



December 19, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 411, (2025) - Health Insurance – Postpartum Depression Screening – Required Coverage and Authorized Cost Sharing

Dear Chair Beidle and Members of the Committee:

The Maryland Health Care Committee (MHCC) respectfully submits this letter regarding the requested mandate study on [Senate Bill \(SB\) 411, Health Insurance – Postpartum Depression Screening – Required Coverage and Authorized Cost Sharing](#). MHCC received a letter from Chair Beidle on April 9, 2025, requesting that MHCC conduct a study in accordance with Insurance Article § 15-1501 to assess the social, medical, and financial impacts of the mandated health insurance service proposed by SB 411, which did not pass during the 2025 legislative session. This bill would have required certain insurers, nonprofit health service plans, and HMOs to provide coverage for postpartum depression screening and would allow the payor to impose a copayment, coinsurance, or deductible requirement.

After review, MHCC questioned whether the proposed mandate may conflict with federal and State law, and potentially result in a higher cost of these screenings to individuals, or be redundant. Under the Affordable Care Act (ACA) (42 USC 300gg-13) and Maryland law (Md. Code Ann, Ins. §15-1A-10), payors are required to cover the cost of preventive health services that receive an A or B rating from the United States Preventive Services Task Force (USPSTF) without cost-sharing. Depression screening, including the screening of pregnant and postpartum persons, has received a B rating from USPSTF and therefore must be covered without cost-sharing.

SB 411 under section (C)(2)(I) would permit cost-sharing for postpartum depression screening to the extent imposed by the payor for similar coverages. To the extent the mandate would allow cost-sharing, it would conflict with current law, which does not.

In conclusion, MHCC believes the potential conflict may result in confusion across carriers on the application of the law. The proposed mandate may also increase costs to individuals and create barriers to access to these screenings, reducing utilization rates. As a result, MHCC asks that the request for MHCC to conduct the study be withdrawn.

We appreciate your consideration. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov.

Sincerely,



Douglas Jacobs, MD, MPH
Executive Director

cc.

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