Senate Health and Human Services
February 20, 2025
2025-0534s
05/02

Amendment to SB 246-FN

Amend the title of the bill by replacing it with the following:

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.

Amend the bill by replacing all after the enacting clause with the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. Covered benefits shall include:

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

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

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

III. In this section:

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

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

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

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

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

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

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

7 Appropriation: Department of Health and Human Services; Reduction of Barriers for Independent Birth Centers; Agency Study and Report. The sum of $30,000 for fiscal year ending June 30, 2026, is hereby appropriated to the department of health and human services to utilize existing contracts to additionally examine barriers to the sustainability of independent birth centers in New Hampshire and identify ways to reduce burdens and encourage their sustainability. The department shall report its findings and recommendations, including any necessary legislation and rulemaking changes, to the senate president, the speaker of the house of representatives, the governor, the house clerk, and the senate clerk on or before June 30, 2026.

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

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

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

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

III. In this section:

(a) “Perinatal individual” shall refer to an individual who:

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

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

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

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

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

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

II. Covered benefits shall include:

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

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

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

(a) Screenings for unmet health needs;

(b) Maternal and infant nutritional needs;

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

(d) Resource and referral.

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

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

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

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

11 Effective Date.

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

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

2025-0534s

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.