

SB 246-FN - AS INTRODUCED

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, and relative to job protection within the employer-sponsored New Hampshire paid family and medical leave plan.

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

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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 insurance department 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 fertility treatments; extends job protections under employer-sponsored family and medical leave insurance plans; and directs the department of health and human services to develop a plan for a perinatal peer support certification program.

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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, and relative to job protection within the employer-sponsored New Hampshire paid family and medical leave plan.

*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 VII. Nationally, mothers with children under 6 participate in the labor force at a much lower  
16 rate than others types of caretakers.

17 VIII. Nationally, 79 percent of mothers cited home and family care as the leading reason for  
18 exiting the workforce.

19 3 New Section; Maternal Mental Health Screening. Amend RSA 126-A by inserting after  
20 section 101 the following new section:

21 126-A:101-a Maternal Mental Health Screening.

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

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

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

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

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

1           III. As used in this section:

2           (a) "Maternal depression screening" means screening tools for parental mental health  
3 that are consistent with current standard of care and under the supervision of a certified health care  
4 provider.

5           (b) "Caregiver" means a parent, grandparent, or any other individual identified as  
6 having primary responsibility for the child.

7           4 New Section; Maternal Depression Screening Coverage. Amend RSA 417-D by inserting after  
8 section 2-c the following new section:

9           417-D:2-d Maternal Depression Screening Coverage.

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

13           II. Covered benefits shall include:

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

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

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

20           III. In this section:

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

24           (b) "Caregiver" means a parent, grandparent, or any other individual identified as  
25 having primary responsibility for the child.

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

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

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

30                   (3) Has lost a pregnancy due to a stillbirth, miscarriage, or a medical termination  
31 within the previous 12 months.

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

34           5 Appropriation; Department of Health and Human Services; Perinatal Psychiatric Provider  
35 Consult Line. The sum of \$275,000 for fiscal year ending June 30, 2026, and \$275,000 for the fiscal  
36 year ending June 30, 2027 is hereby appropriated to the department of health and human services to  
37 support the establishment of a perinatal psychiatric provider consult line. The governor is

1 authorized to draw a warrant for said sums out of any money in the treasury not otherwise  
2 appropriated.

3 6 Appropriation; Rural Maternal Health EMS Services. The sum of \$75,000 for fiscal year  
4 ending June 30, 2026, and the sum of \$75,000 for the fiscal year ending June 30, 2027, is hereby  
5 allocated to the department of safety to support rural maternal health EMS services. The governor  
6 is authorized to draw a warrant for said sums out of any money in the treasury not otherwise  
7 appropriated.

8 7 Insurance Department; Reduction of Barriers for Independent Birth Centers; Agency Study  
9 and Report. The insurance department shall examine barriers to the sustainability of independent  
10 birth centers in New Hampshire and identify ways to reduce burdens and encourage their  
11 sustainability. The department shall report its findings and recommendations, including any  
12 necessary legislation and rulemaking changes, to the senate president, the speaker of the house of  
13 representatives, the governor, the house clerk, and the senate clerk on or before November 1, 2026.

14 8 New Sections; Women's Health Care. Amend RSA 417-D by inserting after section 2-d the  
15 following new sections:

16 417-D:2-e Coverage of Perinatal Mental Health and Substance Use Treatment.

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

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

27 III. In this section:

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

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

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

32 (3) Has lost a pregnancy due to a stillbirth, miscarriage, or a medical termination  
33 within the previous 12 months.

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

37 417-D:2-f Coverage of Perinatal Home Visiting Services.

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1           I. Each health carrier that issues or renews any group policy, plan, or contract of accident or  
2 health insurance providing benefits for medical or hospital expenses, shall provide certificate holders  
3 of such insurance coverage for home visiting services for pregnant and postpartum women.

4           II. Covered benefits shall include:

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

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

9           III. In this section:

10           (a) "Home visiting services" includes evidence-based, voluntary home or community-  
11 based services for birthing people and caregivers with newborns aimed at improving maternal and  
12 child health, including but limited to:

13               (1) Screenings for unmet health needs including reproductive health services;

14               (2) Maternal and infant nutritional needs;

15               (3) Emotional health supports, including postpartum depression supports; and

16               (4) Resource and referral.

17           (b) "Perinatal individual" shall refer to an individual who:

18               (1) Is within 12 months of giving birth;

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

21               (3) Has lost a pregnancy due to a stillbirth, miscarriage, or medical termination  
22 within the previous 12 months.

23           9 New Section; Expand Employee Protection to Attend Pregnancy Appointments to Postpartum  
24 and Fertility Appointments. Amend RSA 275 by inserting after section 37-e the following new  
25 section:

26           275:37-f Leave of Absence to Attend Medical Appointments for Fertility Treatment, Pregnancy,  
27 Childbirth, and Postpartum Care. No employer shall deny an employee a leave of absence to attend  
28 the employee's own medical appointments for fertility treatment and preservation, pregnancy,  
29 childbirth, and postpartum care. When the employee returns from their own medical appointments,  
30 that employee's original job shall be made available to the employee by the employer.

31           10 Family and Medical Leave Insurance. Amend RSA 275:37-d to read as follows:

32           275:37-d Family and Medical Leave Insurance. If an employer has [50] **10** or more employees  
33 and sponsors family and medical leave insurance pursuant to RSA 21-I:99, then any employee of  
34 that employer who takes family or medical leave and accesses wage replacement benefits under such  
35 family and medical leave insurance coverage shall be restored to the position she or he held prior to  
36 such leave or to an equivalent position by her or his employer consistent with the job restoration  
37 provisions of the federal Family and Medical Leave Act of 1993, Public Law 103-3, 29 U.S.C. section

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1 2601 et seq. Such employers shall continue to provide health insurance to employees during the  
2 leave. However, employees shall remain responsible for any employee-shared costs associated with  
3 the health insurance benefits. Such employers shall not discriminate or retaliate against any  
4 employee for accessing family or medical leave wage replacement benefits. Employers of employees  
5 participating in the granite state paid family leave plan may require that paid leave taken under  
6 this program be taken concurrently or otherwise coordinated with leave allowed under the terms of a  
7 collective bargaining agreement or other established employer policy or the Family and Medical  
8 Leave Act, as applicable. In addition, the commissioner may adopt rules under RSA 541-A to  
9 facilitate administration and enforcement of this section.

10 11 Department of Health and Human Services; Perinatal Peer Support. The department of  
11 health and human services shall study how to operationalize a perinatal peer support certification  
12 program and determine best practices for perinatal peer support. The department shall provide a  
13 report of their findings to the senate president, speaker of the house of representatives, the senate  
14 clerk, house clerk, and governor no later than November 1, 2026.

15 12 Effective Date. This act shall take effect July 1, 2025.

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1/21/25

**SB 246-FN- FISCAL NOTE  
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**FISCAL IMPACT:**

The Office of Legislative Budget Assistant is unable to complete a fiscal note for this bill as it is awaiting information from the Departments of Insurance and Health and Human Services. The Departments were contacted on 1/21/25 for a fiscal note worksheet. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

**AGENCIES CONTACTED:**

Departments of Insurance and Health and Human Services