

**Hearing 3/13 at 1:00 p.m.
Health Committee**

**Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(HB1118)**

Position: Favorable

Chair Bagnall, Vice Chair Cullison, and Members of the Health Committee,

My name is Chana Johnson and I write this letter in strong **support** of HB1118, 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 HB1118 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,

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

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