



OF BALTIMORE

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House Finance Committee

HB 1118 – Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions

To: Chair Delegate Heather Bagnall, Vice Chair Delegate Bonnie Cullison, and Distinguished Members of the House Finance Committee

From: Demaune A. Millard, President & CEO, Family League

Date: March 11, 2025

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

I am Demaune Millard, President and CEO of Family League of Baltimore—the City of Baltimore’s Local Management Board (LMB). I am pleased to submit this testimony in strong support of HB 1118, sponsored by Delegates White Holland, Acevero, Addison, Alston, Amprey, Crutchfield, Fennell, Hill, J. Long, Mireku-North, Pasteur, Phillips, Roberson, Roberts, Ross, Ruth, Smith, Taveras, Taylor, Toles, Wilkins, and Woods. I also recognize and commend the cross-filing of this legislation as SB 891, championed in the Senate by Senators Gile, Beidle, Hester, Hettleman, and King. This bicameral, broad sponsorship reflects the urgency Maryland families face.

WHO WE ARE

Family League of Baltimore (Family League) connects thousands of families with services, support, and advocacy to raise healthy, thriving children. We bring together schools, health systems, behavioral health providers, and community-based organizations across Baltimore’s most under-resourced neighborhoods. In a city where one in three children—more than 30,000—lives in poverty, this coordination is not optional. It is essential. Our commitment to the whole child and whole family is precisely why HB 1118 aligns so directly with our mission.

Our work involves home visiting through the evidence-based **Healthy Families America (HFA) model**—a two-generation approach that supports women through healthy pregnancies and helps families navigate the social, economic, educational, and parenting challenges that shape health outcomes for both parents and children. Family League currently funds three partners implementing the HFA model as part of Baltimore’s citywide home visiting strategy: **DRUM/Mondawmin Healthy Families, The Family Tree, and Sinai at Family Tree.**

In Fiscal Year 2025, our HFA home visiting programs served **over 300 families** and conducted **more than 4,700 home visits**, demonstrating our deep reach into the communities that need these services most. These programs are a core component of B’more for Healthy Babies, Baltimore’s comprehensive initiative to reduce infant mortality and improve maternal and child health outcomes.

Our HFA home visiting partners deliver trauma-informed, strengths-based family support services to families with children from the prenatal period through age three. Through weekly visits, home visitors work alongside families to identify needs, create plans of action, and connect families with resources—including public benefits, material goods, social supports, housing assistance, smoking cessation resources, social-emotional learning tools for children, and specialized supports for substance-exposed newborns. For many families, a home visitor is the trusted entry point into a broader network of care. Many families in Baltimore have experienced—and continue to encounter—inequitable access to resources and systemic barriers that result in trauma and negatively impact their engagement with school and the workplace. Our home visiting model meets families where they are, literally and figuratively, whether that is in the home, at a library, or in the community.

WHY HB 1118 MATTERS

HB 1118 requires prenatal providers and pediatricians to screen birthing individuals for perinatal mood and anxiety disorders (PMADs) at prenatal appointments, the postpartum visit, and at each of the seven well-child visits in a child's first year. The need is urgent and well-documented:

- 20% of women experience a perinatal mental health condition; yet 75% never receive treatment
- Perinatal mental health conditions are the leading cause of maternal death, accounting for 22% of maternal mortality
- Maternal mental health conditions cause behavioral, cognitive, and emotional delays in children and disrupt parent-child bonding—ripple effects that our home visitors see firsthand
- Maryland's 2025 Policy Center for Maternal Mental Health State Report Card gave the state an "F" for prenatal and postpartum screening gaps

HB 1118 would implement key recommendations of the Task Force to Study Maternal Mental Health (2015), advance goals in Maryland's 2025 Maternal Health Improvement Plan, and align Maryland with states like Minnesota, California, West Virginia, Virginia, and New York—which have already taken meaningful action.

OUR IMPACT AND THE TWO-GENERATION DIFFERENCE

The HFA two-generation model is designed precisely to address the interconnected needs of parents and children simultaneously. When we support a mother through a healthy pregnancy and the critical early years of her child's life, we are not just helping one person—we are strengthening a family unit that will shape outcomes for a generation. Unaddressed perinatal mental health conditions threaten to unravel that work at its foundation.

Through our braided funding model and our role as Baltimore's LMB, Family League directly serves pregnant and postpartum parents through home visiting, family support, and cross-sector partnerships in Cherry Hill, Park Heights, Greater Mondawmin, Southwest Baltimore, and beyond. When parents receive timely PMAD screening and care, the benefits ripple across every system we touch:

- Stronger parent-child bonds and more secure attachment in infancy
- Healthier infant development and improved school readiness
- Reduced demand on crisis intervention, foster care, and child welfare systems
- Greater parental stability and engagement in the workplace and community

Our home visitors are often the first trusted adults to notice signs of perinatal distress in the families they serve. But noticing is not the same as diagnosis, and referral is not the same as a guarantee of care. HB 1118 creates the systematic screening infrastructure that our community-based work cannot—and should not—replace. It ensures that clinical providers are doing their part so that our home visitors can focus on what they do best: building trust, mobilizing resources, and walking alongside families for the long term.

OUR CALL TO ACTION

HB 1118 is upstream, preventive, and wise. It aligns Maryland's health system with what research and lived experience have long made clear: that the mental health of a mother is inseparable from the health of her child. We respectfully urge this Committee to issue a favorable report on HB 1118. Maryland's families—and the parents suffering in silence right now—cannot afford to wait.

Respectfully submitted,

Demaune A. Millard
President & CEO, Family League of Baltimore