

Testimony Concerning HB 1118

Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions

Submitted to the House Health Committee

Position: SUPPORT

March 13, 2026

Dear Chair Bagnall and members of the House Health Committee,

My name is Sara Daly, and I am a Maryland resident and social worker writing this letter in strong support of **HB 1118 “Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions.”** This bill requires screenings for perinatal mood and anxiety disorders (PMADs) by health providers at prenatal appointments and the post-partum visit as well as at each of the 7 well-child visits during a child’s first year of life. For a baby to be well supported and healthy, their parents need to be healthy, especially in terms of their mental health. HB 1118 will ensure that parents suffering from PMADs can get the support they need.

In addition to being a mother of two (now adult) children in Maryland, I am a social worker who – for the past 15+ years – has dedicated myself and my work to the areas of maternal and perinatal mental health. I am passionate about supporting families as they seek to understand and recover from perinatal mental health conditions – as well as about raising awareness and training other providers about the importance (and the specifics) of supporting families during perinatal transitions. I see on a daily basis the significant pain and turmoil caused by perinatal mental health conditions; I also know these conditions are highly treatable and can often be prevented or mitigated – with the appropriate infrastructure and resources in place. Amazingly, in the past several years I have had the honor to witness and support wonderful growth in the local interest and expertise needed to address these reproductive mental health conditions effectively (for example: growing public health awareness, increased efforts to train providers to recognize and treat these conditions, and efforts to streamline both referral pathways and treatment options); however stigma, inconsistent and/or poorly-executed screening-efforts, and significant demands on providers to ‘do more with less’ continue to prohibit scores of struggling women and their families from being identified and connected with adequate supports.

HB 1118 would begin to address significant gaps in the screening and treatment of perinatal mental health conditions in Maryland – providing incentive and infrastructure to make this a routine part of medical care during and after pregnancy. By improving screening access and systemic support for reproductive mental health concerns, this legislation has the potential to dramatically shift and improve prevention, early intervention, and coordinated care in our state – strengthening Maryland’s maternal health infrastructure, and ultimately saving lives.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Sara Daly