

SB 246-FN - AS AMENDED BY THE SENATE

03/06/2025 0534s

2025 SESSION

25-0962

05/09

SENATE BILL **246-FN**

AN ACT providing maternal depression screening for new mothers; increasing access to health care services for new mothers; enabling new parents to attend infant pediatric medical appointments; and developing a plan for perinatal peer support certification.

SPONSORS: Sen. Ricciardi, Dist 9; Sen. Prentiss, Dist 5; Sen. Fenton, Dist 10; Sen. Rosenwald, Dist 13; Sen. Lang, Dist 2; Sen. Perkins Kwoka, Dist 21; Sen. Pearl, Dist 17; Sen. Birdsell, Dist 19; Rep. Peternel, Carr. 6; Rep. Potenza, Straf. 19; Rep. Rombeau, Hills. 2; Rep. Burnham, Straf. 2; Rep. Kuttab, Rock. 17

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill provides maternal depression screening for new mothers; makes an appropriation to the department of health and human services for a perinatal psychiatric provider consult line and to the department of safety for rural maternal health EMS services; directs the department of health and human services to study barriers to independent birth centers; requires insurance coverage for perinatal home visiting services; expands employee protection to attend medical appointments for postpartum care and an infants medical appointments; and directs the department of health and human services to develop a plan for a perinatal peer support certification program.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT providing maternal depression screening for new mothers; increasing access to health care services for new mothers; enabling new parents to attend infant pediatric medical appointments; and developing a plan for perinatal peer support certification.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Short Title. This act shall be known as the "The New Hampshire Momnibus 2.0".

2 2 Statement of Findings. The general court hereby finds that:

3 I. New Hampshire is facing serious gaps in maternal health and wellness and continues to
4 face threats to the fragile maternal health ecosystem.

5 II. The New Hampshire maternal mortality committee determined that 76.1 percent of New
6 Hampshire pregnancy-related deaths were preventable.

7 III. Nationwide, data show that 53 percent of pregnancy-related deaths occurred between
8 one day to one year after pregnancy.

9 IV. New Hampshire has a high prevalence of depression, anxiety, and behavioral health
10 conditions, including substance overdose, a leading cause of maternal mortality.

11 V. The majority of maternal deaths as the result of an overdose have connections to prior
12 mental health conditions.

13 VI. Seventy-eight percent of New Hampshire moms worked during pregnancy, and 62
14 percent of New Hampshire moms plan to return or return to the workforce after giving birth.

15 3 New Section; Maternal Mental Health Screening. Amend RSA 126-A by inserting after
16 section 101 the following new section:

17 126-A:101-a Maternal Mental Health Screening.

18 I. The department of health and human services shall cover maternal depression screenings
19 at well-child visits under the state Medicaid program. The department shall recommend that health
20 care providers screen mothers for maternal depression at all well-child visits.

21 II. The department is authorized to use the following Medicaid coverage categories to
22 reimburse depression screening:

23 (a) Early and periodic screening, diagnostic, and treatment services.

24 (b) As an assessment under the mother’s Medicaid identification number.

25 (c) As a risk assessment under the infant’s Medicaid identification number.

26 III. As used in this section, “maternal depression screening” means screening tools for
27 maternal mental health that are consistent with current standard of care and under the supervision
28 of a certified health care provider.

1 4 New Section; Maternal Depression Screening Coverage. Amend RSA 417-D by inserting after
2 section 2-c the following new section:

3 417-D:2-d Maternal Depression Screening Coverage.

4 I. Each health carrier that issues or renews any group policy, plan, or contract of accident or
5 health insurance providing benefits for medical or hospital expenses, shall provide to certificate
6 holders of such insurance coverage for maternal depression screening.

7 II. Covered benefits shall include:

8 (a) Periodic prenatal and postpartum depression screening of the pregnant and
9 postpartum patient under the patient's plan.

10 (b) Periodic maternal depression screening for the mother of a child at the child's one
11 month, 2 month, 4 month, and 6 month well-child visits under the child's plan.

12 (c) Instruction to the mother on the results of screening and referral to mental health
13 and/or community based resources.

14 III. In this section:

15 (a) "Maternal depression screening" means any and all screening tools for maternal
16 mental health that is consistent with current standard of care and under the supervision of a
17 certified health care provider.

18 (b) "Pregnant or postpartum patient" is defined as is a individual who:

19 (1) Is pregnant or within 12 months of giving birth; or

20 (2) Has lost a pregnancy or relinquished an infant for adoption within the previous
21 12 months.

22 IV. This section shall not apply to plans available through the Small Business Health
23 Options Program (SHOP).

24 5 Appropriation; Department of Health and Human Services; Perinatal Psychiatric Provider
25 Consult Line. The sum of \$275,000 for fiscal year ending June 30, 2026, and \$275,000 for the fiscal
26 year ending June 30, 2027 is hereby appropriated to the department of health and human services to
27 support the establishment of a perinatal psychiatric provider consult line. The governor is
28 authorized to draw a warrant for said sums out of any money in the treasury not otherwise
29 appropriated.

30 6 Appropriation; Rural Maternal Health EMS Services. The sum of \$75,000 for fiscal year
31 ending June 30, 2026, and the sum of \$75,000 for the fiscal year ending June 30, 2027, is hereby
32 allocated to the department of safety to support rural maternal health EMS services. The governor
33 is authorized to draw a warrant for said sums out of any money in the treasury not otherwise
34 appropriated.

35 7 Appropriation: Department of Health and Human Services; Reduction of Barriers for
36 Independent Birth Centers; Agency Study and Report. The sum of \$30,000 for fiscal year ending
37 June 30, 2026, is hereby appropriated to the department of health and human services to utilize

1 existing contracts to additionally examine barriers to the sustainability of independent birth centers
2 in New Hampshire and identify ways to reduce burdens and encourage their sustainability. The
3 department shall report its findings and recommendations, including any necessary legislation and
4 rulemaking changes, to the senate president, the speaker of the house of representatives, the
5 governor, the house clerk, and the senate clerk on or before June 30, 2026.

6 8 New Sections; Women's Health Care. Amend RSA 417-D by inserting after section 2-d the
7 following new sections:

8 417-D:2-e Coverage of Perinatal Mental Health and Substance Use Treatment.

9 I. Any group health plan or health insurance issuer offering group health insurance
10 coverage, that provides benefits with respect to mental health and substance use disorders
11 treatment furnished to a perinatal individual enrolled under such plan or coverage, may choose to
12 waive copayment for such services.

13 II. For a health care contract that meets the definition of a "high deductible plan" set forth
14 in 26 U.S.C. section 223(c)(2), this requirement shall apply only after the enrollee has satisfied the
15 minimum deductible under section 223 for the year, except with respect to items or services that are
16 preventive care pursuant to section 223(c)(2)(C) of the federal Internal Revenue Code, in which case
17 paragraph I shall apply regardless of whether the minimum deductible under section 223 has been
18 satisfied.

19 III. In this section:

20 (a) "Perinatal individual" shall refer to an individual who:

21 (1) Is pregnant or is within 12 months of giving birth;

22 (2) Is a biological parent or an adoptive or foster parent who is within 12 months
23 from assuming custodial care of a child; or

24 (3) Has lost a pregnancy or relinquished an infant for adoption within the previous
25 12 months.

26 (b) "Substance use treatment" and "substance use disorder services" mean health care
27 services that are provided to a covered person as treatment for an addictive substance-related
28 condition, not including treatment for any condition related to tobacco use.

29 417-D:2-f Coverage of Perinatal Home Visiting Services.

30 I. Each health carrier that issues or renews any group policy, plan, or contract of accident or
31 health insurance providing benefits for medical or hospital expenses, shall provide certificate holders
32 of such insurance coverage for home visiting services for pregnant and postpartum women who do
33 not otherwise qualify.

34 II. Covered benefits shall include:

35 (a) Home visiting services for pregnant and postpartum women up to 12 months post
36 birth of a child provided by a qualified health professional with maternal and pediatric health
37 training.

1 (b) Instruction, resource referral, and materials necessary to home visiting care.

2 III. In this section, "home visiting services" includes evidence-based, voluntary home or
3 community-based services for mothers and caregivers with newborns aimed at improving maternal
4 and child health, including but limited to:

5 (a) Screenings for unmet health needs;

6 (b) Maternal and infant nutritional needs;

7 (c) Emotional health supports, including postpartum depression supports; and

8 (d) Resource and referral.

9 9 New Section; Expand Employee Protection to Attend Pregnancy Appointments to Postpartum
10 and Fertility Appointments. Amend RSA 275 by inserting after section 37-e the following new
11 section:

12 275:37-f Leave of Absence to Attend Medical Appointments for Childbirth, Postpartum Care,
13 and Infant Pediatric Medical Appointments.

14 No employer with 20 employees or more, shall deny an employee leave from work up to a total of
15 25 hours to attend the employee's own medical appointments for childbirth, postpartum care, or the
16 employee's child's pediatric medical appointments within the first year of the child's birth or
17 adoption. In the case where both parents of a child are employees of the same employer, the parents
18 collectively may take unpaid leave according to this section, for a total of 25 hours in their child's
19 first year. An employer is not required to pay an employee for any time taken as leave pursuant to
20 this section. However, an employee shall be permitted to substitute any accrued vacation time or
21 other appropriate paid leave for any leave taken pursuant to this section. When the employee
22 returns from their own or their child's health appointments, that employee's original job shall be
23 made available to the employee by the employer. An employee who wishes to request leave under
24 this section shall provide reasonable notice to the employer prior to the leave and make a reasonable
25 effort to schedule the leave so as not to unduly disrupt the operations of the employer. An employer
26 may ask for documentation from the employee to ensure the time is being used for its intended
27 purpose.

28 10 Department of Health and Human Services; Perinatal Peer Support. The department of
29 health and human services shall study how to operationalize a perinatal peer support certification
30 program and determine best practices for perinatal peer support. The department shall provide a
31 report of their findings to the senate president, speaker of the house of representatives, the senate
32 clerk, house clerk, and governor no later than November 1, 2026.

33 11 Effective Date.

34 I. Sections 4, 8, and 9 of this act shall take effect January 1, 2026.

35 II. The remainder of this act shall take effect July 1, 2025.

**SB 246-FN- FISCAL NOTE
AS AMENDED BY THE SENATE (AMENDMENT #2025-0534s)**

AN ACT providing maternal depression screening for new mothers; increasing access to health care services for new mothers; enabling new parents to attend infant pediatric medical appointments; and developing a plan for perinatal peer support certification.

FISCAL IMPACT: This bill does not authorize new positions.

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	General Fund			
Expenditures*	\$0	\$380,000	\$350,000	\$350,000
<i>Funding Source(s)</i>	General Fund			
Appropriations*	\$0	\$380,000	\$350,000	\$0
<i>Funding Source(s)</i>	General Fund			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill amends RSA 417-D:2-d by requiring certain health carriers to provide coverage for maternal depression screening, including periodic prenatal and postpartum depression screening of pregnant and postpartum patients. The bill also requires periodic maternal depression screening for the caregiver of a child at the child's one month, 2 month, 4 month, and 6 month well-child visits under the child's plan, and to provide instruction to the patient or caregiver on the results of screening and referral to mental health and/or community-based resources. RSA 417-D:2-e would be amended to allow group health plans that provide benefits with respect to perinatal mental health and substance use disorders treatment to waive cost-sharing for such services. RSA 417-D:2-f requires group health plan to cover home visiting services for pregnant and postpartum women. The Insurance Department assumes that these services would be subject to appropriate medical management techniques, and further assumes that most of these services are already included as covered services under group health plans. To the extent that these services are not already covered, health carriers could incur increased health expenses to cover these services. However, it is estimated that this would be a relatively low increase which would not likely have an impact on premiums or premium tax revenue.

The bill includes general fund appropriations to the Department of Health and Human Service in the amounts of \$275,000 in each year of the FY26/27 biennium to support the establishment of a perinatal psychiatric provider consult line, as well as \$30,000 in FY26 to reduce barriers to the sustainability of independent birth centers. The bill also makes general fund appropriations of \$75,000 for FY 2026, and \$75,000 for FY 2027 to the Department of Safety to support rural maternal health EMS services.

It is assumed that any fiscal impact would occur after FY 2025.

AGENCIES CONTACTED:

Departments of Health and Human Services and Insurance