

# TESTIMONY IN SUPPORT OF HB 1118

## Perinatal Mental Health Conditions – Screening and Continuing Education

**TO:** Chair Joseline Peña-Melnyk and Members of the Health and Government Operations Committee **FROM:** Katherine Reid **DATE:** March 11, 2026

---

### The Two Realities of Perinatal Care

Chair Peña-Melnyk and members of the Committee, thank you for the opportunity to testify. My name is Katherine Reid, and I am here to strongly urge a **favorable report on HB 1118**.

I am here today to speak for two women. One is my sister, who represents what happens when our healthcare system works. The other is my best friend, **Andrea Kolbe**, who represents what happens when it doesn't.

### Why Coverage and Screening Matter (The Case for Insurance Mandates)

When my sister developed postpartum anxiety and depression (commonly referred to as PMAD's – perinatal/postpartum mood and anxiety disorder) after her first baby, she was lucky. She recognized the signs, reported her symptoms and her providers were ready. Because her care was streamlined, she didn't fall through the cracks. She received immediate treatment in the psychiatric ward at her local hospital, was offered and attended a partial hospitalization program once discharged and had frequent meetings with her therapist and psychiatrist. Within three months, she was on a path to recovery.

**HB 1118** ensures that this "luck" becomes a standard of care. By requiring insurers and HMOs to cover screenings at critical intervals, this bill ensures that every mother is asked the right questions at the right time. My sister's recovery started with screening; Andrea's struggle continued because of the lack of one.

### Why Provider Education is Lifesaving (The Case for Continuing Education)

Three months after my sister began her recovery, my best friend Andrea Kolbe delivered a healthy baby boy. Andrea did everything right. She was self-aware. She knew she was struggling with sleep, feeding, and the overwhelming weight of new motherhood. She recognized the signs and **she asked for professional help**.

But Andrea was not given immediate resources. She was a mother in need and sent home to fend for herself. She reached out to a system that wasn't prepared to catch her.

Andrea ultimately lost her life due to postpartum psychosis, when her beautiful baby boy was 4 months old.

This is why the **Continuing Education** requirement in HB 1118 is so vital. A mother's plea for help is only effective if the person on the other end of the line—the doctor, the nurse, the midwife—has the specialized training to recognize the urgency of a perinatal mental health crisis. We cannot expect providers to treat what they haven't been trained to identify.

## **Closing the Gap with a State Program**

Andrea's experience proves that "awareness" isn't enough. We need the **Maryland Department of Health Perinatal Mental Health Condition Screening Program** proposed in this bill. We need a state-wide infrastructure so that when a mother like Andrea says, "I am not okay," there is a clear, mandatory, and immediate pathway to care.

## **Conclusion**

My sister is a success story because the system was ready for her. Andrea Kolbe is a cautionary tale because the system was not.

We should not be gambling with the lives of Maryland mothers and their babies. By mandating insurance coverage, state-led programs, and provider education, HB 1118 moves us away from a "luck-based" system and toward a "care-based" system.

For my sister, for Andrea, and for every mother in Maryland, I respectfully ask for a **favorable report** on HB 1118.