

Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 246-FN, providing maternal depression screening for new mothers, increasing access to health care services for new mothers, and relative to job protection within the employer-sponsored New Hampshire paid family and medical leave plan.

Hearing Date: February 19, 2025

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill 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.

Sponsors:

Sen. Ricciardi

Sen. Rosenwald

Sen. Pearl

Rep. Potenza

Rep. Kuttab

Sen. Prentiss

Sen. Lang

Sen. Birdsell

Rep. Rombeau

Sen. Fenton

Sen. Perkins Kwoka

Rep. Peternel

Rep. Burnham

Who supports the bill: 1,361 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (Sophie.Walsh@gc.nh.gov).

Who opposes the bill: 7 people signed in opposition of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (Sophie.Walsh@gc.nh.gov).

Who is neutral on the bill: 4 people signed in neutral to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (Sophie.Walsh@gc.nh.gov).

Summary of testimony presented:

Senator Denise Ricciardi, Senate District 9

- Senator Ricciardi stated that this critical legislation will impact moms, babies, and families across New Hampshire.
- Momnibus 2.0 builds off the success of Momnibus 1.0, which began the work of improving services for moms, so that New Hampshire families can be healthy and strong.
- Senator Ricciardi provided an overview of the bill.
- The bill improves maternal mental health screening and addresses barriers to accessing mental health care by allowing providers to bill for maternal depression screenings on the baby's insurance, Medicaid, or commercial insurance. Sometimes, mothers only have the six-week postpartum follow-up visit. However, they see the pediatrician with their baby more often. This is a better time to screen for postpartum depression.
- The bill creates a provider-to-provider consult line, so they feel prepared to address maternal mental health with their patients.
- The bill provides emergency labor and delivery training to EMS providers in rural communities. This is an existing program that fills gaps in areas where labor and delivery units have closed.
- The bill studies opportunities to support independent birth centers. These centers provide choices for mothers and it is crucial they remain open as labor and delivery units close.
- The bill gets the ball rolling on identifying what a perinatal peer-to-peer support system would look like.
- The bill ensures moms can attend postpartum appointments and parents can bring their babies to pediatric appointments. Currently, moms can leave work to attend prenatal appointments, but this bill extends it to postpartum appointments and a limited number of pediatric appointments.
- The bill expands access to home visits for new moms in the first year of the baby's life. These visits can catch issues early on and provide critical support.
- Senator Ricciardi explained that a lot of work has been done with stakeholders. They have consulted with moms, OBGYNs, pediatricians, nurses, commercial insurance carriers, businesses, human resources professionals, the Insurance Department, the Department of Safety, and the Department of Health and Human Services.
- She addressed an amendment to the bill. It makes minor tweaks to the language and effective dates, as well as more substantial changes including eliminating fertility appointment job security, eliminating paid family and medical leave (PFML) job security, adding pediatric appointments with limits, and moving the independent birthing center study from the Insurance Department to DHHS.
- Senator Ricciardi said she is proud that Momnibus 2.0 has bipartisan support, and she is proud to be introducing it with Senator Prentiss. She emphasized

that supporting moms and families is a shared value both across the state and across parties.

Senator Suzanne Prentiss, Senate District 5

- Senator Prentiss stated that when moms and their babies thrive, the workforce, public education, and communities can feel it.
- She explained that while our communities are the bedrock of New Hampshire, we know that not all birthing and postpartum journeys are the same.
- Across the nation, the rise in maternal mortality has been primarily linked to mental health issues and substance abuse.
- Momnibus 1.0 set the groundwork for where we are today. It extended Medicaid coverage for new moms from the initial sixty days to a full year. This allows them to have comprehensive and consistent treatment.
- Momnibus 2.0 is a comprehensive wraparound approach, as we have been able to identify where the gaps are over the past two years.
- Senator Prentiss referenced call centers and emphasized the importance of the ability to call someone for assistance when one has questions about postpartum depression. Not all OBs are specialists in this area, so we need to bring some peer-to-peer resources for postpartum care.
- She noted that in the past twenty years, eleven labor & delivery units have closed in New Hampshire, primarily in rural areas. While most deliveries happen without any complications, it is important to double down on education to ensure that emergency medicine providers are well prepared to manage emergencies. This is especially prevalent for mothers who may be further away from a hospital or place to deliver their baby.
- She also noted that New Hampshire is down to three birthing centers. We need to look at what is causing these closures and how this can be turned around.
- Senator Prentiss said she hopes the committee will support this bill in support of prosperous, inclusive communities and thriving New Hampshire families.

Representative Paige Beauchemin, Hillsborough – District 3

- Representative Beauchemin stated that she has been a maternal child health nurse for the past fifteen years.
- She explained that ‘peri’ means ‘around’. Thus, perinatal is referring to both pregnancy and postpartum.
- Representative Beauchemin has built several perinatal mental health programs. She has also built in-app coaching programs focusing on pregnancy and postpartum mental health.
- 20% of all pregnant people will develop a perinatal mental health condition, such as depression or anxiety.

- While people are often warned during pregnancy about gestational diabetes or high blood pressure, there is almost no screening for perinatal mental health. Yet, it is the number one leading cause of pregnancy related death in the country according to the CDC in 2022 and is the most common complication of pregnancy.
- Representative Beauchemin told a story about a mother of five she has worked with who did not get diagnosed with postpartum depression. At six months postpartum, it became so severe that she was completely dysfunctional and had to take three months off work. There are countless similar stories.
- Under 50% of these people get diagnosed, and only about 10% receive treatment.
- Representative Beauchemin emphasized that we need to do this to improve the health of moms, babies, and families in New Hampshire.

Heather Martin

- Ms. Martin stated that Momnibus 2.0 is one of the best, most comprehensive bills for maternal mental health.
- She works for Dartmouth Health Pediatrics in Manchester, and is the first ever maternal mental health navigator in pediatrics.
- She referenced the peer support component of the bill and emphasized that this is what moms want. Having peer support would make such a difference in maternal mortality.
- Ms. Martin shared a personal story about her sister who suffered from postpartum psychosis fifteen years ago. She emphasized that these things are still happening, and moms are receiving diagnoses far too late.
- We need a psychiatry access line where OBs, pediatricians, and primary care providers can call and consult about what to do when a mom is suffering.
- Ms. Martin explained that she approached former Governor Sununu with this last year, and he provided some funding so they can establish a resource center to help moms struggling with mental health. She emphasized that Momnibus will help in this effort.
- Senator Birdsell asked when this resource center will be up and running.
- Ms. Martin explained that they are in the development stages and working on a website. She said it is possible within the next month or two. This will provide access to a navigator that can help moms navigate resources.
- Senator Birdsell asked if ARPA funds were used for this, and Ms. Martin confirmed.

Dr. Danielle Albushies, NH Medical Society & NH Section of American College of Obstetricians and Gynecologists

- Dr. Albushies stated that she is offering practical experience as an OBGYN for twenty years in New Hampshire.

- New Hampshire has one of the highest rates of depression and anxiety for mothers in the country.
- One thing that excites her about this bill is the peer-to-peer consult line.
- She explained that if a patient comes to her and she establishes that they have postpartum depression, she feels equipped to prescribe medication and recommend local resources. However, should the patient already be utilizing those means, have complex behavioral health issues, or have substance abuse disorder, she does not know where to turn.
- In her professional experience, she and her colleagues see a lot of women and are always trying to advocate for them. They have compiled a list of resources that women can use, such as support groups, but such lists can become out-of-date very quickly. Thus, resources for perinatal peer support would be a game changer.
- Senator Avard referenced the statistic about New Hampshire having one of the highest anxiety and depression rates in the country, and asked why this may be.
- Dr. Albushies explained that this is a multifactorial issue. She may not be the best person to speak to it, but she could seek out that information and get back to the committee.
- Senator Rochefort asked if there are any pre-birth indicating factors for postpartum depression.
- Dr. Albushies confirmed there are higher risk situations, such as patients with pre-existing depression or anxiety. There are many factors that go into this, but they have excellent screening tools. The need with Momnibus 2.0 is to improve the work done after the identification happens.
- Senator Long asked if postpartum depression is more common after first birth or multiple births, or if it is consistent across the board.
- Dr. Albushies explained that it seems consistent anecdotally.

Alison Palmer

- Ms. Palmer stated that she has been a nurse for nearly thirty years in high-risk labor and delivery. She is also a nurse practitioner in women's health and reproductive psychiatry.
- However, it was her own experience with perinatal depression and anxiety that has shaped her passion for this work.
- Ms. Palmer's baby did not sleep much in his first year of life. Despite being a married medical professional with access to care, she felt alone, ashamed, and uncertain where to turn.
- She questioned how many mothers without resources are suffering in silence if she felt this way as an educated provider.
- Ms. Palmer started a support group and standardized screening practices to provide others with the resources she needed.

- She emphasized that the legislature needs to support the evidence-based and innovative approaches that are being utilized throughout the country.
- Over 50% of psychiatric patients are women. Over 80% of women will have at least one pregnancy, and 50% of those are unplanned. 40% of childbearing people experience perinatal depression.
- In training, psychiatrists are not required to have education about the management of psychiatric illness during pregnancy or through the first year after birth.
- Thus, a 'hot potato' effect begins in which moms are tossed around between providers while trying to access care. Mothers often go to their children's pediatrician because they are prioritizing the child's care over their own. While the pediatrician may identify an issue, they are not necessarily the mother's provider.
- This 'hot potato' effect leaves mothers in a fragmented system with no clear path to care during a vulnerable time for suicide and overdose.
- A perinatal psychiatry access line will ensure mothers get appropriate care quickly and safely.
- Certified perinatal peer support will help mothers connect with others who have had similar experiences.
- Ms. Palmer stated that the New Hampshire Mom Hub has recently contracted with DHHS to offer a central access point to guide both patients and clinicians in navigating support.

Dr. Janet Perkins-Howland

- Dr. Perkins-Howland stated that she has been an OB in New Hampshire since 1998.
- One of the best parts about this bill is the awareness it brings to this issue.
- In her office, up to 50% of their patients miss their six-week postpartum appointment. Unfortunately, some of their most vulnerable patients miss their appointment.
- Dr. Perkins-Howland emphasized that the components of this bill can be lifesaving.
- While working in the North Country, a patient once told her that she needed a sled and snowmobile to get to the hospital for her delivery.
- Dr. Perkins-Howland has personally conducted EMS training. These individuals are eager to learn and appreciate the extra training.
- Dr. Perkins-Howland addressed the employee protections provided in the bill, and explained that just this week a patient has informed her that she does not want a C-section because she can only take four weeks off of work to recover. She has not informed her employer that she is pregnant due to fear of reprisal.

- New Hampshire is experiencing a declining birth rate. We need to do everything we can to support mothers and families instead of making it more difficult.

Sophia Fontaine

- Ms. Fontaine stated that she is a preschool teacher and daycare provider.
- Maternal health is family health. When mothers are struggling, the children and family as a whole are struggling as well.
- Maternal depression and anxiety can lead to increased behavioral challenges, cognitive delays, and diminished academic performance later in life for children.
- Ms. Fontaine has seen in her professional experience that mothers do not want to explain what they are feeling to their providers or their children's providers. However, they feel alone and like they cannot turn to anyone.

Jessica Crowley

- Ms. Crowley stated that she is speaking in support of this bill.
- She shared a personal story about her pregnancy and postpartum journey.
- At thirteen weeks pregnant, she learned something was wrong and had to wait ten days for test results to learn if her baby would live or not. During this time, no mental health professional checked in with her.
- Once the baby was in the NICU, no mental health professionals checked in on her for five weeks. Eventually, a NICU nurse asked her how she was doing, but she was not their patient.
- Ms. Crowley felt abandoned and betrayed by the same society that told her that her greatest value as a woman was becoming a mom.
- This bill would have helped her, and she knows it will help families and communities going forward.

MacKenzie Nicholson, MomsRising

- Ms. Nicholson stated that she is speaking in support of this bill.
- She submitted written testimony to the committee, which includes a list of comments from people across New Hampshire who support Momnibus 2.0.
- She emphasized that when moms have access to the support they need, the New Hampshire economy thrives, families thrive, and everyone does better.

Commissioner D.J. Bettencourt & Michelle Heaton, NH Insurance Department

- Commissioner Bettencourt stated that the Insurance Department is in support of this bill. He expressed his appreciation for the collaboration among sponsors, stakeholder, departments, and staff in crafting this bill.
- Commissioner Bettencourt stated that mental health is one of his top priorities, if not his top priority.

- One of the areas in serious need of a close look is postpartum mental health. He believes this legislation advances the needed examination.
- This legislation will supplement a lot of work that the Department is currently doing.
- Commissioner Bettencourt is excited about the opportunity to draw down federal funding for a women's health grant.
- He ensured that while the mental health parity component has been removed, the Department is going to continue that work.
- This bill works practically to support the work already done in New Hampshire to support the state's mental health system.
- Senator Birdsell noted that there is no fiscal note and asked if the Department would be participating, or if it would just be DHHS.
- Commissioner Bettencourt stated that they would have to complete further analysis because of the amendment, but the fiscal impact would be fairly minimal.
- Ms. Heaton explained that they drafted a fiscal note for the original bill, but there has since been substantial changes made that would bring down the fiscal impact.

Holly Stevens, NAMI NH

- Ms. Stevens stated that she is speaking in support of this bill.
- There is a documented link between postpartum depression and higher rates of depression in children later during their teen years.
- It is critical that mothers receive mental health screenings and treatment for postpartum to reduce maternal deaths and negative outcomes for kids.
- One way to encourage this is by waiving co-pays.
- Through the FAST Forward program, NAMI NH has seen first-hand the benefits of peers on mental health disorder treatment.
- Peer support for mothers experiencing postpartum mental health symptoms could be key in reducing maternal mortality rates.
- Senator Long asked if Ms. Stevens could identify what age depression develops in children whose mother's experienced postpartum depression.
- Ms. Stevens explained that the relevant article is cited in written testimony and that she would be happy to look into it.
- Senator Birdsell referenced Ms. Crowley's testimony about no one checking in on her while awaiting test results and asked how someone would be notified to contact her.
- Ms. Stevens explained that this is why it is so important to have these screenings completed at the doctor's office. If the doctor is able to detect something, then they can provide resources. She noted that the Hub may be able to help as well, but she does not know as much about that as others may.

- Senator Avard asked if this bill will provide care for someone who is pregnant and suffering.
- Ms. Stevens said she believes the bill provides for those screenings to be completed both during pregnancy and in postpartum to detect depression or anxiety when it arises.

John Reynolds, National Federation of Independent Business NH

- Mr. Reynolds stated that he does not disagree with the goals of this bill, and appreciates the amendment. NFIB NH members want their employees to be happy and healthy.
- He expressed some concern with the leave mandate of Section 9 utilizing an applicability threshold of twenty employees or more. He explained that this is a departure from other substantial employment regulations, such as the Affordable Care Act and the Family and Medical Leave Act (FMLA), which utilize a threshold of 50 employees.
- He noted that the FMLA is particularly notable because it was found that the cost of compliance with leave mandates grows significantly once below the threshold of 50 employees.
- Mr. Reynolds explained that while large employers likely already have time tracking systems to handle such leave, small employers may not. This is particularly true for part-time employees.
- Mr. Reynolds expressed concern about further ambiguity in the bill's language.
- The reinstatement provision lacks balancing language found in other reinstatement provisions in other areas of state law.
- There is ambiguity surrounding what the meaning of medical appointments for postpartum care is. In conversations he has had, there has been confusion about whether services such as lactation services would be covered.
- It is unclear to Mr. Reynolds what would happen with part-time employees who have multiple employers.
- Senator Long asked for clarity on the issue with Section 9.
- Mr. Reynolds clarified that while Section 9 establishes a threshold of 20 employees, other substantial employment regulations use a larger threshold of 50 employees.
- Senator Rochefort noted that Section 9 later caps this leave at 25 hours in the amendment. As a small business employer, he sees this as a compromise.
- Mr. Reynolds emphasized that the cap is a substantial improvement, but requiring any type of leave in any specific fashion in state law can cause problems once you get below 50 employees, especially when trying to manage multiple employees using leave or returning from leave simultaneously.

- Senator Rochefort referenced Mr. Reynolds' concerns about employees with multiple part-time jobs and asked how this would negatively impact an employer.
- Mr. Reynolds stated that it is unclear if an individual could utilize this time with multiple employers.

Tara Ryan, Chamber of Mothers

- Ms. Ryan stated that she is a mother, small business owner, and leader for the Chamber of Mothers.
- She shared a personal story about her infertility and postpartum journey. Her family got on five different daycare waitlists when she was seven weeks pregnant. They did not get a full-time spot in a daycare until her daughter was fourteen months old.
- Ms. Ryan described the struggle that her family and so many others go through and emphasized the impact this is having on mental health.
- If she had peer-to-peer support or in-home care to support her through this difficult journey, it would have been a better experience.
- Ms. Ryan said she cannot help but to connect the child care crisis in New Hampshire to the maternal health crisis we are also experiencing. She emphasized that this bill will help address that.

Representative Katelyn Kuttab, Rockingham – District 17

- As a mom of four children, Representative Kuttab believes this bill is very important.
- New Hampshire has the highest percentage of age 55+ workers in the country. If we want to attract young families, we need to support them.
- Representative Kuttab explained that a bill such as this is crucial because it provides protections that will prevent parents from having to choose between getting fired or taking their child to a necessary well-child exam. While most employers are understanding of young families, some are not.
- This is a strategic thing to do in order to empower New Hampshire families and attract more families to our state.

Courtney Tanner & Dr. Ilana Cass, Dartmouth Health

- Ms. Tanner introduced herself as the Senior Director of Government Relations for Dartmouth Health. Dr. Ilana Cass is the Chair of Obstetrics and Gynecology at Dartmouth Health.
- Dr. Cass stated that Dartmouth Health delivers just under one in four children in New Hampshire at their location in Lebanon and southern clinics.

- The closure of obstetric units across the state in the past 25 years represents about 42% of birthing centers and laboring units, with no new facilities opening up in their place.
- This has resulted in shifting a lot of obstetrics and postpartum care to emergency medicine. This bill provides enhanced training, collaboration, and access to such centers with obstetrics care.
- Dr. Cass stated that substance use overdose is the #1 cause of death for pregnant people in New Hampshire. Isolation coupled with anxiety and depression leaves women alone and suffering.
- This bill allows for earlier, uniform screening in common sense places.
- As an employer, Dr. Cass believes this is an incredibly important piece of legislation for workforce retention.

Corinne Benfield & Courtney Clisbee, Stay Work Play NH

- Ms. Benfield stated that she is speaking in support of this bill. It is comprised of critical supports for New Hampshire's young people.
- She submitted written testimony to the committee.
- Ms. Clisbee shared a personal story about her postpartum journey. At her six-week checkup, the provider did not ask about her mental wellbeing until the end of the appointment in passing.
- She explained that she was okay, but questioned what would have happened if she wasn't.
- Ms. Clisbee explained that while she is appreciative of providers, she believes this feels representative of how postpartum and mental care is treated as an afterthought in New Hampshire and across the nation.
- She questioned how mothers are expected to return to work so soon after giving birth, especially with added challenges such as the high cost of childcare.
- This is a much-needed step in the right direction that ultimately trickles down to our society as a whole.

Paula Rogers, AHIP

- Ms. Rogers explained her understanding is that AHIP's member plans are largely comfortable with this legislation.
- She believes there may be some confusion around drafting and noted that there is some potentially concerning terminology.
- She explained that mental health has been missing from New Hampshire's women's health care provision since it was put in law. This bill addresses the mental health component.
- There are three sections in this bill that directly affect insurers.
- Page 2 Line 7 addresses maternal depression screening coverage.
- Page 3 Line 14 addresses perinatal mental health and substance use treatment.

- Page 3 Line 37 addresses perinatal home visiting services.
- Ms. Rogers referenced the peer support component and explained that she is concerned about some of the expectations that providers may have bumping up against plans who think that they largely cover these services.

Bob Dunn, Roman Catholic Diocese of Manchester

- Mr. Dunn stated that he is speaking in support of this bill on behalf of Bishop Libasci. The Roman Catholic Diocese of Manchester was also supportive of Momnibus 1.0.
- The U.S. Conference of Catholic Bishops has called society to have radical solidarity with mothers, babies, and families, especially those who are poor.
- The U.S. Conference of Catholic Bishops has also advocated for legislation in Congress that will address maternal health issues. They have specifically singled out mental health, substance abuse disorder, and postpartum depression. This bill aligns with those goals.
- The health benefits of this bill will resonate across the life span of both the mother and child.
- Mr. Dunn stated that there is no question that this bill is intended to and will save lives. He believes this legislation can and should be considered pro-life.

Brianna Hankel, New Futures

- Ms. Hankel explained that a representative of the American Academy of Pediatrics could not attend and submitted written testimony to the committee.

Annie Hopkins

- Ms. Hopkins stated that she is both a mother and perinatal healthcare provider.
- She emphasized the importance of independent birthing centers and told a personal story about how New Hampshire law prevented her from utilizing a birthing center and required her to transfer to the hospital for a level of care that she did not need.
- Ms. Hopkins referenced previous discussion about pre-identifying individuals with mental health issues and explained that while she pre-identified herself due to her struggle with depression, the symptoms she began experiencing at four months postpartum were nothing like her usual symptoms.
- She explained that she was treated like a 'hot potato'. With family support, she was eventually able to contact her primary care provider, get medication, and utilize a perinatal-specific mental health provider.

Rebecca Woitkowski, New Futures

- Ms. Woitkowski stated that New Futures is the Kids Count grantee for New Hampshire, which has been supporting evidence-based data informed policy solutions for early childhood maternal health and family support.
- New Futures is in support of this bill because it expands access to critical services, such as home visits.
- 76% of New Hampshire births are reimbursed through private insurance. While a lot of work has been done on the Medicaid side, Ms. Woitkowski explained that if we want to understand why the system is not connected, we need to pay attention to how privately insured moms are supported.
- This bill is building on work done two years ago by addressing some of the issues with identifying and ensuring that privately insured moms and their families have access to critical services.
- Ms. Woitkowski emphasized that home visiting is an important service. This bill would allow visits within the home or at a designated location for certified individuals to meet with a family utilizing a two-generational approach, assessing the baby's health concerns as well as the mother's maternal health.

Andrew Hosmer, Harvard-Pilgrim

- Mr. Hosmer stated that Harvard-Pilgrim is neutral on this bill.
- He applauded the efforts made to strengthen maternal health.
- He explained that many of the services discussed today are very important, and they are already covered by Harvard-Pilgrim's plans.
- Harvard-Pilgrim's concerns currently have to do primarily with the mandate language in the bill. Mr. Hosmer emphasized that specificity is important.
- Mr. Hosmer stated that he would like to work with the committee and stakeholders to clarify some of the language regarding mandates.
- Senator Avar asked if Mr. Hosmer has seen the amendment, and Mr. Hosmer said that he has not but will review as soon as he gets it.

Devan Quinn, NH Women's Foundation

- Ms. Quinn stated that she is speaking in support of this bill.
- Many hours went into reaching out to various stakeholders about this bill to ensure that this could work for everyone.
- Ms. Quinn referenced the aforementioned concerns about insurance and explained that the amendment language cleared up any concerns they had. She emphasized that they worked with the Department of Insurance.
- They met with many insurance carriers, and they were not concerned at the time about those things because they are generally already covered in plans.
- Ms. Quinn emphasized that the peer-support component of the bill is just a study at DHHS.

- Ms. Quinn referenced the aforementioned concerns around the 25 hours of leave for pediatric visits in first year of life and explained that they did a great deal of outreach to the business community. The business community provided those parameters, and they obliged.
- She stated that they went out of their way to balance saving lives of mothers and keeping babies healthy with the impact on carriers and businesses.
- Senator Avard inquired about potential issues with coding. He noted previous testimony that some plans may not support the peer support and asked if the amendment would address it.
- Ms. Quinn said that upon discussion, they learned that DHHS would like to study this first. She noted that their recommendations after the study is complete may not even include carriers.
- Senator Long expressed concerns about an individual potentially expecting to be covered when that is not the case. He asked if any of that potential confusion was cleared up in their conversations with carriers.
- Ms. Quinn explained that they are always careful when talking about language, as they know this cannot cover every single person. This does everything they can to impact the most amount of mothers with the biggest stakeholder support and without a large fiscal note.

Courtney Keene, Jenny O'Higgins, & Rob Berry, Department of Health and Human Services

- Ms. O'Higgins stated that DHHS is very conceptually supportive of the bill's components.
- There is an appropriation to the Department for the perinatal psychiatric consultant line. These funds would essentially be coming into the Department and back out, so there is no additional fiscal impact.
- The only other section of the bill that directly concerns DHHS is the perinatal peer support. This will not have a fiscal impact on the Department.
- Mr. Berry explained that this is a service already being provided by Medicaid; this would just be changing who can bill for it. The Department expects some increased utilization, but minimal to no fiscal impact.
- Senator Avard asked if the Department has seen the amendment.
- Mr. Berry explained that he has seen an informal version, but would need to review the formal amendment.
- Senator Birdsell referenced previous testimony about a mother not having a C-section because she could only take four weeks off work. She explained that she used to be a benefits manager for Raytheon, where 6 weeks of regular maternity leave was required and 8 weeks for C-sections. She inquired about this situation in New Hampshire.

- Mr. Berry explained that while he is not speaking on behalf of the Department, he believes the FMLA would apply in that situation.

Pamela Dinapoli, NH Nurses Association

- Ms. Dinapoli stated that the New Hampshire Nurses Association is in support of this bill.
- Ms. Dinapoli read a letter submitted to the committee from the President of the New Hampshire Nurses Association.
- It outlines her five-year struggle to have a child with three ectopic pregnancies. In postpartum, she became overwhelmed with tunnel vision and despair. The Elliot postpartum group saved her and her family because she was surrounded by other mothers who had been dealing with the same struggles or who had overcome their depression.
- She found the support she needed, but groups like this are rare in New Hampshire.