregnancy.¹

Perinatal mental health is an incredibly important component of a healthy pregnancy. Maternal mental health conditions are the most common complication of pregnancy and birth, affecting 1 in 5 mothers and 800,000 families each year. Mental health conditions are a leading cause of maternal mortality, accounting for 22% of pregnancy-related deaths, and yet most women impacted by perinatal conditions remain untreated.² In Baltimore City, perinatal health and mental health face even more serious challenges with high infant mortality and a lack of resources.³

These concerns are long-standing, but the state has left many recommendations from reports and work groups unimplemented. SB 891 aims to rectify this through a comprehensive set of initiatives designed to increase access to perinatal mental health services, mandate and fund frequent screenings, and strengthen health professional perinatal mental health education. These initiatives will not only increase mental health treatment but also will help to improve parent-child connections and reduce stigma related to perinatal mental health. Disparities in access and screening are especially stark in Baltimore, so these initiatives will make even more of a difference to those communities.

Perinatal mental health is an essential aspect to overall health during and after pregnancy. Maryland should do everything it can to support perinatal mental health and SB 891 implements many strategies to do so. **BHSB urges the Senate Finance Committee to support SB 891.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Endnotes:

¹ Task Force to Study Maternal Mental Health 2016 Report Available at:

<https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

² Maternal Mental Health Leadership Alliance. Maternal Mental Health Overview: August 2025. Available at:

<https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/68a45ac0be50d4791f30a5bd/1755601600598/Maternal+Mental+Health+Overview+Fact+Sheet+-+August+2025.pdf>

³ Bmore for Healthy Babies: Data and Research. Available at <https://www.healthybabiesbaltimore.com/data-and-research>

Danelle Buchman favorable SB0891.pdf

Uploaded by: Danelle Buchman

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee
Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions (SB 891)
Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Danelle Buchman and I am a Mother with lived experience, perinatal mental health therapist, maternal mental health advocate, and co-Chair of the Postpartum Support International Maryland Chapter Board of Directors. I write this letter in strong support of SB 891, Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

Perinatal mental health conditions are the leading cause of U.S. maternal mortality, responsible for 23% of such deaths. Rates among Black and Native American patients are even higher. For comparison, excess bleeding is responsible for 14% of maternal deaths. ([Source: Association of American Medical Colleges](#))

I have seen firsthand how invisible and overwhelming perinatal mental health struggles can be. Like many new mothers, I appeared “fine” on the outside while privately feeling anxious, exhausted, and disconnected. At the time, I did not realize that what I was experiencing was a common and treatable medical condition. No one asked the right questions, and I did not know how to ask for help. It took far longer than it should have for me to receive support.

I often think about how different that experience could have been if routine, meaningful screening had been in place—if someone had paused long enough to ask how I was really doing and connected me to care early. Screening does more than identify risk; it opens the door to conversation, reduces stigma, and helps parents access treatment before a crisis occurs.

No parent should have to suffer in silence, and no family should lose a loved one to a preventable mental health condition. SB 891 will ensure that both patients and providers are better equipped to recognize warning signs, intervene early, and provide compassionate, evidence-based care.

Moms, families, and communities across Maryland would greatly benefit from the passage of this bill. For these reasons, I respectfully ask for a favorable report.

Sincerely,

Danelle Buchman
6525 Autumn Wind Circle
Clarksville, MD 21029

SB 891 Written Testimony - Sen. Gile.docx.pdf

Uploaded by: Dawn Gile

Position: FAV

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation



Miller Senate Office Building
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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.

SB0891 CPMC FAV FIN.pdf

Uploaded by: Diana Philip

Position: FAV

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.



**SB0891 — Health, Health Insurance, and Health Occupations –
Perinatal Mental Health Conditions
Senate Finance Committee
February 27, 2026
Position: SUPPORT**

The Coalition to Protect Maryland's Children is a consortium of organizations and individuals formed in 1992 who are concerned about the care of Maryland's most vulnerable children and work together to educate and promote meaningful child welfare reform. **CPMC urges a favorable report on SB0891 — Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions.**

Perinatal mental health conditions affect a significant number of Maryland families. Without early screening and appropriate care, these conditions can have profound and lasting effects on maternal wellbeing, infant development, family stability, and overall public health outcomes. Our coalition recognize the importance of addressing mental health indicators as way to help encourage maternal bonding and attachment in infancy as a tactic in preventing child maltreatment.

Perinatal mood and anxiety disorders are among the most common complications of pregnancy and childbirth. Early screening is proven to improve detection, facilitate timely intervention, and reduce long-term negative outcomes for both parent and child. Ensuring that screening is covered by insurance and supported by public health infrastructure removes barriers that many Maryland families currently face when seeking care. At the same time, enhancing provider education builds systemic capacity to respond effectively to these needs across the state.

By investing in prevention, early detection, and provider training, SB0891 supports stronger families and healthier children, improves maternal health outcomes, and can reduce health disparities across communities. The legislation will require coverage for perinatal mental health screenings at key points in care including prenatal visits, postpartum care, and well-child visits in the first year of life thereby ensuring that families have access to appropriate assessment without undue financial barriers. The Maryland Department of Health will establish a statewide perinatal mental health condition screening program with standardized, culturally appropriate tools to support early identification and referral and health care professionals will have access to continuing education on perinatal mental health, which improves recognition and treatment of these conditions.

It is for these reasons that the Coalition to Protect Maryland's Children **urges a favorable report on SB0891 — Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions.**¹

¹ Members of CPMC represented by this written testimony include – the American Academy of Pediatrics - Maryland Chapter, Child Justice, Center for Hope, Court Appointed Special Advocates (CASA - Baltimore County), The Family Tree, Maryland Association of Resources for Families and Youth (MARFY), Maryland Network Against Domestic Violence, National Association of Social Workers – MD (NASW), the State Council on Child Abuse & Neglect (SCCAN).

Maryland Catholic Conference_FAV_SB891.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 27, 2026

Senate Bill 891
Health, Health Insurance, and Health Occupations - Perinatal Mental Health
Conditions
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 891 requires certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for screening for perinatal mental health conditions at certain times; requiring the Maryland Department of Health to establish a perinatal mental health condition screening program; requiring certain applicants for the renewal of a health occupation license or certificate to provide documentation that the applicant completed continuing education credit hours on perinatal mental health conditions.

Routine screening for perinatal and maternal mental health conditions is proven to reduce symptoms by enabling early identification and timely intervention. The use of standardized screening tools allows clinicians to detect depression, anxiety, and other disorders before they escalate, improving outcomes for both mother and child. According to the National Institutes of Health, screening tools are especially important because many mothers may not voluntarily report symptoms or may dismiss their emotional distress as a normal part of pregnancy or postpartum recovery.¹

Data underscores the importance of proactive care. In 2020, approximately 13.4% of Maryland mothers surveyed reported experiencing postpartum depressive symptoms, according to reporting citing the Centers for Disease Control and Prevention.² Nationally, roughly one in five

¹ <https://policycentermmh.org/universal-screening-for-maternal-mental-health-disorders-issue-brief/#:~:text=What%20is%20Universal%20Screening,adverse%20maternal%20and%20infant%20outcomes>

² <https://wtop.com/maryland/2023/08/the-u-s-is-failing-mothers-when-it-comes-to-maternal-mental-health-how-is-it-in-maryland/>

women experience a maternal mental health condition during pregnancy or within the first year after birth. These conditions are among the most common complications of pregnancy and, if untreated, can affect maternal bonding, infant development, and long-term family stability.

Providing a standing referral helps remove stigma and barriers to care by normalizing mental health support as part of routine prenatal and postpartum services. As Pope Leo XIV reflects, care must move beyond “selfishness and utilitarian logics” and instead be directed toward others through listening, encounter, and accompaniment.³ In light of growing research on maternal mental health outcomes, we have a responsibility to promote early detection, compassionate intervention, and accessible treatment to ensure healthy mothers and healthy babies throughout our communities.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 891**.

Thank you for your consideration.

³ <https://www.vaticannews.va/en/pope/news/2025-11/pope-on-addiction-we-must-commit-to-prevention.html>

Drew Foxwell Testimony.pdf

Uploaded by: Drew Foxwell

Position: FAV

Hearing 2/27 at 1:00 p.m.

Senate Finance Committee

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health
Conditions (SB 891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Drew Foxwell and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

The statistics on Postpartum depression and suicide are devastating. Mothers need support!

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Drew Foxwell

106 Greenbrier Rd, Towson, MD 21286

4103002104

SB0891 Letter.pdf

Uploaded by: Emily Smoot

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Emily Smoot, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

In my clinical practice, I see the "invisible" crisis. Perinatal Mental Health Conditions (PMH) are the most common complication of childbirth, yet they remain the most underdiagnosed.

Despite my professional training, I was not immune. After the birth of my child, I experienced postpartum anxiety and depression that left me feeling like a stranger in my own life. I had an idea of what was happening, yet the stigma and the lack of proactive outreach from my own medical team made it incredibly difficult to reach for a lifeline. Had I not had the resources and "insider knowledge" of the system, I might have become another tragic statistic. No mother should have to be a mental health expert just to survive her first year of parenthood.

Without the mandatory screenings and provider training outlined in SB 891, we are essentially asking struggling parents to save themselves. When providers aren't trained to ask the right questions, symptoms are often dismissed as "just new parent exhaustion." This negligence doesn't just delay healing; it destroys families.

SB 891 is not just a policy update; it is a lifeline. It acknowledges that mental health is physical health, and that a mother's well-being is the foundation of a healthy family and a healthy state. I respectfully ask for a favorable report on SB 891.

Sincerely,

Emily Smoot, LCSW-C, PMH-C
113 S. Prospect Street
Hagerstown, MD 21740
emily@untangleanduplift.com

SB0891Erica Blake Personal Testimony.pdf

Uploaded by: Erica Blake

Position: FAV

Erica Blake
9303 Hillsborough Drive
Frederick MD 21701
Eenders1@gmail.com

Personal Testimony

Hearing 2/27 at 1pm

Senate Finance Committee

Health, Health Insurance, and Health Occupations- Perinatal Mental Health Conditions (SB0891)

Position: Favorable

Chair Beidle and Members of the Senate Finance Committee,

My name is Erica Blake, I am here today as a member of the Family Connects Frederick County Leadership Advisory Council and as a woman who personally struggled with perinatal mental health disorders after the birth of my son. I strongly support SB0891, Health, Health Insurance, and Health Occupations- Perinatal Mental Health Conditions (SB0891).

I had my son at Frederick Health Hospital. Before I left the hospital, a Family Connects staff member scheduled my nurse visit for when my son was 3 weeks old. The nurse visited us at home and helped us with two critical health issues – our son’s breathing issues and my own postpartum anxiety.

First the nurse identified that our son had respiratory distress and suggested I take him to the emergency department. Second, the nurse screened me for perinatal mood disorders – as the hospital had done before discharge. Both screenings were negative at the time they were done. The Family Connects nurse left me with fliers that explained the symptoms and told me to let her know if my mood changed.

Several weeks later, my anxiety over my son’s health began to spiral. I found myself constantly crying, unable to sleep, and I started experiencing bouts of dizziness with nausea. At one point I remember staring and my son and wishing that he had never been born.

I picked up the flier that the nurse gave me and immediately realized that I was experiencing postpartum anxiety. I texted the Family Connects nurse for help and she suggested additional postpartum-specific resources including online support groups through Postpartum Support International. With her guidance, I quickly contacted a therapist who I continued to meet with monthly.

My son is now close to three years old, and I am thankful that I had access to her expertise and additional screenings. I don’t know what would have happened to my son or to myself without her guidance.

New mothers like me all over are facing a mental health crisis. My husband’s best friend, Andrea Kolbe, died by suicide in December 2023 from postpartum depression and psychosis. I believe she would still be alive if she received the multiple mental health screenings that I did.

Our stories aren’t rare. That’s why I am writing to you on behalf of all mothers urging you to support SB0891 to establish provider education on perinatal mental health disorders and multiple screenings before and after birth.

Thank you for your time and leadership,

Sincerely, Erica Blake

SB 891_Horizon Foundation_FAV.pdf

Uploaded by: Glenn Schneider

Position: FAV



February 27, 2026

COMMITTEE: Senate Finance Committee

BILL: SB 891 – Health, Health Insurance and Health Occupations – Perinatal Mental Health Conditions

POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives. The Foundation is pleased to **support SB 891 – Health, Health Insurance and Health Occupations – Perinatal Mental Health Conditions**. This bill would require health insurers to provide coverage for screening for perinatal mental health conditions, including postpartum depression, during pregnancy, and up to one year after giving birth. It also requires the Maryland Department of Health to develop a perinatal mental health screening program and establish continuing education requirements for certain health care professionals related to perinatal mental health conditions.

Much work remains to solve the maternal health crisis we are experiencing in the United States, particularly for mothers of color. Nationally, Black women are three times more likely to die from a pregnancy-related cause than White women.ⁱ In addition, more than 80% of pregnancy-related deaths are preventable.ⁱⁱ Here in Maryland, Black mothers are more likely than White mothers to have a preterm birth, and more than twice as likely to have their babies experience low birth weight or infant mortality.ⁱⁱⁱ Nationally, Black and Asian or Pacific Islander Americans are significantly more likely to report symptoms of pregnancy-related depression than their White counterparts. Research also shows that perinatal mental health conditions are a leading underlying cause of pregnancy-related deaths and can cause other chronic health issues. Infants of mothers with depression are also more likely to be hospitalized and die within the first year of life.^{iv}

For the last several years, the Horizon Foundation has advocated for policies and programs that would implement a full continuum of reproductive health services in our community and in our state. We have also been working with several nonprofit organizations, funders and clinical providers to examine solutions to improve maternal and child health. SB 891 represents an important part of the solution to tackling the maternal health crisis for women of color and would help ensure that the needs of all women and birthing people before, during and after pregnancy are being met. Improving access to mental health care and developing a more robust

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David Wolf

screening system for perinatal mental health conditions will also help ensure that all of Maryland's children can be given the healthy start they deserve.

We strongly believe everyone should have access to high quality, respectful health and mental health care before, during and after pregnancy. For this reason, the Foundation **SUPPORTS SB 891** and urges a **FAVORABLE** report. Thank you for your consideration.

ⁱ The Network for Public Health Law, 2023.

ⁱⁱ <https://www.cdc.gov/womens-health/features/maternal-mortality.html>

ⁱⁱⁱ Kaiser Family Foundation: <https://www.kff.org/interactive/womens-health-profiles/maryland/maternal-infant-health/>

^{iv} Kaiser Family Foundation: <https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues/>

Health, Health Insurance, and Health Occupations -

Uploaded by: Jacqueline Jones

Position: FAV

Jacqueline Jones
Columbia, MD
Jac.jones0916@gmail.com

SB0891 Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

Dear Members of the Maryland General Assembly, Senate Finance Committee,

My name is Jacqueline Jones and I am a healthcare provider, friend, sister, and mother of two. I am testifying to urge you to vote in favor of Bill SB0891 which would increase coverage from certain insurers for screening for perinatal mental health condition, require the Maryland Department of Health to establish a perinatal mental health condition screening program and require health care providers to provide documentation that they have completed continuing education credit hours on perinatal mental health conditions in their renewal process.

In 2023, I was impacted by the loss of my friend, Andrea Kolbe, who committed suicide, the day after her 35th birthday, due to complications with postpartum psychosis. Her beautiful son, Harbor, was only three months old. Andrea's death is an overwhelming loss for her family, friends, husband, son, and the NY dance community. I wanted to share this story because I want to amplify the need for increased insurance coverage for screening for perinatal mental health conditions, training, referrals and follow up during the perinatal period. If Andrea had received adequate screening, referrals and follow-up, I truly believe she would still be here today.

Perinatal mood and anxiety disorders (PMADs) impact a significant number of women during pregnancy and the postpartum period. Research suggests that roughly 8–25% of pregnant and postpartum individuals experience a PMAD, with differences in prevalence depending on the population studied and the screening tools applied. Waqas et al. (2022) Systematic review of mental health disorders among perinatal women reveals that early screening facilitates timely intervention and improves maternal and infant outcomes. Additionally, meta-analyses demonstrate that screening programs reduce perinatal depression (OR 0.55, 95% CI 0.45-0.66) and anxiety symptoms (SMD -0.18, 95% CI -0.25 to -0.12).

Perinatal women must receive prompt screening, follow-up care and providers should be equipped with training to provide optimal care to this patient population. According to the Maryland Maternal Mortality Review (MMR) 2022 Annual Report, “both the United States and Maryland MMR rates are increasing. These rates exceed the Healthy People 2030 goal of 15.7 deaths per 100,000 live births” (p.5). The MMR 2022 Annual Report, which reviews cases from 2020, reveals a total of 58 pregnancy-associated deaths, an increase of 27 deaths compared to 2019. Notably, “behavioral health conditions are the leading cause of all pregnancy-associated deaths, as well as pregnancy-related and non-pregnancy-related deaths” (p. 5). Among the “41 nonpregnancy-related deaths, two (5%) occurred within the first six days postpartum, one (2%) occurred between seven and 42 days postpartum, and 26 (63%) occurred between 43 and 365

days postpartum” (MMR 2022 Annual Report p. 13). This information underscores the fact that many of these deaths occur during the initial days to a year postpartum, emphasizing the need for proper screening and follow-up during the perinatal period.

On behalf of Andrea, all women with perinatal mood and anxiety disorders, and their families, I express our gratitude for considering this impactful legislation.

Sincerely,

Jacqueline Jones

References:

Health-General Article, §13-1212, Annotated Code of Maryland – 2022 Annual Report – Maryland Maternal Mortality Review. <https://Health.Maryland.gov/>. (2022). Retrieved February 25, 2026, from <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>

Thornton, M., & O’Conner, A. (2022). Pregnant and postpartum women and behavioral health integration [Topic brief]. Agency for Healthcare Research and Quality (AHRQ) Integration Academy. <https://integrationacademy.ahrq.gov/products/topic-briefs/pregnant-postpartum-women>.

Waqas A, Koukab A, Meraj H, Dua T, Chowdhary N, Fatima B, Rahman A. Screening programs for common maternal mental health disorders among perinatal women: report of the systematic review of evidence. *BMC Psychiatry*. 2022 Jan 24;22(1):54. doi: 10.1186/s12888-022-03694-9. PMID: 35073867; PMCID: PMC8787899.

Testimony SB 891_HB 1118.pdf

Uploaded by: Joyce Harrison

Position: FAV

Testimony Concerning SB 891

“Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions”

Submitted to the Senate Finance Committee

February 25, 2026

Position: SUPPORT

Joyce Harrison MD, Kennedy Krieger Institute, past president of the Infant Mental Health Association of Maryland and DC, strongly supports **SB 891 “Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions.”** This bill requires screenings for perinatal mood and anxiety disorders (PMADs) by health providers at prenatal appointments and the post-partum visit as well as at each of the 7 well-child visits during a child’s first year of life. For a baby to be well supported and healthy, their parents need to be healthy, especially in terms of their mental health. SB 891 will ensure that parents suffering from PMADs can get the support they need.

As an infant and preschool child psychiatrist working closely with primary care pediatricians, I understand the critical role that a caregiver has in the health emotional development of the infant. Pediatricians are on the front lines in the early care of newborns and are best positioned to screen for and detect mental health issues in caregivers.

Perinatal mental health disorders can have serious adverse effects on the health and functioning of the mother, her infant and her family.

- 20% of women experience a perinatal mental health condition
- 75% of these women never receive treatment
- Perinatal mental health conditions are the leading cause of maternal death (22%)
- Maternal mental health conditions can disrupt the development of parent-child relationships
- Maternal mental health conditions can cause behavioral, cognitive, and emotional delays in a child

SB 891/HB 1118 would:

- Implement the most impactful recommendations of the *Task Force to Study Maternal Mental Health*, which was established by the General Assembly in 2015
- Bring Maryland into line with other states that have passed legislation similar to SB 891/HB 1118, including Minnesota, California, West Virginia, Virginia and New York

- Achieve some of the goals outlined in a *2025 Maryland Maternal Health Improvement Plan*, including improving the screening, diagnosis and treatment of behavioral health conditions in perinatal women, and better training the perinatal workforce to support women’s behavioral health

Maryland lags behind other states in perinatal mental health care:

- Every year the Policy Center for Maternal Mental Health develops state report cards. While overall the 2025 report card gave Maryland a “C,” largely because of its Medicaid expansion, it gave Maryland an “F” for gaps in prenatal and postpartum screening rates and accountability.

SB 891/HB 1118 would improve the overall health and well-being of women and children, and it would mark a critical step in the development of a comprehensive and robust perinatal mental health system of care in Maryland. **We respectfully request that this committee issue a favorable report on SB 891 to ensure that Maryland’s parents have all the support they need to care for their babies.**

Joyce Nolan Harrison, M.D.

Associate Professor, Department of Psychiatry

Johns Hopkins University School of Medicine

Immediate Past President, Infant Mental Health Association Maryland-DC

Executive Member, American Academy of Pediatrics Council on Healthy Mental and Emotional Development

PMH bill Letter.pdf

Uploaded by: Katie Maniscarco

Position: FAV

**Hearing 2/27 at 1:00 p.m.
Senate Finance Committee**

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Katie Maniscarco, LCSW-C, PMH-C, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

My decision to work as a perinatal mental health specialist was based off my personal experiences with postpartum depression and subsequent work with pregnant and postpartum clients. I discovered that far too many women faced similar barriers to adequate and informed care as I did, and that they felt isolated and forced to suffer in silence. Such suffering has unfavorable outcomes for not only the mother, but also the baby. These outcomes are backed by the latest research.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Katie Maniscarco, LCSW-C, PMH-C
Guided Hope Counseling, LLC
260 Gateway Drive, Suite 7-8 B
Bel Air, MD 21014
(410)-846-0095, ext. 1
katie@guidedhopecounseling.com

SB0891 Favorable Testimony.pdf

Uploaded by: Kelsey McCarthy

Position: FAV

Hearing 2/27 at 1:00 p.m.

Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions (SB 891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Kelsey McCarthy and I write this letter in strong support of SB 891 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

As a mother of two, I have experienced firsthand how overwhelming the perinatal period can be. Pregnancy, birth, and the postpartum months bring immense joy, but they also bring exhaustion, hormonal changes, anxiety, and emotional vulnerability. Even with strong support systems and access to healthcare, it can be difficult to recognize when normal adjustment becomes something more serious.

Many mothers are given mental health questionnaires at pediatrician visits asking how they are feeling. While well intentioned, most mothers are unlikely to answer those questions honestly or fully. New mothers are often exhausted, worried about judgment, or unsure whether what they are experiencing is normal. Many do not yet know how to ask for help.

That is why we need trained professionals who can recognize the signs of perinatal mental health conditions, initiate conversations, and guide families toward care. Screening cannot rely solely on self-reporting; it must be supported by provider education and systems designed to identify struggling parents early and compassionately.

Supporting maternal mental health supports entire families. When mothers are healthy, children thrive, families remain stable, and communities are stronger. SB 891 moves Maryland toward a healthcare system that proactively supports parents rather than waiting for them to reach a crisis point.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I respectfully ask for a favorable report on SB 891.

Sincerely,

Kelsey McCarthy
1020 Garywood Lane
Arnold, MD 21012
443-223-7558
Kcarey1012@gmail.com

Kyra Vocci Testimony 2.27.2026.pdf

Uploaded by: Kyra Vocci

Position: FAV

Hearing 2/27 at 1:00 p.m.

Senate Finance Committee

**Health, Health Insurance, and Health Occupations – Perinatal Mental Health
Conditions (SB0891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Kyra Vocci. I am here today as a maternal mental health advocate, as the founder of Andrea’s Wish Foundation, and as a representative of Postpartum Support International – Maryland Chapter. We are in strong support of SB0891: Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions.

I am also here because of my sister, Andrea.

Andrea gave birth to her beautiful son, Harbor, on August 24, 2023, and like so many mothers, she struggled silently in the months that followed. She loved her baby deeply. She wanted to be well. But she fell through the cracks of a healthcare system that screens without always ensuring connection to care. She was identified as struggling, but there was no clear, urgent pathway. No coordinated follow-up. No rapid response. Three months after giving birth, Andrea died by suicide – one day after her 35th birthday on December 11, 2023.

Our family lives every day with the reality that her death may have been preventable if there had been stronger systems in place, if a positive screen had triggered immediate action, clear referrals, and real follow-up. Postpartum Depression and Psychosis are treatable.

That is why this bill matters so deeply to me.

Expanding screening, strengthening insurance coverage, and requiring provider education are critical and long overdue. But I urge you to ensure that screening does not become a checkbox. When a mother screens positive, that moment must trigger action.

We need a standardized care activation process, and a required response protocol, so providers know exactly what to do next. Referrals must happen quickly. Access to

trained specialists must be timely. Care coordination and follow-up must be built into the process, so families are not left to navigate it alone.

Because when a mother finally says - I'm not okay - delays can be dangerous. In the postpartum period, weeks matter. Sometimes days matter. Andrea's story is not rare, and that is exactly the problem. I cannot change what happened to my sister. But together, we can change what happens next for Maryland mothers.

On behalf of Postpartum Support International – Maryland Chapter, and in honor of Andrea and her son Harbor. I am asking you, from the deepest place in my heart, to strengthen this bill so that another family is spared the pain, of a preventable tragedy that mine carries every single day.

Thank you for your time and your leadership.

With heartfelt appreciation,

Kyra Vocci

103 Overcrest Road
Towson, MD 21286
410-490-3100 cell

SB 891 - Hlth, Hlth Ins, and Hlth Occ - Perinatal

Uploaded by: Larry Polsky

Position: FAV



SB 891

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
WRITTEN TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE
Laurence Polsky, MD, MPH, FACOG, Medical Director, Calvert County Health Department
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

_SB0891 Letter_Community After Birth.pdf

Uploaded by: Lauren Thompson

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

**Health, Health Insurance, and Health Occupations -
Perinatal Mental Health Conditions (SB 891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

Community After Birth strongly **supports** SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

Community After Birth's mission is to improve postpartum support of parents and families living in Anne Arundel county, Maryland. Since 2024, our small team has been providing postpartum doula support at no cost to military members/spouses and families facing mental health challenges. Our eligible spaces fill every year, and local mental health providers have been reporting positive feedback about referring their patients to our program. The program and doula team have become beloved by parents who receive this life-saving support.

At intake, parents are sent the Edinburgh Postnatal Depression Scale (EPDS), an evidence-based and validated tool for use in the perinatal population which addresses anxiety, depression, and suicidal thoughts. If a parent screens at-risk, they are immediately followed up with and additional resources and referrals are offered. As a non-profit doula organization, Community After Birth is currently not eligible for reimbursement for this life-saving screening practice.

The health and screening system, as it stands, is not protecting Marylanders from the negative impacts of preventable mental illness and death. Treatment, solutions, and resources exist and are already being utilized in Maryland. SB 891 is a step in the right direction, and will strengthen the existing screening programs across the state.

Parents, parents-to-be, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Warmly,

Lauren Thompson, Director
Community After Birth
hello@communityafterbirth.org
443-203-9177



SB0891 Letter_Lauren Thompson.pdf

Uploaded by: Lauren Thompson

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Lauren Thompson, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

I became pregnant with my first, unexpectedly, at the age of 23. I was visiting doctors prenatally with my boyfriend - we were excited and nervous about what was to come. At the time, I was happy – I was madly in love with my partner, had always loved children, completed my Bachelor's degree in Psychology and Biology pre-Medical track the year prior, and was on the brink of a new phase in life.

As my pregnancy progressed, I became more and more anxious about the wellbeing of my baby and my capacity to care for her. Depression began to creep in. Sleeplessness became a norm. Intrusive thoughts and hypervigilance dominated my thoughts, worsened postpartum, and did not leave me for years.

I filled out screening forms at the OB/GYN and Pediatrician several times. Where did those screening forms go? No one explained the screenings or followed up when I screened at-risk.

None of the various providers I saw in the maternity care system asked me about my disclosed history of depression, anxiety, and suicidal ideation. They didn't ask about my disclosed history of substance use. They didn't ask or counsel about my personal and family health history that put me at increased risk for perinatal mental health disorders. They didn't provide resources, hotlines, warmlines, support groups, educational information, referrals, medication options, or a safe place to disclose my fears.

After years of suffering from untreated mental illness – an illness that hurt me, my child, and my family – I was finally diagnosed with Obsessive Compulsive Disorder and Depression. I thought many times about ending my life for the betterment of my family while postpartum. I am grateful to still be here. There is no reason parents should be succumbing to treatable diseases in the perinatal period – a time when they intersect with the health system the most – leaving a large and painful hole in families and communities that ripples for generations.

I used to blame providers for this negligence. Now – 13 years later with 3 children, doula training, a master’s degree in perinatal mental health research, and years of experience supporting tender parents in similar situations – I now know it is a systemic issue. Providers need the education, tools, referral pathways, and time to be able to support expecting parents.

The health and screening system, as it stands, is not protecting Marylanders from the negative impacts of preventable mental illness and death. Treatment, solutions, and resources exist and are already being utilized in Maryland. SB 891 is a step in the right direction, and will strengthen the existing screening programs across the state.

Parents, parents-to-be, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Warmly,

Lauren Thompson
1315 St Stephens Church Rd
Crownsville, MD 21032
lauren@4thtrimesterfamily.com
571-217-7403

Andrea.pdf

Uploaded by: Lisa Kolbe

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Lisa Kolbe, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

My daughter, Andrea Kolbe, died at 35 years of age to postpartum depression and psychosis as a result of grossly inadequate maternal mental health care. Andrea, raised in Gaithersburg, Maryland, a graduate of Hofstra University, dance teacher, choreographer, and owner of a dance studio on Long Island, had a successful and joyful pregnancy. She delivered her healthy son, Harbor McBride, on August 24th, 2023 at Northwell Health Huntington Hospital in New York.

After eight weeks, Andrea began showing signs of mental struggle and fracture. It was at this stage that the difficulty in finding referrals to competent professionals and providers in perinatal mental health reached a critical juncture. The system failed her, her family, and the ultimate sacrifice and failure was to her son. Passage of this essential bill for all women will provide adequate mental health screenings, continuing education for mental health providers, and make resources immediately available and accessible to all mothers upon discharge, at office visits both before delivery and post delivery, and at WIC offices.

Postpartum depression is a dangerous and life threatening diagnosis and must be treated with urgency and critical action. My daughter should not have died. It is a tragedy of unspeakable proportions. I urge for the passage of this important and life saving bill. No family should ever have to endure the pain and agony that our family has been inflicted with due to the lack of maternal mental health care, education, and resources.

On behalf of my Andrea, I thank you for your consideration and action in the passage of this life saving bill.

Sincerely,
Lisa Kolbe
37 Harriet Lane
Huntington NY 11743

301-908-2557

SB891 Maternal Health Screening MD_Inseparable Tes

Uploaded by: Marianne Gibson

Position: FAV

inseparable

409 7th St Northwest, Suite 305

Washington, D.C. 20004

February 27, 2026

Senate Finance Committee

Maryland General Assembly

3 East, Miller Senate Office Building

Annapolis, MD 21401

Via electronic submission

RE: SUPPORT FOR SB 891 (Perinatal Mental Health Conditions)

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

On behalf of Inseparable, a national mental health advocacy organization focused on closing the treatment gap for people with mental health conditions and substance use disorders, I'm pleased to submit testimony in **support of SB 891**. This bill will strengthen mental health support for perinatal and postpartum mothers.

The perinatal and postpartum period is one of the most important windows in the life of both a parent and a child and is a critical time for parent-child bonding, attachment, and healthy brain development. When a mother is struggling with a mental health condition, including depression or anxiety, it can profoundly affect that bonding process.

Maternal mental health conditions are common, with nearly 1 in 5 mothers experiencing a mental health condition during pregnancy or in the first year after birth. Untreated mental health conditions during this period are associated with preterm birth, challenges with breastfeeding, disrupted attachment, and can have long-term impacts on a child's social and emotional development. Conversely, when new moms are supported, good mental health is associated with healthier pregnancies and birth outcomes, more responsive and nurturing caregiving, secure attachment, and improved cognitive, social, and emotional development for the child that can extend later into childhood.

SB 891 takes proactive steps to strengthen support for expectant and postpartum mothers. The intent of the bill is to expand coverage for mental health screenings during the perinatal and postpartum periods. Expanding screening during routine visits helps normalize mental health as part of overall health. It is about reducing stigma, making conversations routine, and ensuring mothers are supported when they need mental healthcare.

Screening for maternal mental health is an important first step, but meaningful connection to care is the true goal, and SB 891 helps make that connection possible. By identifying and

addressing mental health needs, we strengthen parent-child attachment, support healthy development, and help families access the right support before challenges become more serious or costly.

SB 891 reflects thoughtful expansion of screening and support during a critical life stage. Thank you for your consideration and I respectfully urge a favorable report.

Respectfully,

A handwritten signature in black ink, appearing to read "M. Gibson".

Marianne Gibson

Vice President, Youth, Crisis & Workforce Policy

SB891 - Perinatal Mental Health - Toscano - Sup.pd

Uploaded by: Marika Toscano

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Marika Toscano, MD
*Assistant Professor, Division of Maternal-Fetal Medicine
Department of Gynecology/Obstetrics, Johns Hopkins Medicine*

SB891
Favorable

DATE: February 27, 2026

RE: SB891 Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

My name is Marika Toscano, MD, on behalf of Johns Hopkins University and Medicine, I write this letter **in strong support of SB 891**, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. As a Maternal–Fetal Medicine physician and perinatal mental health researcher, I care for pregnant and postpartum individuals at high medical and psychosocial risk, and I see firsthand the profound impact perinatal mental health conditions have on patients, families, and communities across Maryland. In my clinical practice, untreated depression, anxiety, and substance use disorders are not abstract diagnoses, they are the underlying drivers of preventable challenges, including impaired maternal functioning, decreased adherence to prenatal care, obstetric complications, maternal morbidity, and higher healthcare utilization. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. By strengthening early identification and accountability, this legislation directly addresses one of the leading causes of preventable maternal death. In short, this bill will save lives.

Perinatal mood and anxiety disorders affect approximately 1 in 5 pregnant and postpartum individuals and are among the leading causes of pregnancy-associated morbidity and mortality in the United States.¹ Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees that convene at the state level to comprehensively review deaths during or within a year of pregnancy (pregnancy-associated deaths). The most recent national data collected by the CDC from statewide maternal mortality review committees shows that mental health conditions contribute to 22.5% of maternal deaths nationally, with depressive disorder underlying the cause of death in 18.4%. Among pregnancy-related deaths with mental health condition as the underlying cause, 31.3% were determined by MMRCs to be suicide.² Importantly, MMRCs consistently conclude that the majority of these deaths are preventable.

Here in Maryland, the most recent Maryland Maternal Mortality Review Annual Report similarly report that 43% of pregnancy-associated deaths occurred in individuals with pre-existing behavioral health disorders, and 26% had a diagnosis of depression. Unintentional overdose — often linked to

¹ Woody CA, Ferrari AJ, Siskind DJ, Whiteford HA, Harris MG. A systematic review and meta-regression of the prevalence and incidence of perinatal depression. *J Affect Disord.* 2017;219:86–92. doi: 10.1016/j.jad.2017.05.003.

² CDC. Pregnancy-related deaths: Data from maternal mortality review committees. <https://www.cdc.gov/maternal-mortality/php/data-research/mmr/index.html>. Accessed 2/16, 2026.

substance use and mental health conditions — continues to be the leading cause of pregnancy-associated deaths in the state, based on multiple consecutive annual reviews.³ These findings underscore that perinatal mental health is not a niche issue; it is central to Maryland’s maternal mortality crisis.

Untreated depression and anxiety during pregnancy are associated with preterm birth, hypertensive disorders, impaired maternal–infant bonding, increased emergency department utilization, and other adverse events.^{4,5,6} These conditions disproportionately affect individuals facing structural inequities, including Black patients and those insured through Medicaid. There is significant cost impact, with estimated >\$102 million annually in adjusted increased hospitalization costs among deliveries to individuals with mental health disorder.⁷ Failure to address these conditions perpetuates both health inequities and avoidable health system expenditures.

SB 891 represents an important step toward strengthening Maryland’s response to perinatal mental health conditions by improving screening, access to care, and professional accountability. Evidence-based interventions for perinatal depression and anxiety exist and are recommended by the U.S. Preventive Services Task Force for individuals at increased risk.⁸ However, implementation gaps persist across clinical settings, particularly for medically complex and underserved populations. Policy support is essential to ensure consistent identification, referral pathways, and treatment access statewide.

From both a clinical and public health perspective, investing in perinatal mental health yields substantial downstream benefits. Early identification and treatment reduce maternal morbidity, improve infant developmental outcomes, and decrease health system costs related to emergency care and preventable complications. Strengthening our infrastructure now will save lives and resources in the long term.

SB891 advances policies that prioritize the mental health of pregnant and postpartum Marylanders, which moms, families, and communities in Maryland would greatly benefit from. Given the clear evidence that mental health conditions are a leading and preventable contributor to maternal death in our state, timely legislative action is warranted. As such, I ask for a **favorable report on SB891**.

³Maryland Maternal Mortality Review. 2022 annual report. 2/16/26 Web site. <https://health.maryland.gov/phpa/mch/Pages/mmr.aspx>.

⁴ Grote NK, Bridge JA, Gavin AR, Melville JL, Iyengar S, Katon WJ. A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Arch Gen Psychiatry*. 2010;67(10):1012–1024. doi: 10.1001/archgenpsychiatry.2010.111.

⁵Logue TC, Wen T, Monk C, et al. Trends in and complications associated with mental health condition diagnoses during delivery hospitalizations. *Am J Obstet Gynecol*. 2022;226(3):405.e1–405.e16. doi: 10.1016/j.ajog.2021.09.021.

⁶ Admon LK, Dalton VK, Kolenic GE, et al. Comparison of delivery-related, early and late postpartum severe maternal morbidity among individuals with commercial insurance in the US, 2016 to 2017. *JAMA Netw Open*. 2021;4(12):e2137716. doi: 10.1001/jamanetworkopen.2021.37716.

⁷ Brown CC, Adams CE, George KE, Moore JE. Mental health conditions increase severe maternal morbidity by 50 percent and cost \$102 million yearly in the united states. *Health Aff (Millwood)*. 2021;40(10):1575–1584. doi: 10.1377/hlthaff.2021.00759.

⁸ O’Connor E, Senger CA, Henninger ML, Coppola E, Gaynes BN. Interventions to prevent perinatal depression: Evidence report and systematic review for the US preventive services task force. *JAMA*. 2019;321(6):588–601. doi: 10.1001/jama.2018.20865.

SB891_MarylandWomensCaucus_FAV

Uploaded by: Maryland Women's Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A
President

DEL. MICHELE GUYTON, DISTRICT 42B
1st Vice-President

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10
2nd Vice-President

DEL. SARAH WOLEK, DISTRICT 16
Secretary



DEL. LINDA FOLEY, DISTRICT 15
Treasurer

DEL. KAREN R. TOLES, DISTRICT 25
Parliamentarian

DEL. JACQUELINE T. ADDISON, DISTRICT 45
At Large

DEL. KYM TAYLOR, DISTRICT 23
At Large

WOMEN LEGISLATORS OF MARYLAND
THE MARYLAND GENERAL ASSEMBLY

February 28, 2026

To: Senator Pamela Beidle, Chair

Senator Antonio Hayes Vice, Chair

Finance Committee

The Maryland Women's Caucus proudly supports SB 891 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions.

SB 891 takes a comprehensive approach to addressing perinatal mental health by expanding screening, strengthening provider education, and improving access to care. The bill requires certain insurers, nonprofit health service plans, and health maintenance organizations to cover screenings for perinatal mental health conditions at designated intervals. It also directs the Maryland Department of Health to establish a statewide perinatal mental health screening program and requires specified healthcare professionals to complete continuing education on perinatal mental health as part of license renewal.

Perinatal mental health conditions, including postpartum depression and anxiety, affect a significant number of women during pregnancy and after childbirth. Left undiagnosed and untreated, these conditions can have serious consequences for mothers, infants, and families. Early screening is essential to identifying symptoms, connecting patients to appropriate treatment, and preventing long-term harm.

SB 891 strengthens Maryland's healthcare framework by ensuring that screening becomes a routine and covered component of maternal care. By requiring continuing education for healthcare providers, the bill also improves clinical awareness, reduces stigma, and enhances the quality of care women receive during one of the most vulnerable periods of their lives.

Maternal health disparities remain a pressing concern, particularly for Black women and other underserved communities. Expanding screening and provider training is a critical step toward closing these gaps and improving outcomes for mothers and babies across the state.

SB 891 aligns directly with the Maryland Women's Caucus mission to protect the health and well-being of women, children, and families. By prioritizing maternal mental health, Maryland affirms that perinatal care must include both physical and psychological support.

For these reasons, the Maryland Women's Caucus respectfully urges a favorable report on SB 891.

Testimony in Favor of SB 891.pdf

Uploaded by: Megan O'Brien

Position: FAV

Testimony in Support of Senate Bill 891 – Perinatal Mental Health Conditions

Chair, Vice Chair, and Members of the Committee:

Thank you for the opportunity to testify in support of Senate Bill 891. My name is Alyssa Sanders, and I serve as Director of Advocacy at EveryMind, a community-based mental health organization serving children, adults, and families across Maryland. EveryMind provides school-based mental health services, community-based care coordination, crisis prevention, and early intervention programs. We respectfully urge a favorable report.

Perinatal mental health disorders can have serious and lasting consequences for mothers, infants, and families. Twenty percent of women experience a perinatal mental health condition, yet 75% of those women never receive treatment. Even more alarming, mental health conditions are now the leading cause of maternal death, accounting for 22% of pregnancy-related deaths.

When maternal mental health conditions go untreated, the impact extends far beyond the individual mother. These conditions can disrupt the development of parent-child relationships and contribute to behavioral, cognitive, and emotional delays in children. The health of mothers and babies is inseparable. Supporting one directly supports the other.

Senate Bill 891 represents a critical opportunity to strengthen Maryland's response in a meaningful and lasting way. The bill implements the most impactful recommendations of the Task Force to Study Maternal Mental Health established by the General Assembly in 2015. It advances key goals outlined in the 2025 Maryland Maternal Health Improvement Plan, including improving screening, diagnosis, and treatment of behavioral health conditions in perinatal women and better preparing the workforce to respond.

Importantly, Maryland lags behind many other states in perinatal mental health care. According to the Policy Center for Maternal Mental Health, while Maryland received an overall "C" on its 2025 state report card, largely due to Medicaid expansion, it received an "F" for gaps in prenatal and postpartum screening rates and accountability. That grade reflects missed opportunities to identify and treat women who are struggling during one of the most vulnerable times in their lives.

Other states, including Minnesota, California, West Virginia, Virginia, and New York, have already enacted legislation to build stronger perinatal mental health systems. SB 891 would bring Maryland into alignment with these states and demonstrate our commitment to maternal and child health.

This legislation is about more than compliance or process. It is about saving lives. It is about ensuring that no mother suffers in silence and that no child's development is compromised because a parent could not access timely care.



By strengthening screening, improving workforce training, and building a more coordinated system of care, Senate Bill 891 would mark a critical step toward a comprehensive and robust perinatal mental health system in Maryland. It would improve the overall health and well-being of women and children across our state.

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

Thank you for your consideration.

SB0891_ChamberOfMothers.pdf

Uploaded by: Natasha Koussa

Position: FAV



Chamber of Mothers

SB 891: Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

Position: Favorable

Date: 02/17/2025

Committee: Finance

Chair Beidle and members of the Senate Finance Committee,

The Maryland Chapter of Chamber of Mothers, representing mothers and families across the state, **strongly supports SB 891**, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health.

Pregnancy and childbirth is an exciting but turbulent time in a mother's life, physically, mentally, and financially. Often, it is not clear to the pregnant or postpartum mother, as well as the people supporting her, what emotions are a normal, temporary part of the childbirth process, and what constitutes a mental health issue. Screenings are a quick, easy, and cost-effective way to identify mental health issues so that treatments can be recommended early and new parents can get the support that they need.

When most mothers in Maryland show up to their six-week postpartum checkup they are handed a screening questionnaire and either warned that insurance will not cover it if they fill it out, or they are not warned and get a surprise bill later. SB 891 would ensure that all mothers have the opportunity to be screened for perinatal mental health conditions, regardless of their ability to pay. This is the type of healthcare and support Maryland moms need to thrive in motherhood.

This bill is a step in the right direction towards addressing perinatal mental health conditions that impact Maryland moms. As such, **we ask for a favorable report.**

Sincerely,

Maryland Chapter of Chamber of Mothers
marylandchapter@chamberofmothers.com

Dr. Kumi SB0891 Letter.pdf

Uploaded by: Nicole Kumi

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Dr. Nicole Kumi, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

I am here in strong support of this perinatal mental health bill, not only as a professional in the field, but as a mother who lived through the very gaps this legislation seeks to address.

When I became a mother, I *knew* something was wrong. I knew I needed help. I knew what I was feeling wasn't "typical new mom exhaustion." Despite my own insight, I was not informed, screened, or connected to anyone who could help me. I left the hospital with instructions for my baby, but none for myself. I was given feeding guidance, diaper logs, and sleep expectations... yet nothing to help me understand the overwhelming emotional and identity shifts I was experiencing. I had the awareness that I was struggling, but no pathway to support.

Since I was not educated on what postpartum mental health actually looks like, because there was no proactive follow-up, and because no one explained the signs, stages, or risks, I delayed seeking help. That delay had consequences. My symptoms worsened, my functioning declined, my ability to bond, rest, and cope was affected, and my family felt the weight of that struggle. Not because I was unwilling to seek help, but because **the system did not prepare me, guide me, or connect me.**

I tell this story because it is not unique. It is the experience of countless mothers across Maryland. Mothers who are aware they are struggling, but who:

- aren't educated about postpartum mental health
- don't know what the symptoms mean
- think it's "normal" because they've been told it is
- don't know where to go
- don't know who to ask

- don't think they're "bad enough" to deserve support
- or assume feeling miserable is part of motherhood

These are preventable delays in care, and they come at a cost, emotionally, psychologically, relationally, and economically.

In my professional work with The Whole Mom, I see this pattern every day: Mothers are not suffering due to a lack of willingness. They are suffering due to a lack of education, connection, screening, and specialized support.

The postpartum period is a profound psychological transition, one of the most significant in a woman's life. Yet our systems treat it as a brief afterthought, leaving mothers unsupported during the very window when they are most vulnerable.

This bill changes that. It brings us closer to a model where mothers receive:

- proactive education about the fourth trimester
- universal, repeated mental health screening
- clear guidance on what the emotional recovery process looks like
- connections to specialized providers
- follow-up care that doesn't end at six weeks
- support that strengthens families instead of leaving them isolated

Mothers who are informed, supported, and connected have better outcomes. Families and babies have better outcomes. This legislation is more than a policy update; it is a life-changing and life-saving shift toward treating postpartum mental health with the seriousness it deserves.

For my own story, for the families I serve, and for the mothers who will come after us, I urge you to pass this bill. Thank you for your time and for prioritizing maternal mental health.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Dr. Nicole Kumi, PhD, PMH-C

2621 Telluride Place, Silver Spring MD 20906

nkumi@thewholemom.com

2026 MCHS SB 891 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee:	Senate Finance Committee
Bill:	Senate Bill 891 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions
Hearing Date:	February 27, 2026
Position:	Support

The Maryland Community Health System strongly supports *Senate Bill 891 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions*. The bill builds upon recommendations of the 2017 Report from the Task Force to Improve Maternal Mental Health on system changes to improve perinatal health outcomes.ⁱ

MCHS is a network of federally qualified health centers providing somatic, behavioral health, and dental care to underserved communities across Maryland. Perinatal mental health is a pervasive, but underreported and undertreated problem, in nearly all of our communities. We support this legislation’s multifaceted, public health approach to making meaningful changes to our healthcare delivery system.

We are participating in the sponsors’ workgroup to hone the language of this legislation. We appreciate the collaborate approach of the sponsors, and we believe the end product will be milestone legislation for Maryland.

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

ⁱ <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

Winkler - SB0891 Letter.pdf

Uploaded by: Rowena Winkler

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)**

Position: Favorable

Chair Beidle and members of the Senate Finance Committee:

My name is Dr. Rowena Winkler, and I write this letter in strong support of SB 891, Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

Several years ago, after the birth of my son, I experienced postpartum psychosis. I did not know that what was happening to me had a name. I had not been adequately screened. I had not been educated on the warning signs. My family did not know what to look for. What began as sleeplessness and anxiety escalated into a psychiatric emergency that required crisis intervention.

Postpartum psychosis is rare, but it is life-threatening. It can emerge rapidly, especially in the setting of severe sleep deprivation. In my case, by the time help was called, I was already detached from reality. My husband had to contact emergency services because my behavior had become concerning and I had not slept. I was ultimately hospitalized.

I am fortunate. I survived. My children still have their mother. Many families are not as lucky.

What haunts me most is how preventable the escalation may have been. If I had been more thoroughly screened. If my providers had discussed the full spectrum of perinatal mental health conditions — not just “baby blues.” If my family had been educated about early warning signs. If there had been clearer systems in place to identify and respond to severe symptoms before crisis.

As a mother, a Maryland resident, and a professional who now speaks publicly about perinatal mental health, I know how critical early screening, education, and provider training are. Expanding standardized screenings and ensuring both patients and providers understand the range and severity of perinatal mental health conditions will not only reduce suffering — it will save lives.

Perinatal mental health conditions do not discriminate. They affect high-achieving professionals, loving parents, and families who are doing everything “right.” Silence and lack of education are dangerous. Policy change is powerful.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,
Rowena B. Winkler, Ph.D.
5128 Eliots Oak Rd.
Columbia, MD 21044
rbwinkler16@gmail.com
856-426-4607

SB0891 Support Letter.pdf

Uploaded by: Samantha Royson

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB0891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Samantha Royson, and I write this letter in strong **support** of SB0891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

As a clinical social worker in the maternal health space, as well as a mother, I understand how important perinatal mental health screening and education can be. Before I gave birth to my son, I would often educate patients about their risks and protective factors for perinatal mental health conditions. However, when it was me who was the patient, I expected that I would be “safe” from any concerns because I am knowledgeable, I am trained, I am experienced in this. That was not the case. I experienced symptoms of postpartum anxiety and OCD (obsessive compulsive disorder) including scary thoughts of falling down the stairs of my home with my infant, accidentally smothering them in too many layers of clothing, and getting into a terrible car accident when we left the house. Screening for these changes in mood, educating patients about their risk and protective factors for these conditions, can quite literally save the life of mother and child. For this to be effective, medical providers need to be educated with this important knowledge so that they can share it with their patients. They need to feel confident and comfortable discussing these conditions, as they do hypertension or diabetes.

Mothers, children, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Samantha Royson, LCSW-C, PMH-C
Clinical Perinatal Social Worker & Mother
6508 Glenoak Ave Baltimore MD 21214
Samantha.royson@gmail.com

2026 Support letter for SB0891.pdf

Uploaded by: Sara Daly

Position: FAV

**Hearing 2/27 at 1:00 p.m.
Senate Finance Committee**

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)**

Position: Favorable

February 25, 2026

Chair Beidle and members of the Senate Finance Committee,

My name is Sara Daly, and I am a Maryland resident writing this letter in strong **support** of SB 891: Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

In addition to being a mother of two (now adult) children in Maryland, I am a social worker who – for the past 15+ years – has dedicated myself and my work to the areas of maternal and perinatal mental health. I am passionate about supporting families as they seek to understand and recover from perinatal mental health conditions – as well as about raising awareness and training other providers about the importance (and the specifics) of supporting families during perinatal transitions. I see on a daily basis the significant pain and turmoil caused by perinatal mental health conditions; I also know these conditions are highly treatable and can often be prevented or mitigated – with the appropriate infrastructure and resources in place. Amazingly, in the past several years I have had the honor to witness and support wonderful growth in the local interest and expertise needed to address these reproductive mental health conditions effectively (for example: growing public health awareness, increased efforts to train providers to recognize and treat these conditions, and efforts to streamline both referral pathways and treatment options); however stigma, inconsistent and/or poorly-executed screening-efforts, and significant demands on providers to ‘do more with less’ continue to prohibit scores of struggling women and their families from being identified and connected with adequate supports.

SB 891 would begin to address significant gaps in the screening and treatment of perinatal mental health conditions in Maryland – providing incentive and infrastructure to make this a routine part of medical care during and after pregnancy. By improving screening access and systemic support for reproductive mental health concerns, this legislation has the potential to dramatically shift and improve prevention, early intervention, and coordinated care in our state – strengthening Maryland’s maternal health infrastructure, and ultimately saving lives.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Sara Daly

SB 891 - Finance - MBON - LOSAA.docx.pdf

Uploaded by: State of Maryland

Position: FAV



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 27, 2026

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

RE: SB 891 – Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support as amended for SB 891 Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill seeks to address gaps in perinatal mental health care through early identification, referrals, and importantly for the Board, provider training. The Board strongly supports efforts to enhance the standards of care for perinatal mental health in the State, and recognizes the importance of improving healthcare outcomes for Maryland residents by ensuring that mental health support is integrated into standard perinatal care.

The Board has worked with the sponsor to include amendments that would allow, but not require, health occupations boards already mandating continuing education for renewal to incorporate these credits in their existing continuing education framework at their discretion.

Thank you again for your time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,

Christine Lechliter
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB 891 - FIN - MACHO - LOS.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



SB 891

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
WRITTEN TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE
Laurence Polsky, MD, MPH, FACOG, Medical Director, Calvert County Health Department
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

Hearing 227 at 100 p.m..pdf

Uploaded by: Susan Brennan

Position: FAV

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB0891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Susan Brennan, and I write this letter in strong **support** of SB0891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

As a registered nurse and lactation consultant, I have the privilege of supporting and educating families in the perinatal period. Research has shown that 1 in 5 women and 1 in 10 men may experience depression or anxiety during this vulnerable time. When the mental health of a parent is at risk, the entire family unit is affected.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,



Susan Brennan
BSN, RN, IBCLC, PMH-C

Metropolitan Breastfeeding
4927 Auburn Ave, Ste. 100
Bethesda, MD 20814
703-597-7716

SB 891 Letter - Support.pdf

Uploaded by: Taylor Dickerson

Position: FAV



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February 25, 2025

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

RE: SB 891 Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions

Position: SUPPORT

Dear Chair Beidle, Vice-Chair Hayes, 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 891**. Senate Bill 891 represents an important and timely step toward improving the identification, treatment, and prevention of perinatal mental health conditions in Maryland. The bill appropriately recognizes that mental health conditions occurring during pregnancy and the postpartum period—including postpartum depression and related disorders—are significant health concerns that affect maternal well-being, infant development, and family stability. By requiring insurance coverage for screening at prenatal visits, postpartum care, and well-child visits, establishing a statewide screening program, and ensuring standing referrals to mental health providers during pregnancy and for one year following birth, SB 891 strengthens access to early intervention and promotes continuity of care for vulnerable families.

The importance of early identification and treatment is well supported by clinical research. Perinatal mental health conditions are common and can include depression, anxiety disorders, bipolar disorder, and in rare cases postpartum psychosis, each of which may significantly impair functioning and, if untreated, pose serious risks to both parent and infant. One in seven women experiences perinatal depression, and symptoms may include changes in mood, sleep, and functioning, as well as thoughts of self-harm or harm to the infant. Perinatal anxiety disorders affect a substantial proportion of postpartum individuals and serious conditions such as postpartum psychosis, although rare, require immediate clinical intervention. Because many of these conditions are highly treatable when identified early through screening, referral, and evidence-based interventions, policies that expand screening and provider education can significantly improve health outcomes.

SB 891 reflects a comprehensive and evidence-based approach by requiring provider education, standardized screening tools, and improved access to information for patients and families, while also ensuring timely referrals and insurance coverage for care. These provisions will enhance workforce competence, reduce barriers to treatment, and support early intervention during a critical developmental period for both parent and child. By strengthening maternal mental health services, this legislation promotes healthier families, improves long-term outcomes for children, and advances Maryland's commitment to comprehensive and equitable health care.

We urge the Committee to issue a **favorable report on SB 891**. 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,

Stephanie Wolf, JD, Ph.D.
Stephanie Wolf, JD, Ph.D.
President

Stephanie Olarte, Ph.D.
Stephanie Olarte, Ph.D.
Chair, MPA Legislative Committee

cc: Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB891 - LBCMD 2026 Priority Support Letter.pdf

Uploaded by: Ufuoma Agarin

Position: FAV



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

The Maryland House of Delegates, 6 Bladen Street, Room 300, Annapolis, Maryland 21401
410-841-3185 • 800-492-7122 Ext. 3185 • Black.Caucus@house.state.md.us

February 27, 2026

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Chair Pamela Beidle

Finance Committee

3 East Miller Senate Office Building

Annapolis, Maryland 21401

Dear Chair Beidle and Members of the Committee,

The Legislative Black Caucus of Maryland offers its strong and favorable support for Senate Bill 891- Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. The bill improves the mental health care for individuals who are pregnant or recently gave birth by ensuring that insurance companies give patients a long term referral to a mental health care professor, making it easier for patients to see a mental health provider who is outside of their insurance network, requiring certain insurance plans to cover mental health screenings during and after pregnancy, creating and improving training programs for healthcare providers dealing with mental health issues in postpartum or pregnant patients, requiring Maryland Department of Health to set up a screening program for perinatal mental health conditions, and requiring healthcare providers to complete continuing education when renewing their license on perinatal mental health. Senate Bill 891 is essential as the goal is to improve screening, education, access to care, and insurance coverage for pregnant women dealing with mental health conditions during and after pregnancy. **This bill is a 2026 legislative priority for the Black Caucus.**

The Legislative Black Caucus of Maryland believes that SB 891 will help detect early signs of mental health issues during pregnancy or after pregnancy while ensuring that insurance companies help cover screenings and allow patients to find the right provider for their needs, as minority women are often ignored during these situations. SB 891 would broaden the goal for increasing the number of perinatal mental health screenings during the perinatal period, allowing for one at each prenatal visit, two within six weeks postpartum, and one at each well-child visit within the first year.

Additionally, other states, Minnesota, California, West Virginia, and Virginia, have created bills focusing on requiring health plans for maternal mental health during and after pregnancy. SB 891 will allow for incentivized training for all providers to renew their licenses and require one to two continuing education units that focus on perinatal mental health. Senate Bill 891 overall helps improve the community by providing access, facilitating early detection, promoting healthier families, and training better healthcare providers for our communities.

For these reasons, the Legislative Black Caucus of Maryland strongly

supports Senate Bill 891.

Legislative Black Caucus of Maryland

SB 891 - LOS - UMMS.pdf

Uploaded by: Will Tilburg

Position: FAV

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:

Will Tilburg
Vice President, Government and Regulatory Affairs
University of Maryland Medical System
William.Tilburg@umm.edu

2026 MOTA SB 891 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FWA



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 891
Title:	Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
Hearing Date:	February 27, 2026
Position:	Support with amendments

The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 891 - Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill requires health insurers to cover comprehensive screening and treatment referrals for perinatal mental health conditions during pregnancy and up to one year after birth. It mandates coverage for mental health screenings at prenatal visits, postpartum visits, and well-child visits in the baby's first year. The bill also requires insurers to allow standing referrals to mental health providers and, when necessary, access to out-of-network specialists. Additionally, it directs the Maryland Department of Health (MDH) to develop education, training, and screening programs related to perinatal mental health.

Occupational therapy practitioners (OTPs) play an important role in the perinatal period to support new mothers and their infants in settings such as NICUs, early intervention, pelvic health, and mental health care. OTPs working in maternal and infant health can help with parent-infant bonding, managing changes to sleep and daily routines, and adjusting to the physical and mental changes that occur during and after pregnancy. OTPs support the bill because it expands screening and referral pathways for perinatal mental health conditions which can have negative impacts on bonding, sleep, self-care, and infant development. Earlier identification and mandated insurance coverage mean more clients can access timely, reimbursable services, including functional, home-based, and family-centered interventions. The bill's standing referral provisions reduce administrative barriers, making it easier for occupational therapists to be part of an interdisciplinary care team during pregnancy and the postpartum year. Additionally, required

education and training initiatives through the Maryland Department of Health align with occupational therapy's emphasis on holistic, prevention-focused, and evidence-based practices.

Currently the bill requires the Department of Health, in consultation with the State Board of Physicians and the State Board of Nursing, to develop the perinatal mental health condition screening program. MOTA would suggest a slight amendment to expand which health boards the Department of Health should consult with in the creation of this screening program. MOTA believes the Board of Occupational Therapy Practice should be included in developing the perinatal mental health screening program under the bill because occupational therapists address how perinatal mental health challenges affect daily functioning, parenting routines, and family well-being. OTPs' involvement would also help shape practical, evidence-based training standards implemented through the MDH.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

SB 891 - Perinatal Mental Health Conditions - SWA.

Uploaded by: Natasha Mehu

Position: FWA



Maryland
Hospital Association

Senate Bill 891- Health, Health Insurance, and Health Occupation – Perinatal Mental Health Conditions

Position: *Support with Amendments*

February 27, 2026

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments of Senate Bill 891.

Perinatal mental health conditions affect thousands of Maryland families each year and are often preventable and treatable when identified early. Addressing these conditions is not only a matter of compassionate care, but also a public health imperative. Hospitals support efforts to strengthen the continuum of perinatal mental health care that protects both maternal and infant health.

Hospitals share the goal of ensuring patients are connected to appropriate services early in pregnancy and throughout the postpartum period. SB 891 can help strengthen maternal health outcomes if implemented in a way that reflects how screening and referral processes work in clinical practice and ensures that every Maryland mother has access to timely care.

As the bill moves forward, hospitals ask the committee to consider clarifying language in two areas. First, screening tools identify risk and are not diagnostic tools. A positive screening result should prompt education, further assessment and monitoring, and an offer of referral, instead of mandating a referral. Clarification will help ensure the bill supports appropriate care without unintentionally altering clinical scope of practice. Second, the success of expanded screening depends on patients being able to access timely services. Given existing behavioral health workforce shortages it is important efforts are taken to bolster the availability of providers so identified needs can lead to timely, appropriate behavioral health care.

Hospitals look forward to continuing to work with the sponsors and other stakeholders on these refinements.

For these reasons, MHA requests a favorable report with amendments on Senate Bill 891.

For more information, please contact:

Natasha Mehu, Vice President, Government Affairs & Policy

Nmehu@mhaonline.org

2026 ACNM SB 891 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee:	Senate Finance Committee
Bill:	Senate Bill 891 – Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
Hearing Date:	February 27, 2026
Position:	Support with Amendments

The American College of Nurse Midwives – Maryland Affiliate (ACNM) strongly support *Senate Bill 892 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions*. ACNM is working with the sponsors and amendments to strengthen the bill’s underlying purpose.

Maryland needs to do more to improve the health outcomes of individuals with perinatal mental health conditions. According to the 2017 Report of the Task Force to Study Maternal Mental Health, one in seven individuals suffer from depression during pregnancy or in the 12-month postpartum period. However, half of these individuals are never treated because their conditions are never identified.¹

SB 892 seeks to make meaningful improvements to perinatal mental health outcomes through system improvements in health insurance, our healthcare delivery system, and health professional’s knowledge base. The legislation builds upon the recommendations of the 2017 Task Force Report by using recent stakeholder input from a series of workgroup discussions this winter.

ACNM is working with the sponsors and stakeholders on consensus amendments to:

- Advance strategies to make perinatal mental health provider networks more robust in commercial plans as well as Medicaid;
- Align perinatal screening schedules with best practices; and
- Consider how to facilitate better communication from provider to patients; Mandates about communication are one strategy. Providers may need to customize communications to meet their patients’ particular needs.

We look forward to working on consensus amendments, and we ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

DBM SB891 LOC Health, Health Insurance, and Health

Uploaded by: Dana Phillips

Position: UNF

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor



YAAKOV "JAKE" WEISSMANN
Secretary

MARC L. NICOLE
Deputy Secretary

TITLE: SB891 Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions

DATE: February 27, 2026

COMMITTEE: Finance

POSITION: Letter of Concern

SUMMARY OF BILL: This bill requires carriers to provide a standing referral to a mental health care provider for the duration of a member's pregnancy and one year after giving birth; requires certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for screening for perinatal mental health conditions at certain times; requires the Maryland Department of Health to establish a perinatal mental health condition screening program; and requires certain applicants for the renewal of a health occupation license or certificate to provide documentation that the applicant completed continuing education credit hours on perinatal mental health conditions

EXPLANATION: While the Department supports the intent of Senate Bill 891, we wish to flag several fiscal concerns for the Committee's consideration. Although perinatal mental health screening carries a USPSTF "B" recommendation, meaning patients are not subject to cost-sharing, the State as plan sponsor remains responsible for 100% of charges, and providers are not prohibited from invoicing the plan.

We also note that maternity charges are typically billed globally, covering all prenatal, delivery, and postpartum care in a single fee. Based on the bill's language, we believe obstetricians may invoice perinatal mental health screenings outside of global billing as a separate charge, creating additional cost exposure for the State.

Taking into account approximately 1,600 births on the State plan annually, the Department estimates additional costs could range between \$2.9 million and \$11.5 million per year, with potential for higher costs if out-of-network utilization increases.

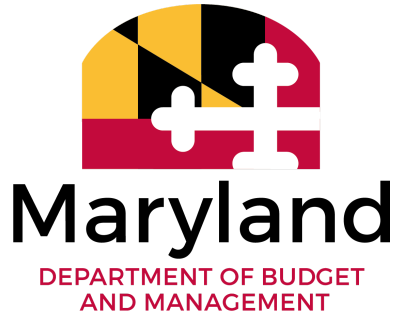
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<http://dbm.maryland.gov>

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor



YAAKOV "JAKE" WEISSMANN
Secretary

MARC L. NICOLE
Deputy Secretary

We welcome the opportunity to discuss these concerns further with the bill sponsors.

**For additional information, contact Dana Phillips at
(410) 260-6068 or dana.phillips@maryland.gov**

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2026 SB891 Unfavorable Require Mental Health Eval.p

Uploaded by: Deborah Brocato

Position: UNF

Unfavorable Statement SB891

Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions
Deborah Brocato, Retired Registered Nurse

As a retired registered nurse and mother of 4, I strongly oppose SB891.

SB891 seeks to force mental health evaluations on pregnant women and force mental health certificates on healthcare professionals. This takes away choice from the pregnant woman for pursuing mental health care. It also forces healthcare professionals to seek education, licensure or certificates outside of their chosen scope of practice.

When women see their Obstetrician, it is for the purpose of assuring a health pregnancy for the mother and her baby. The physician may ask questions pursuant to her state of mind during the pregnancy. As necessary, the physician can offer information for mental healthcare. Asking questions and giving referrals for mental health at every visit seems to force a mental health diagnosis.

Pregnant women should always have the choice of pursuing mental health care or not pursuing mental health care. They should not be coerced into mental health care by perpetual referrals.

Likewise, the mental health field is not an Oprah giveaway where you force everyone to receive some type of mental health care certification or licensure. This bill equates a person with a certificate or some type of mini-license with people who have a medical degree or doctoral degree. Allowing anyone with this very limited mental health education to question and diagnosis is an abuse of healthcare and medical quackery.

I urge every member of the committee respect the autonomy of pregnant women to choose their healthcare. **I strongly recommend an unfavorable report for SB891.**

UNFAVORABLE.SB891.HB1118.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE STATEMENT
SB891/HB1118 Perinatal Mental Health Conditions

Laura Bogley-Knickman, JD
Director of Legislation, Maryland Right to Life

We Seek Your Amendment to Exclude Abortion Subsidies

On behalf of our 200,000 followers across the state, we respectfully request your amendment of or unfavorable report on this bill. While we support any legitimate effort by the State to improve mental health, particularly for pregnant and post-partum women, we cannot support the coordination of abortion or abortion coercion under the guise of “mental health”.

Maryland Right to Life has had a longstanding position of advocating for the effective legal protection of all unborn children. This position has maintained an exception only to prevent the death of the mother and for physical medical emergencies. We specifically exclude mental health exceptions, because it creates a loophole in the law that leaves the unborn child at risk of dying for treatable and sometimes temporary conditions like anxiety and depression.

This bill targets women in their most vulnerable stages of life. Pregnant women deserve mental health support, not subjection to abortion coercion and other predatory practices at the hands of the abortion industry that profits through abortion quotas. Without legislative guardrails, the bill could allow the mental health screening program to be exploited by the abortion industry as a catchment system to target vulnerable pregnant women and women who have recently given birth, for abortion.

This bill has implications for the majority of taxpayer funded abortions in Maryland – which are committed under the guise of “mental health”. Abortion is NOT healthcare and is NEVER a stabilizing treatment for mental health purposes. Abortion businesses do NOT provide mental health screenings before committing abortions but this bill could create another publicly subsidized funding stream for the abortion industry. In 2023, Maryland taxpayers were forced to reimburse abortionists \$7.9 million for 12,727 abortions, with **less than 11 of those abortions due to rape, incest or to save the life of the mother. All but 440 of those taxpayer funded abortions were for alleged “mental health” reasons** – which could be something as minor as being unhappy about being pregnant.

We also object to the application of this overly burdensome bill to nonprofit pregnancy resource centers (PRC’s) which receive no taxpayer funding but still provide free community-based support services to women and families. Medical PRCs already comply with state regulations in retaining medical directors who are physicians or nurse practitioners who maintain occupational licenses. This bill could require every PRC in the state to retain a psychiatrist or other mental health provider, which is an expense and burden that many PRCs could not sustain. By forcing the closure of PRCs, the Assembly would be denying women access to critical support services.

Abortion is never a Stabilizing Treatment for Mental Health

In a mental health crisis, abortion is never stabilizing treatment. That much was admitted by Biden's Solicitor General Elizabeth Prelogar in Supreme Court arguments during the Emergency Medical Treatment And Labor Act hearings.

If a woman is experiencing a mental health crisis, then the compassionate response is to ensure she gets treatment from a mental health care professional – not to refer her to an abortionist. It is flawed thinking to propose to the woman that the best option for her is to willfully terminate the life of her child. Abortion is a permanent procedure for a temporary condition. We also know from the post-abortion women who have come forward to share their stories, that abortion has the ability to intensify the trauma by causing more emotional and psychological pain.

We saw in the 1980s and '90s that post-viability restrictive laws were passed in some states but unborn children were still being aborted because of the overly broad definition of "health" in *Doe v. Bolton*. The Supreme Court's *Doe* decision was a companion ruling handed down at the same time as *Roe v. Wade*. Under *Doe*, the Supreme Court defined health as:

...the medical judgment may be exercised in the light of all factors– physical, emotional, psychological, familial, and the woman's age– relevant to the well-being of the patient. All of these factors may relate to health.

The core holding of *Doe v. Bolton* was effectively overruled by the Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization*. One of *Doe*'s now void provisions, was its broad definition of maternal "health" (including physical, emotional, psychological, and familial factors). *Dobbs* removed the federal requirement that states must provide a health exception based on that specific, broad criteria.

Pregnancy Centers Provide Free Services to Women and Families

Pregnancy Resource Centers are typically charitable, nonprofit, community-based organizations that fully rely on private donations. Many PRCs are ministry programs of faith-based organizations. PRCs provide testing and counseling to women and families in marginalized communities. They offer pregnancy testing, counseling, parenting education, diapers, formula, clothing and adoption referrals at little to no cost.

Some PRC's operate under the direction of a licensed Medical Director, who may be either a licensed physician or nurse practitioner. Those centers have the ability to provide limited obstetric ultrasounds. In the case of medical PRC's, medical providers already comply with state and professional licensure requirements.

Requiring mental health credentialing for these not for profit centers and providers will be overly burdensome, forcing many PRCs to close and cutting off **critical services to vulnerable women and children most in need.**

Burdens Religious Liberty and Free Exercise

Many PRCs are faith-based and view their work as a religious mission to support life and families. Regulatory compliance costs, operational changes, or oversight would substantially burden religious exercise without a compelling government interest narrowly tailored (strict scrutiny under cases like

Fulton v. City of Philadelphia or other applications of the Religious Freedom Restoration Act). Viewpoint discrimination claims will arise if enforcement disproportionately targets pro-life organizations.

Forcing compliance could effectively compel centers to alter or cease certain activities—or even close their doors entirely, due to the regulatory burden.

The Public Opposes Funding for Abortions

A [2026 Marist poll](#) showed that 54% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion. Maryland taxpayers believe that the state only uses public funds for abortions that are deemed “medically necessary” in order to save the life or health of the mother. Taxpayers do not support the use of public funds for elective abortions, which make up the vast majority of abortions committed in Maryland.

Without amendment, this bill could allow additional public funds to be used as corporate welfare for the abortion industry and abortion drug manufacturers, further subsidizing these for-profit businesses and their non-profit partners. This is in direct conflict with the will of 88% of people who prefer funding for programs that protect the lives of both mothers and children.

Subsidizing Corporate Abortion

Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Public departments and programs subsidizing abortion and abortion providers include the Maryland State Department of Education, Maryland Department of Health, Abortion Care and Reproductive Clinical Health Program, Maryland Family Planning Program, Maternal and Child Health Bureau, the Children’s Cabinet, Maryland Council on School Based Health Centers, Maryland Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children’s Health Program (MCHP) and Maryland Stem Cell Research Fund.

Public Funding through Maryland Medicaid - The *Maryland Medical Assistance Program* and the *Maryland Children’s Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, taxpayers spent at least \$7.9 million for 12,727 abortions, with **less than 11 of those abortions due to rape, incest or to save the life of the mother.**

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon was required to certify that, based on his or her professional opinion, the procedure is medically necessary. Similar language was attached to the appropriation for **MCHP** since its advent in fiscal 1999. However, this language was repealed in 2022.

Abortion Is Not Healthcare

We urge the Governor of Maryland and the Maryland General Assembly to immediately cease public funding for abortion violence under the guise of “healthcare” and to cease the infringement on the people’s free exercise of religion and rights of conscience to not participate in abortion funding. Induced abortion is not healthcare but an act of violence that intentionally ends the life of a living human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is causing a genocidal effect on Black Americans.

Pregnancy is not a disease and induced abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or abortion. These medical interventions do not constitute induced abortion and are performed in hospitals, not in abortion clinics.

Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of “healthcare”. Because of the *Abortion Care Access Act of 2022*, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. When women experience complications from abortion, they are typically refused care by the abortionist and referred to hospital emergency rooms where medical providers are often coerced into completing abortions against their rights of conscience.

MDH is Failing Pregnant Women - The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions in 2020.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion. In 2024 the State cut funding for the Maryland Prenatal Care Grant Program.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in contracts with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is depriving

women of informed consent by failing to provide medically accurate information on pregnancy and abortion.

- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education. This is a violation of federal Title VII and Title IX, which requires equal accommodation for pregnant women who want to give birth rather than abort.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving data reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Invest in Life - 81% of Americans polled favor laws that protect both the lives of women and unborn children. PRCs provide free support services to women and children in need. This legislation seeks to weaponize the State against these community and faith-based centers in an attempt to solidify the abortion industry's monopoly over women's reproductive health. Instead the State should support health and family planning services which have the objective of saving the lives of both mother and children, including legitimate programs to support pregnant and post-partum women's mental health, parenting classes, and adoption referral services.

For these reasons, we urge your unfavorable report, or at minimum, your amendment to exclude perinatal health screenings as yet another public funding stream for abortion businesses.

SB 891 - FIN - BOP - LOI.docx.pdf

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Position: INFO



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

**2026 SESSION
POSITION PAPER**

BILL NO.: Senate Bill 891 - Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
COMMITTEE: Finance
POSITION: Letter of Information

The Maryland Board of Physicians (the Board) is respectfully submitting this Letter of Information for Senate Bill (SB) 891. SB 891 would establish training, screening, referral, and patient education requirements for healthcare practitioners working in perinatal mental health. In addition, SB 891 mandates that the Board require an applicant who works in perinatal mental health to provide satisfactory documentation of the completion of at least 2 credits of continuing education in perinatal mental health.

The Board recognizes the importance of establishing a high standard of care for perinatal mental health in Maryland and supports the bill's intent to improve the care provided. The Board appreciates and thanks Senator Gile for her commitment to this vital initiative.

Although there were initial concerns about unintended operational barriers, the Board has participated in a series of conversations with the sponsors and other stakeholders to address them. The Board is aware of amendments that would (1) alter the continuing education requirement to incentivize perinatal mental health continuing education, rather than require it, and (2) remove the requirements for the Department of Health to consult with the Board to develop a perinatal mental health screening program and training programs.

The Board appreciates the Senator's willingness to collaborate on SB 891 and attention to the Board's concerns. With the amendments, SB 891 is operationally workable.

Thank you for your consideration. For more information, please contact Madeline DelGreco, Manager of Policy and Legislation, at 410-764-5053.

Sincerely,

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

SB 891 - FIN - MDH - LOI.pdf

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 27, 2026

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

RE: Senate Bill 891 – Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions – Letter of Information

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 891 – Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. SB 891 requires coverage for perinatal mental health screenings, directs the Department to establish a screening program, and mandates continuing education on perinatal mental health conditions for certain health care providers.

The Department supports the bill’s goal of increasing access to perinatal mental health screening for pregnant and postpartum people through improved insurance coverage and provider education. Standing referrals created by this bill will make it easier for individuals with possible perinatal mental health conditions to obtain appropriate, timely, and cost-efficient care. Because substance use disorder and overdose have been the leading causes of pregnancy-associated death in Maryland for the past eight years, the bill’s inclusion of substance use within the definition of perinatal mental health - and the requirement for associated screening - is critical.¹

Perinatal mental health screenings are already reimbursed by the Medical Assistance (Medicaid) Program and maternal depression screening is also included as part of EPSDT services. Further access to robust, high-quality perinatal mental health screening and treatment services is fundamental to a health care system that ensures that every birth is safe and to promote wellbeing for all birthing people.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

Meena Seshamani, M.D., Ph.D.
Secretary of Health

¹ Maryland Department of Health. Maryland Maternal Mortality Review. 2022.
<https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>