

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

Health Committee

March 13, 2026

**Position: FAVORABLE**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 1118.

HB 1118 would enact several measures to improve identification and treatment of perinatal mental health conditions in pregnant and postpartum women. It requires that pregnant women receive a standing referral to a mental health care provider for the duration of their pregnancy and one year after giving birth. It provides that insurers must cover mental health screenings at each prenatal visit, at least once within six weeks of giving birth, and at every well child visit within the first year of a child's life. The Maryland Department of Health (MDH) must identify evidence-based information on perinatal mental health conditions and ensure that the information is disseminated widely, to both healthcare providers and pregnant and postpartum women. MDH also must support providers to identify resources and care for women who screen positive for a mental health condition. Finally, certain healthcare providers who manage pregnancy or postpartum care must show they have completed continuing education hours on perinatal mental health conditions.

Perinatal depression is the most underdiagnosed and untreated obstetric complication in the United States. This and other perinatal mood and anxiety disorders (PMADs) can have very serious adverse effects on the health and functioning of the mother, her infant and her family. And though they are treatable once recognized, 75% of all mothers who experience PMADs are never identified.<sup>1</sup>

Given this prevalence, the General Assembly enacted legislation in 2015 establishing the *Task Force to Study Maternal Mental Health*.<sup>2</sup> The Task Force issued its final report and recommendations in December 2016,<sup>3</sup> and while some of those recommendations have been adopted, many of the most important findings and recommendations have never been addressed.

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<sup>1</sup> Maternal Mental Health Overview. Maternal Mental Health Leadership Alliance (2025).

<https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/68a45ac0be50d4791f30a5bd/1755601600598/Maternal+Mental+Health+Overview+Fact+Sheet+-+August+2025.pdf>

<sup>2</sup> <https://msa.maryland.gov/msa/mdmanual/26excom/defunct/html/23maternal.html>

<sup>3</sup> <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

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HB 1118 would change that. It would implement the most impactful recommendations from that 2016 report; it would bring Maryland into line with other states that have passed similar legislation, including Minnesota, California, West Virginia, Virginia and New York;<sup>4</sup> and it would mark a critical step in the development of a comprehensive and robust perinatal mental health system of care in Maryland.

It would also achieve some of the goals outlined in a recent Maryland Maternal Health Improvement Plan. The 2025 strategic plan lists four goals, the second of which is to improve the mental and behavioral health of pregnant and postpartum women. Specific objectives under the goal are to improve the screening, diagnosis, and treatment of behavioral health conditions, and to better train the perinatal workforce to support women's behavioral health.<sup>5</sup>

Despite the evident importance of supporting perinatal mental health, Maryland lags behind other states in several respects. Every year the Policy Center for Maternal Mental Health develops state report cards. While overall Maryland earned a "C," largely because of the state's Medicaid expansion, the 2025 report card gave Maryland an "F" for gaps in prenatal and postpartum screening rates and accountability.<sup>6</sup>

HB 1118 would improve the overall health and well-being of women and children. For this reason, MHAMD supports this bill and urges a favorable report.

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<sup>4</sup> 2024 State Maternal Mental Health Legislation Report. Policy Center for Maternal Mental Health (2024).

<https://policycentermmh.org/2024-state-maternal-mental-health-legislation-report/>

<sup>5</sup> Maternal Mental Health Overview. Maternal Mental Health Leadership Alliance (2025).

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<sup>6</sup> 2025 State Report Cards. Policy Center for Maternal Mental Health. <https://policycentermmh.org/state-report-cards/>