



Committee:	House Health Committee
Bill:	House Bill 1118 – Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
Hearing Date:	March 13, 2026
Position:	Support with Amendments

The American College of Nurse Midwives – Maryland Affiliate (ACNM) strongly support *House Bill 1118 – 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. We have two amendments which will support smooth implementation of the bill.

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.ⁱ

House Bill 1118 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>

ACNM Recommended Amendments to HB 1118 Reprint (3/20/26 copy)

Amendment 1 – Screening Frequency

On page 9 in line 21, replace “AT EACH PRENATAL VISIT” with “AT LEAST ONCE A TRIMESTER”.

Explanation: This amendment would

- Would align the bill with ACOG recommendations:
<https://www.acog.org/programs/perinatal-mental-health/patient-screening>
- Allow clinical judgement on highest priority needs of a patient. For example, if there is a 15 minute check in visit with a person with hypertension. Cardiovascular diseases are the number one risk factor.
- Too frequent screenings can sometimes decrease impact.

Amendment 2 – Flexibility in Determining Clinically Appropriate Materials

On page 8 in line 22 after “INFORMATION” insert “ON PERINATAL BEHAVIORAL HEALTH CONDITIONS AND MAY PROVIDE THE INFORMATION”.

Explanation: This amendment would allow the provider enough flexibility to select materials that are the most culturally appropriate for the patient.