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TO: The Honorable Heather Bagnall, Chair
House Health Committee

FROM: Marika Toscano, MD
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HB1118
Favorable

DATE: March 13, 2026

RE: HB1118 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 HB1118**, 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/mmrc/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.

HB1118 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.

HB1118 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 HB1118**.

[3]Maryland 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.
[5]Logue 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.