



THE MARYLAND HOUSE OF DELEGATES ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB 891/HB 1118 Health, Health Insurance, and Health Occupations - Perinatal Behavioral Health Conditions

Good Afternoon Madam Chair and fellow members of the House Health Committee. Thank you for the opportunity to present **HB 1118 Health, Health Insurance, and Health Occupations - Perinatal Behavioral Health Conditions** for your consideration.

HB 1118 intends to strengthen Maryland's framework for identifying and treating perinatal behavioral health conditions. This will be done through standing referrals, required insurance coverage for screening, development of a statewide screening program, dissemination of evidence-based patient resources, and continuing education requirements for clinicians managing pregnancy and postpartum care. The bill reflects recommendations from the 2017 Maternal Mental Health Taskforce and the 2025 MD MOM Strategic Plan and seeks to address persistent maternal health inequities.

Critical Need

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.

The period during pregnancy and the first year of postpartum is a time of intense vulnerability. Data from the Maryland Maternal Health Innovation Program indicates that the leading cause of pregnancy-associated deaths were behavioral health conditions.¹ At this point many parents have already lost the structured support provided by their obstetric care. By expanding this window of care and ensuring consistent screening, HB 1118 directly confronts these life threatening gaps in our current healthcare system.

HB 1118 addresses these findings by ensuring providers may access training related to perinatal mental health, increases access to screening removing administrative and financial hurdles that

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

frequently prevent mothers, birthing people, or parents from accessing the resources they need. It also makes several important clarifications and improvements to the health general, insurance, and health occupations articles.

This bill accomplishes the following:

- *Expands perinatal mental health screenings* during prenatal visits, within the first six week postpartum checkup, and at well-child visits within the first year postpartum. This ensures multiple touchpoints to catch symptoms before they escalate into preventable tragedies.
- *Provides a standing referral* to a licensed behavioral health provider up to one year after the conclusion of a pregnancy, to better connect patients to a licensed behavioral health provider.
- Providers will be able to pursue *perinatal mental health training* that may count towards continuing education units.
- Maryland Department of Health in consultation with key stakeholders will help identify provider training, develop the necessary patient education, and share these resources to patients, at WIC offices, and on their website.

HB1118 is a life saving measure. It provides the infrastructure necessary to ensure prenatal and postpartum care is not just a single appointment, but a year-long commitment to the safety and health of Maryland's birthing populations.

I respectfully request a **FAVORABLE** report.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read 'J. White Holland', with a stylized flourish at the end.

Delegate Jennifer White Holland