

LEGISLATIVE COMMITTEE MINUTES

SB175

Bill as Introduced

SB 175-FN - AS INTRODUCED

2023 SESSION

23-1034

07/05

SENATE BILL **175-FN**

AN ACT relative to Medicaid coverage for mothers.

SPONSORS: Sen. Whitley, Dist 15; Sen. Prentiss, Dist 5; Sen. Perkins Kwoka, Dist 21; Sen. Rosenwald, Dist 13; Sen. Altschiller, Dist 24; Sen. Fenton, Dist 10; Sen. Watters, Dist 4; Sen. Soucy, Dist 18; Sen. Chandley, Dist 11; Sen. Ricciardi, Dist 9; Rep. Simpson, Rock. 33; Rep. M. Murray, Hills. 37

COMMITTEE: Health and Human Services

ANALYSIS

This bill:

1. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.
2. Establishes minimum workplace supports for nursing mothers.
3. Appropriates money to the department of health and human services to support healthy outcomes for caregivers and children.
4. Establishes a commission to study home visiting programs for all parents of newborns and young children.
5. Mandates the department of health and human services establish a network of early childhood behavioral health supports.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

AN ACT relative to Medicaid coverage for mothers.

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

1 1 Statement of Findings. The general court hereby finds that:

2 I. The United States is facing a maternal health crisis. Our country's maternal mortality
3 rate is the highest of any developed nation in the world and more than double the rate of peer
4 countries, and most pregnancy-related deaths are considered preventable.

5 II. For too long, we have allowed preventable deaths, life-altering complications, and
6 untreated mental health and substance use disorders to persist for mothers.

7 III. The General Court is committed to cutting the rates of maternal mortality and
8 morbidity, reducing the disparities in maternal health outcomes, and improving the overall
9 experience of pregnancy, birth, and postpartum for people across the state, because Granite State
10 mothers deserve to have a safe and dignified pregnancy and birth.

11 IV. The 2022 Annual Report on Maternal Mortality recommended increased access to
12 maternal health services and increased funding for direct services.

13 V. Increased attention to maternal and infant health is necessary to improve health
14 outcomes in New Hampshire, including expanded access to coverage and care and increased access
15 to a broader array of services and providers that support maternal and infant health.

16 2 Short Title. This act shall be known as the "The New Hampshire Mom-nibus."

17 3 New Paragraph; The Children's Health Plan; Medicaid Enhancement for Children and
18 Pregnant Women; Postpartum Coverage. Amend RSA RSA 167:68 by inserting after paragraph III
19 the following new paragraph:

20 IV.(a) Pursuant to the state option under the American Rescue Plan Act of 2021 to expand
21 maternity care under Medicaid and section 1902(e)(16) of the Social Security Act (42 U.S.C. section
22 1396a(e)), the commissioner of the department of health and human services shall submit, no later
23 than September 30, 2023, a Medicaid state plan amendment to the federal Centers of Medicare and
24 Medicaid Services to establish and implement 12 months of continuous coverage for the entire
25 postpartum period. This benefit shall be available to anyone who received medical assistance under
26 the state plan for all pregnancy-related and postpartum medical assistance available under the state
27 plan.

28 (b) The purpose of the program shall be, through ensuring continuous coverage for a 12-
29 month postpartum period, to increase identification and mitigation of preventable pregnancy related
30 and pregnancy associated morbidity and mortality, including those related to substance use disorder
31 and mental illness.

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1 (c) The medical assistance provided for a pregnant or postpartum woman under this
2 section shall, consistent with section 1902(e)(16) include all items and services covered under the
3 state plan that are not less in amount, duration, or scope, or are determined by the Secretary to be
4 substantially equivalent, to the medical assistance available for an individual described in
5 subsection (a)(10)(A)(i); and be provided for the individual while pregnant and during the 12-month
6 period that begins on the last day of the individual's pregnancy and ends on the last day of the
7 month in which such 12-month period ends.

8 (d) On January 31, 2024, the commissioner shall begin submitting quarterly reports to
9 the oversight committee on Health and Human services, the legislative committees with jurisdiction
10 over Health and Human services, and the governor regarding the department's progress in obtaining
11 and implementing the state plan amendment. The quarterly reports shall include the department's
12 plans for reducing administrative burdens for enrollees and the department's efforts to expand
13 access and participation to voluntary, evidence-based maternal home visiting programs, pursuant to
14 subparagraph (a). Reports submitted under this paragraph shall also be posted on the department's
15 website.

16 (e) The department shall include in its biennial request for appropriations under RSA
17 9:4, not less than \$300,000 for each fiscal year, for the purpose of providing the postpartum health
18 care services required under this paragraph.

19 (f) Working with stakeholder and community organizations, the department shall
20 establish a comprehensive community education and outreach campaign to inform eligible persons
21 and providers of the extended health care coverage in this section.

22 4 Appropriation. The sum of \$300,000 for the fiscal year ending June 30, 2024 and \$300,000 for
23 ht fiscal year ending June 30, 2025 is hereby appropriated to the department of health and human
24 services for the purpose of expanding postpartum health care services under the state Medicaid plan
25 as provided in section 2 of this act. The governor shall determine if any discretionary funds
26 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal funds,
27 can be used for this purpose, and the commissioner shall expend such federal funds for this purpose.
28 Any remainder shall be appropriated from the general fund. The governor is authorized to draw a
29 warrant for the general fund portion of said sums out of any money in the treasury not otherwise
30 appropriated. The department of health and human service may accept and expend matching
31 federal funds without prior approval of the fiscal committee of the general court.

32 5 New Subdivision; Medicaid Coverage of Certain Birthing, Postpartum, and Newborn Services.
33 Amend RSA 126-A by inserting after section 98 the following new subdivision:

34 Medicaid Coverage of Certain Birthing, Postpartum, and Newborn Services

35 126-A:99 Medicaid Doula Coverage.

36 I. Notwithstanding any other provision of this chapter, doula services shall be covered under
37 the medical assistance for eligible Medicaid beneficiaries.

1 II. As used in this section, "doula services" means services provided by a highly-qualified
2 doula certified by the state pursuant to RSA 310-A:222 and designed to provide physical, emotional,
3 and educational support to pregnant women before, during, and after childbirth. Doula services
4 include the following:

5 (a) Support and assistance during labor and childbirth.

6 (b) Prenatal and postpartum support and education.

7 (c) Breastfeeding assistance and lactation support.

8 (d) Parenting education.

9 (e) Support for a birthing person following loss of pregnancy.

10 III. The department of health and human services is authorized to take any action to include
11 doula services in the medical assistance program, including seeking waivers or amending the
12 Medicaid state plan to provide reimbursement for doulas who provide Medicaid eligible services to
13 eligible Medicaid beneficiaries.

14 IV. Not later than January 31, 2025, the commissioner shall report to the oversight
15 committee on health and human services, the legislative committees with jurisdiction over health
16 and human services, and the governor, a set of metrics determined by the department of health and
17 human services in consultation with the doula advisory board established in RSA 310-A:223.

18 V. The department shall adopt rules pursuant to RSA 541-A to implement the provisions of
19 this section. The rules shall address the requirements and expertise of practicing doulas, doula
20 training providers, and home visiting experts. Every 2 years, the department shall assess the rates
21 of reimbursement for doula services and adjust rates accordingly.

22 126-A:100 Medicaid Coverage of Lactation Services; Reimbursement Required.

23 I. The department of health of health and human services shall cover lactation services for
24 Medicaid recipients as a pregnancy-related service under New Hampshire's Medicaid program.

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

27 (a) Inpatient hospital services, other than services in an institution for mental disease,
28 per Social Security Act (SSA) section 1905(a)(1);

29 (b) Outpatient hospital services, per SSA section 1905(a)(2)(A) and 42 C.F.R. section
30 440.10;

31 (c) Early and periodic screening, diagnostic, and treatment services for individuals who
32 are eligible under the plan and are under the age of 21, per SSA section 1905(a)(4)(B);

33 (d) Physicians' services furnished by a physician under the physician's supervision,
34 whether furnished in the office, the patient's home, a hospital, or a nursing facility, or elsewhere, per
35 SSA section 1905(a)(5)(A);

36 (e) Services furnished by a nurse-midwife, which the nurse-midwife is legally authorized
37 to perform under State law, per SSA section 1905(a)(17);

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- 1 (f) Freestanding birth center services, per SSA section 1905(a)(28); and
2 (g) Services furnished by nurse practitioners per 42 C.F.R. section 440.166 and other
3 licensed practitioners per 42 C.F.R. section 440.60.

4 III. Reimbursable lactation services shall include:

- 5 (a) Breastfeeding education;
6 (b) Individual lactation consultation; and
7 (c) Equipment rentals.

8 126-A:101 Medicaid Coverage of Donor Breast Milk; Reimbursement Required.

9 I. The department of health and human services shall provide reimbursement under the
10 medical assistance program for donor breast milk provided to an infant receiving benefits under this
11 chapter by organizations approved by the department if a physician or physician assistant licensed
12 in this state or an advanced practice registered nurse licensed in this state signs an order state the
13 following:

- 14 (a) The infant is medically or physically unable to receive maternal breast milk or
15 participate in breastfeeding or the infant's mother is medically or physically unable to produce
16 maternal breast milk in quantities sufficient for the infant; and
17 (b) The infant:
18 (1) Was born at a birth weight of less than 1,500 grams;
19 (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is recovering
20 from intestinal surgery and the infant's digestive needs require additional support;
21 (3) Is not appropriately gaining weight or growing;
22 (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
23 (5) Has low blood sugar;
24 (6) Has congenital heart disease;
25 (7) Has received or will receive an organ transplant; or
26 (8) Has another medical condition for which donor breast milk is medically
27 necessary.

28 II. The department shall adopt rules pursuant to RSA 541-A to implement the program
29 described in this section.

30 6 Medicaid State Plan; Requiring Coverage of Donor Breast Milk. The department of health and
31 human services shall prepare and submit a Medicaid state plan amendment or waiver as necessary
32 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid
33 Services no later than September 30, 2023 that provides or requests, as appropriate, Medicaid
34 coverage consistent with RSA 126-A:101 for the coverage of donor breast milk for eligible infants.

35 7 Appropriation; Reimbursement for Donor Breast Milk under the Medicaid Program. The sum
36 of \$250,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
37 health and human services for the purpose of providing reimbursement for donor breast milk for

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1 eligible infants under the state Medicaid plan as provided in sections 4 and 5 of this act. The
2 governor shall determine if any discretionary funds appropriated in the American Rescue Plan Act of
3 2021, Public Law 117-3, or any other federal funds, can be used for this purpose, and the
4 commissioner shall expend such federal funds for this purpose. Any remainder shall be appropriated
5 from the general fund. The governor is authorized to draw a warrant for the general fund portion of
6 such sum from any money in the treasury not otherwise appropriated. The department of health
7 and human services may accept and expend matching federal funds without prior approval of the
8 fiscal committee of the general court.

9 8 Appropriation; Reimbursement for Doulas under the Medicaid Program. The sum of \$300,000
10 for the biennium ending June 30, 2025 is hereby appropriated to the department of health and
11 human services for the purpose of providing reimbursement for state-certified doulas under the state
12 Medicaid plan as provided in section 4 of this act. The governor shall determine if any discretionary
13 funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal
14 funds, can be used for this purpose, and the commissioner shall expend such federal funds for this
15 purpose. Any remainder shall be appropriated from the general fund. The governor is authorized to
16 draw a warrant for the general fund portion of such sum from any money in the treasury not
17 otherwise appropriated. The department of health and human services may accept and expend
18 matching federal funds without prior approval of the fiscal committee of the general court.

19 9 Appropriation; Reimbursement for Lactation Services under the Medicaid Program. The sum
20 of \$300,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
21 health and human services for the purpose of providing reimbursement for lactation services under
22 the state Medicaid plan as provided in section 4 of this act. The governor shall determine if any
23 discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any
24 other federal funds, can be used for this purpose, and the commissioner shall expend such federal
25 funds for this purpose. Any remainder shall be appropriated from the general fund. The governor is
26 authorized to draw a warrant for the general fund portion of such sum from any money in the
27 treasury not otherwise appropriated. The department of health and human services may accept and
28 expend matching federal funds without prior approval of the fiscal committee of the general court.

29 10 New Subdivision; Labor; Protective Legislation; Policies Relating to Nursing Mothers.
30 Amend RSA 275 by inserting after section 77 the following new subdivision:

31 Policies Relating to Nursing Mothers

32 275:78 Definitions. In this subdivision:

33 I. "Employee" shall mean a person who may be permitted, required, or directed by an
34 employer in consideration of direct or indirect gain or profit but shall not include any individual who
35 volunteers services for a public, charitable, or religious facility without expectation or promise of
36 pay.

1 II. "Employer" shall mean a person, partnership, association, corporation, or legal
2 representative of a person, partnership, association, or corporation, or the state or any of its political
3 subdivisions, which has 6 or more employees working in the state.

4 III. "Expression of milk" means the initiation of lactation by manual or mechanical means
5 but shall not include breastfeeding.

6 IV. "Reasonable break period" shall mean an unpaid break of approximately 30 minutes for
7 every 3 hours of work performed by a nursing employee for the purpose of expressing milk.

8 V. "Undue hardship" shall mean any action that requires significant difficulty or expense
9 when considered in relation to factors such as the size of the business, its financial resources and the
10 nature and structure of its operation.

11 275:79 Notification of Policies.

12 I. Every employer shall adopt a policy to address the provision of sufficient space and
13 reasonable break periods for nursing employees that need to express milk during working hours.

14 II. Every employer shall, at the time of hire, make available to its employees the employer's
15 policy related to expression of milk during working hours.

16 III. A nursing employee shall notify its employer at least 2 weeks prior to needing
17 reasonable break periods and sufficient space for expression of milk during work hours.

18 275:80 Sufficient Space.

19 I. Every employer shall provide access to reasonable, sufficient space, either temporary or
20 permanent in nature, for the use of an employee to express milk for a nursing child for a period of
21 one year from the date of birth of the child.

22 II. The location of the space provided shall be within a reasonable walk of the employee's
23 worksite, unless otherwise mutually agreed to by the employer and employee.

24 III. Sufficient space provided in accordance with this section shall not be a bathroom, and
25 shall be a clean space shielded from view and free from intrusion from coworkers and the public.

26 (a) If the space is not solely for the use of employees expressing milk it shall be made
27 available when requested to comply with the requirements set forth in this subdivision.

28 (b) If feasible, the room shall have, at a minimum, an electrical outlet and a chair.

29 275:81 Reasonable Break Period.

30 I. Every employer shall provide reasonable break periods to employees who need to express
31 milk for a child for a period of one year from the date of birth of the child. Nothing in this section
32 shall preclude an employer from negotiating with an employee reasonable break periods to express
33 milk that are different from the requirements in this subdivision.

34 II. Nothing under this subdivision shall preclude an employee from taking a reasonable
35 break period contemporaneously with break or meal periods already provided to the employee by the
36 employer.

1 III. An employer shall not require an employee to make up time related to use of unpaid
2 reasonable break periods.

3 275:82 Penalties. Any employer who violates any provision of this subdivision shall be subject
4 to a civil penalty pursuant to RSA 273:11-a.

5 275:83 Hardship Exemption. An employer may be exempted from this subdivision if providing
6 reasonable break time and sufficient space for expressing milk would impose an undue hardship to
7 the employer's operations.

8 11 Appropriation; Maternal and Child Support. The sum of \$2,000,000 for fiscal year ending
9 June 30, 2024, and the sum of \$2,000,000 for the fiscal year ending June 30, 2025, is hereby
10 appropriated to the department of health and human services to support healthy outcomes for
11 caregivers and children and shall be allocated to the family resource center facilitating organization,
12 New Hampshire Children's Trust, for distribution to family resource centers. The use of the funds
13 shall include, but not be limited to, better serving families, preparing for FRC-Q designation,
14 enhancing coordination with other early childhood systems, and supporting evidence-based
15 programs such as home visiting programs and perinatal doula services, ACERT, and community
16 collaboration. The governor is authorized to draw a warrant for said sums out of any money in the
17 treasury not otherwise appropriated.

18 12 New Subdivision; Commission to Study Home Visiting. Amend RSA 125 by inserting after
19 section 95 the following new subdivision:

20 Commission to Study Home Visiting

21 125:96 Commission to Study Home Visiting Established.

22 I. There is established a commission to study home visiting in New Hampshire. The
23 membership of the commission shall be as follows:

24 (a) Two members of the senate, appointed by the senate president, one of whom serves
25 on the senate health and human services committee.

26 (b) Two members of the house of representatives, who serve on the house health and
27 human services and elderly affairs committee, appointed by the speaker of the house of
28 representatives.

29 (c) The director of the division of public health services of the department of health and
30 human services, or designee.

31 (d) The commissioner of the department of education, or designee.

32 (e) The chair of the wellness and primary prevention council, established under RSA
33 126-M:3, or designee.

34 II. The commission shall study how New Hampshire can reduce barriers, improve access,
35 and create a system of universal access to voluntary home visiting programs available to all parents
36 of newborns and young children designed to support families, bridge gaps between caretakers and

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1 community resources, and improve maternal and child health wellness. The commission's duties
2 shall include, but not be limited to:

3 (a) Review of current data regarding home visiting programs, services, and family needs
4 in New Hampshire.

5 (b) Review of current barriers in both provision of home visiting services and
6 participation in programs by families.

7 (c) Review of national, state, and other resources on building a strong system of
8 universal home visiting.

9 (d) Identify a set of recommendations, including legislative, administrative, financial,
10 and other policies, that should be made to reduce barriers and improve access to voluntary home
11 visiting services statewide.

12 (e) As part of this study and to ensure cross-agency collaboration, the commission shall
13 include, but not be limited to, in meetings the following individuals and organizations:

14 (1) The director of the division of children, youth, and family of the department of
15 health and human services, or designee.

16 (2) The director of the council for thriving children, or designee.

17 (3) One representative of the New Hampshire Children's Trust, designated by that
18 organization.

19 (4) A representative of a family resource center which provides home visiting
20 programming to families, designated by Family Support New Hampshire.

21 (5) A representative of Waypoint, designated by that organization.

22 (6) A representative of the New Hampshire School Administrators Association,
23 appointed by that organization.

24 (7) A parent or caretaker that has participated in home visiting programs, as
25 designated by the Council for Thriving Children Parent Advisors.

26 III. Members of the commission shall elect a chairperson from among the members. The
27 first meeting of the commission shall be called by the first-named senate member. The first meeting
28 of the commission shall be held within 30 days of the effective date of this section. Four members of
29 the commission shall constitute a quorum. The senate health and human services committee staff
30 shall provide clerical, administrative, and research services to the commission as may be needed.

31 IV. Legislative members of the commission shall receive mileage at the legislative rate when
32 attending to the duties of the commission.

33 V. The commission shall submit a final report of its findings and any recommendations for
34 proposed legislation to the president of the senate, the speaker of the house of representatives, the
35 senate clerk, the house clerk, the governor, and the state library on or before October 15, 2024.

36 13 Repeal. RSA 125:96, relative to the commission to study home visiting, is repealed.

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1 14 New Subdivisions; Medicaid Reimbursement-Eligible Doula and Lactation Service
2 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

3 Medicaid Reimbursement-Eligible Doula and Lactation Service Providers

4 310-A:222 Doula Certification.

5 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
6 licensure and certification shall, in conjunction with the doula advisory board, establish a doula
7 certification process.

8 II. The office of professional licensure and certification shall make rules pursuant to RSA
9 541-A relative to the authority set out in paragraph I of this section.

10 III. Nothing in this section shall prevent a person certified by this state pursuant to any
11 other provision of law from performing the occupation for which he or she is certified.

12 310-A:223 Doula Advisory Board Established.

13 I. The office of professional licensure and certification shall establish a doula advisory board
14 to oversee the implementation of the doula certification process.

15 II. The board members shall:

16 (a) Consist of 3 doulas who reside in the state and one parent to represent the patient
17 and consumer perspective.

18 (b) Make an effort to include racially and geographically diverse community members;

19 (c) Be appointed for 3 years and staggered in such a way that the term of one member
20 expires each year;

21 (d) Hold office until successors are appointed;

22 (e) Serve no more than 2 full consecutive terms; and

23 (f) Serve on the board without any compensation.

24 III. The board shall advise the executive director of the office of professional licensure and
25 certification regarding the implementation of this section.

26 310-A:224 Lactation Service Provider Certification.

27 I. For the purposes of Medicaid billing pursuant to RSA 126-A:100, the office of professional
28 licensure and certification shall, in conjunction with the lactation service provider advisory board,
29 establish a process to certify lactation service providers that are credentialed by the International
30 Board of Lactation Examiners.

31 II. The office of professional licensure and certification shall make rules pursuant to RSA
32 541-A relative to the authority set out in paragraph I of this section.

33 III. Nothing in this section shall prevent a person certified by this state pursuant to any
34 other provision of law from performing the occupation for which he or she is certified.

35 310-A:225 Lactation Service Provider Advisory Board Established.

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1 I. The office of professional licensure and certification shall establish a lactation service
2 provider advisory board to oversee the implementation of the lactation service provider certification
3 process as set out in RSA 310-A:224.

4 II. The board members shall:

5 (a) Consist of 3 lactation consultants who reside in the state and one parent to represent
6 the patient and consumer perspective.

7 (b) Make an effort to include racially and geographically diverse community members;

8 (c) Be appointed for 3 years and staggered in such a way that the term of one member
9 expires each year;

10 (d) Hold office until successors are appointed;

11 (e) Serve no more than 2 full consecutive terms; and

12 (f) Serve on the board without any compensation.

13 III. The board shall advise the executive director of the office of professional licensure and
14 certification regarding the implementation of this section.

15 15 New Section; System of Care for Children's Mental Health; Early Childhood Behavioral
16 Health Supports. Amend RSA 135-F by inserting after section 9 the following new section:

17 135-F:10 Early Childhood Behavioral Health Supports Established.

18 I. The department of health and human services shall develop and maintain a publicly
19 available network of trauma-informed early childhood mental health consultants and ensure ongoing
20 training and consultation of the early childhood mental health consultants. Early childhood mental
21 health consultations shall be:

22 (a) Provided by qualified mental health professionals who possess a masters or doctoral-
23 level degree in the mental health field and who demonstrate evidence of specialized training and
24 experience in infant and early childhood mental health as established by the department;

25 (b) Offered, if necessary, to children across settings and regardless of changes to setting
26 and placement;

27 (c) Integrated with other available behavioral health and family support services
28 providers, including but not limited to the care management entities established under RSA 135-F,
29 early childhood mental health services, and early supports and services; and

30 (d) Implemented in accordance with this chapter and include, but not be limited to, the
31 following services:

32 (1) Conducting observation and assessment of a child and their caregivers across
33 child care settings, including universal strengths-based assessments in accordance with this chapter
34 and RSA 170-G:4-e and the use of valid and reliable measures of: trauma exposure, chronic exposure
35 to stress and symptoms, emotional and behavioral development, and the strengths and needs of the
36 caregiving/child-caregiver relationship;

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1 (2) Consulting with caregivers, teachers, directors, administrators, and other
2 medical and behavioral health providers about the meaning of challenging behaviors and how to
3 meet the needs of the child and care givers;

4 (3) Strengthening caregiver and professional capacity to successfully handle
5 challenging behaviors through developmentally appropriate methods, including but not limited to
6 reflective questioning, developmental guidance, modeling, and role playing;

7 (4) Offering training in young child socio-emotional development, emotional and
8 behavioral regulation, and trauma exposure to caregivers and professionals; and

9 (5) Be provided to any child 0-6 presenting with behaviors substantially interfering
10 with their successful engagement in child care and to any child who is placed or at risk of being
11 placed in foster care within 30 days of their placement in care.

12 II. The department shall establish the eligibility and referral process for the consultations
13 that prioritized children in foster care or at risk of being placed in foster care.

14 III. Notwithstanding any paragraph of this section, the availability of consultations shall be
15 subject to available appropriations to this program.

16 16 Appropriation; Early Childhood Mental Health Consultation. The sum of \$1,000,000 for the
17 fiscal year ending June 30, 2024, and the sum of \$1,000,000 for the fiscal year ending June 30, 2025,
18 is hereby appropriated to the department of health and human services to support existing programs
19 to provide trauma-informed early childhood mental health consultation to caregivers at home and in
20 child care settings to support young children with exposure to adverse childhood experiences and
21 who experience emotional and behavioral challenges. Of this amount, the governor shall determine
22 if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public
23 Law 117-2 or any other federal funds can be used for this purpose and any remainder shall be
24 general funds. The funds shall be non-lapsing. The governor is authorized to draw a warrant for the
25 general fund share of said sums out of any money in the treasury not otherwise appropriated.

26 17 Effective Date.

27 I. Sections 4, 7, 8, 9, 11, and 16 of this act shall take effect July 1, 2023.

28 II. Section 13 of this act shall take effect October 15, 2024.

29 III. Sections 5 and 14 of this act shall take effect one year after its passage.

30 IV. The remainder of this act shall take effect upon its passage.

LBA
23-1034
1/17/23

**SB 175-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to Medicaid coverage for mothers.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, as introduced, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 175-FN - AS AMENDED BY THE SENATE

02/22/2023 0593s

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SENATE BILL **175-FN**

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COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill:

I. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.

II. Establishes minimum workplace supports for nursing mothers.

III. Makes an appropriation to the department of health and human services to support healthy outcomes for caregivers and children.

IV. Mandates the wellness and primary prevention council study and submit a report on home visiting programs for all parents of newborns and young children.

V. Mandates the department of health and human services establish a network of early childhood behavioral health supports and makes an appropriation thereof.

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

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AN ACT relative to Medicaid coverage for mothers.

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

1 1 Statement of Findings. The general court hereby finds that:

2 I. The United States is facing a maternal health crisis. Our country's maternal mortality
3 rate is the highest of any developed nation in the world and more than double the rate of peer
4 countries, and most pregnancy-related deaths are considered preventable.

5 II. For too long, we have allowed preventable deaths, life-altering complications, and
6 untreated mental health and substance use disorders to persist for mothers.

7 III. The General Court is committed to cutting the rates of maternal mortality and
8 morbidity, reducing the disparities in maternal health outcomes, and improving the overall
9 experience of pregnancy, birth, and postpartum for people across the state, because Granite State
10 mothers deserve to have a safe and dignified pregnancy and birth.

11 IV. The 2022 Annual Report on Maternal Mortality recommended increased access to
12 maternal health services and increased funding for direct services.

13 V. Increased attention to maternal and infant health is necessary to improve health
14 outcomes in New Hampshire, including expanded access to coverage and care and increased access
15 to a broader array of services and providers that support maternal and infant health.

16 2 Short Title. This act shall be known as the "The New Hampshire Mom-nibus."

17 3 New Paragraph; The Children's Health Plan; Medicaid Enhancement for Children and
18 Pregnant Women; Postpartum Coverage. Amend RSA RSA 167:68 by inserting after paragraph III
19 the following new paragraph:

20 IV.(a) Pursuant to the state option under the American Rescue Plan Act of 2021 to expand
21 maternity care under Medicaid and section 1902(e)(16) of the Social Security Act (42 U.S.C. section
22 1396a(e)), the commissioner of the department of health and human services shall submit, no later
23 than September 30, 2023, a Medicaid state plan amendment to the federal Centers of Medicare and
24 Medicaid Services to establish and implement 12 months of continuous coverage for the entire
25 postpartum period. This benefit shall be available to anyone who received medical assistance under
26 the state plan for all pregnancy-related and postpartum medical assistance available under the state
27 plan.

28 (b) The purpose of the program shall be, through ensuring continuous coverage for a 12-
29 month postpartum period, to increase identification and mitigation of preventable pregnancy related
30 and pregnancy associated morbidity and mortality, including those related to substance use disorder
31 and mental illness.

1 (c) The medical assistance provided for a pregnant or postpartum woman under this
2 section shall, consistent with section 1902(e)(16) include all items and services covered under the
3 state plan that are not less in amount, duration, or scope, or are determined by the Secretary to be
4 substantially equivalent, to the medical assistance available for an individual described in
5 subsection (a)(10)(A)(i); and be provided for the individual while pregnant and during the 12-month
6 period that begins on the last day of the individual's pregnancy and ends on the last day of the
7 month in which such 12-month period ends.

8 (d) On January 31, 2024, the commissioner shall begin submitting quarterly reports to
9 the oversight committee on Health and Human services, the legislative committees with jurisdiction
10 over Health and Human services, and the governor regarding the department's progress in obtaining
11 and implementing the state plan amendment. The quarterly reports shall include the department's
12 plans for reducing administrative burdens for enrollees and the department's efforts to expand
13 access and participation to voluntary, evidence-based maternal home visiting programs, pursuant to
14 subparagraph (a). Reports submitted under this paragraph shall also be posted on the department's
15 website.

16 (e) Working with stakeholder and community organizations, the department shall
17 establish a comprehensive community education and outreach campaign to inform eligible persons
18 and providers of the extended health care coverage in this section.

19 4 Appropriation. The sum of \$300,000 for the fiscal year ending June 30, 2024 and \$300,000 for
20 the fiscal year ending June 30, 2025 is hereby appropriated to the department of health and human
21 services for the purpose of expanding postpartum health care services under the state Medicaid plan
22 as provided in section 3 of this act. The governor shall determine if any discretionary funds
23 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal funds,
24 can be used for this purpose, and the commissioner shall expend such federal funds for this purpose.
25 Any remainder shall be appropriated from the general fund. The governor is authorized to draw a
26 warrant for the general fund portion of said sums out of any money in the treasury not otherwise
27 appropriated. The department of health and human services may accept and expend matching
28 federal funds without prior approval of the fiscal committee of the general court.

29 5 New Subdivision; Medicaid Coverage of Certain Birthing, Postpartum, and Newborn Services.
30 Amend RSA 126-A by inserting after section 98 the following new subdivision:

31 Medicaid Coverage of Certain Birthing, Postpartum, and Newborn Services

32 126-A:99 Medicaid Doula Coverage.

33 I. Notwithstanding any other provision of this chapter, doula services shall be covered under
34 the medical assistance for eligible Medicaid beneficiaries.

35 II. As used in this section, "doula services" means services provided by a highly-qualified
36 doula certified by the state pursuant to RSA 310-A:222 and designed to provide physical, emotional,

1 and educational support to pregnant women before, during, and after childbirth. Doula services
2 include the following:

- 3 (a) Support and assistance during labor and childbirth.
- 4 (b) Prenatal and postpartum support and education.
- 5 (c) Breastfeeding assistance and lactation support.
- 6 (d) Parenting education.
- 7 (e) Support for a birthing person following loss of pregnancy.

8 III. The department of health and human services is authorized to take any action to include
9 doula services in the medical assistance program, including seeking waivers or amending the
10 Medicaid state plan to provide reimbursement for doulas who provide Medicaid eligible services to
11 eligible Medicaid beneficiaries.

12 IV. Not later than January 31, 2025, the commissioner shall report to the oversight
13 committee on health and human services, the legislative committees with jurisdiction over health
14 and human services, and the governor, a set of metrics determined by the department of health and
15 human services in consultation with the doula advisory board established in RSA 310-A:223.

16 V. The department shall adopt rules pursuant to RSA 541-A to implement the provisions of
17 this section. The rules shall address the requirements and expertise of practicing doulas, doula
18 training providers, and home visiting experts. Every 2 years, the department shall assess the rates
19 of reimbursement for doula services and adjust rates accordingly.

20 126-A:100 Medicaid Coverage of Lactation Services; Reimbursement Required.

21 I. The department of health of health and human services shall cover lactation services for
22 Medicaid recipients as a pregnancy-related service under New Hampshire's Medicaid program.

23 II. The department is authorized to use the following Medicaid coverage categories to
24 reimburse lactation services:

- 25 (a) Inpatient hospital services, other than services in an institution for mental disease,
26 per Social Security Act (SSA) section 1905(a)(1);
- 27 (b) Outpatient hospital services, per SSA section 1905(a)(2)(A) and 42 C.F.R. section
28 440.10;
- 29 (c) Early and periodic screening, diagnostic, and treatment services for individuals who
30 are eligible under the plan and are under the age of 21, per SSA section 1905(a)(4)(B);
- 31 (d) Physicians' services furnished by a physician under the physician's supervision,
32 whether furnished in the office, the patient's home, a hospital, or a nursing facility, or elsewhere, per
33 SSA section 1905(a)(5)(A);
- 34 (e) Services furnished by a nurse-midwife, which the nurse-midwife is legally authorized
35 to perform under State law, per SSA section 1905(a)(17);
- 36 (f) Freestanding birth center services, per SSA section 1905(a)(28); and

1 (g) Services furnished by nurse practitioners per 42 C.F.R. section 440.166 and other
2 licensed practitioners per 42 C.F.R. section 440.60.

3 III. Reimbursable lactation services shall include:

- 4 (a) Breastfeeding education;
5 (b) Individual lactation consultation; and
6 (c) Equipment rentals.

7 126-A:101 Medicaid Coverage of Donor Breast Milk; Reimbursement Required.

8 I. The department of health and human services shall provide reimbursement under the
9 medical assistance program for donor breast milk provided to an infant receiving benefits under this
10 chapter by organizations approved by the department if a physician or physician assistant licensed
11 in this state or an advanced practice registered nurse licensed in this state signs an order state the
12 following:

13 (a) The infant is medically or physically unable to receive maternal breast milk or
14 participate in breastfeeding or the infant's mother is medically or physically unable to produce
15 maternal breast milk in quantities sufficient for the infant; and

16 (b) The infant:

- 17 (1) Was born at a birth weight of less than 1,500 grams;
18 (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is recovering
19 from intestinal surgery and the infant's digestive needs require additional support;
20 (3) Is not appropriately gaining weight or growing;
21 (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
22 (5) Has low blood sugar;
23 (6) Has congenital heart disease;
24 (7) Has received or will receive an organ transplant; or
25 (8) Has another medical condition for which donor breast milk is medically
26 necessary.

27 II. The department shall adopt rules pursuant to RSA 541-A to implement the program
28 described in this section.

29 6 Medicaid State Plan; Requiring Coverage of Donor Breast Milk. The department of health and
30 human services shall prepare and submit a Medicaid state plan amendment or waiver as necessary
31 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid
32 Services no later than September 30, 2023 that provides or requests, as appropriate, Medicaid
33 coverage consistent with RSA 126-A:101 for the coverage of donor breast milk for eligible infants.

34 7 Appropriation; Reimbursement for Donor Breast Milk under the Medicaid Program. The sum
35 of \$250,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
36 health and human services for the purpose of providing reimbursement for donor breast milk for
37 eligible infants under the state Medicaid plan as provided in sections 4 and 5 of this act. The

1 governor shall determine if any discretionary funds appropriated in the American Rescue Plan Act of
2 2021, Public Law 117-3, or any other federal funds, can be used for this purpose, and the
3 commissioner shall expend such federal funds for this purpose. Any remainder shall be appropriated
4 from the general fund. The governor is authorized to draw a warrant for the general fund portion of
5 such sum from any money in the treasury not otherwise appropriated. The department of health
6 and human services may accept and expend matching federal funds without prior approval of the
7 fiscal committee of the general court.

8 8 Appropriation; Reimbursement for Doulas under the Medicaid Program. The sum of \$300,000
9 for the biennium ending June 30, 2025 is hereby appropriated to the department of health and
10 human services for the purpose of providing reimbursement for state-certified doulas under the state
11 Medicaid plan as provided in section 4 of this act. The governor shall determine if any discretionary
12 funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal
13 funds, can be used for this purpose, and the commissioner shall expend such federal funds for this
14 purpose. Any remainder shall be appropriated from the general fund. The governor is authorized to
15 draw a warrant for the general fund portion of such sum from any money in the treasury not
16 otherwise appropriated. The department of health and human services may accept and expend
17 matching federal funds without prior approval of the fiscal committee of the general court.

18 9 Appropriation; Reimbursement for Lactation Services under the Medicaid Program. The sum
19 of \$300,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
20 health and human services for the purpose of providing reimbursement for lactation services under
21 the state Medicaid plan as provided in section 4 of this act. The governor shall determine if any
22 discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any
23 other federal funds, can be used for this purpose, and the commissioner shall expend such federal
24 funds for this purpose. Any remainder shall be appropriated from the general fund. The governor is
25 authorized to draw a warrant for the general fund portion of such sum from any money in the
26 treasury not otherwise appropriated. The department of health and human services may accept and
27 expend matching federal funds without prior approval of the fiscal committee of the general court.

28 10 New Subdivision; Labor; Protective Legislation; Policies Relating to Nursing Mothers.
29 Amend RSA 275 by inserting after section 77 the following new subdivision:

30 Policies Relating to Nursing Mothers

31 275:78 Definitions. In this subdivision:

32 I. "Employee" shall mean a person who may be permitted, required, or directed by an
33 employer in consideration of direct or indirect gain or profit but shall not include any individual who
34 volunteers services for a public, charitable, or religious facility without expectation or promise of
35 pay.

1 II. "Employer" shall mean a person, partnership, association, corporation, or legal
2 representative of a person, partnership, association, or corporation, or the state or any of its political
3 subdivisions, which has 6 or more employees working in the state.

4 III. "Expression of milk" means the initiation of lactation by manual or mechanical means
5 but shall not include breastfeeding.

6 IV. "Reasonable break period" shall mean an unpaid break of approximately 30 minutes for
7 every 3 hours of work performed by a nursing employee for the purpose of expressing milk.

8 V. "Undue hardship" shall mean any action that requires significant difficulty or expense
9 when considered in relation to factors such as the size of the business, its financial resources and the
10 nature and structure of its operation.

11 275:79 Notification of Policies.

12 I. Every employer shall adopt a policy to address the provision of sufficient space and
13 reasonable break periods for nursing employees that need to express milk during working hours.

14 II. Every employer shall, at the time of hire, make available to its employees the employer's
15 policy related to expression of milk during working hours.

16 III. A nursing employee shall notify its employer at least 2 weeks prior to needing
17 reasonable break periods and sufficient space for expression of milk during work hours.

18 275:80 Sufficient Space.

19 I. Every employer shall provide access to reasonable, sufficient space, either temporary or
20 permanent in nature, for the use of an employee to express milk for a nursing child for a period of
21 one year from the date of birth of the child.

22 II. The location of the space provided shall be within a reasonable walk of the employee's
23 worksite, unless otherwise mutually agreed to by the employer and employee.

24 III. Sufficient space provided in accordance with this section shall not be a bathroom, and
25 shall be a clean space shielded from view and free from intrusion from coworkers and the public.

26 (a) If the space is not solely for the use of employees expressing milk it shall be made
27 available when requested to comply with the requirements set forth in this subdivision.

28 (b) If feasible, the room shall have, at a minimum, an electrical outlet and a chair.

29 275:81 Reasonable Break Period.

30 I. Every employer shall provide reasonable break periods to employees who need to express
31 milk for a child for a period of one year from the date of birth of the child. Nothing in this section
32 shall preclude an employer from negotiating with an employee reasonable break periods to express
33 milk that are different from the requirements in this subdivision.

34 II. Nothing under this subdivision shall preclude an employee from taking a reasonable
35 break period contemporaneously with break or meal periods already provided to the employee by the
36 employer.

1 III. An employer shall not require an employee to make up time related to use of unpaid
2 reasonable break periods.

3 275:82 Penalties. Any employer who violates any provision of this subdivision shall be subject
4 to a one-time civil penalty pursuant to RSA 273:11-a.

5 275:83 Hardship Exemption. An employer may be exempted from this subdivision if providing
6 reasonable break time and sufficient space for expressing milk would impose an undue hardship to
7 the employer's operations.

8 11 Appropriation; Maternal and Child Support. The sum of \$2,000,000 for fiscal year ending
9 June 30, 2024, and the sum of \$2,000,000 for the fiscal year ending June 30, 2025, is hereby
10 appropriated to the department of health and human services to support healthy outcomes for
11 caregivers and children and shall be allocated to the family resource center facilitating organization,
12 New Hampshire Children's Trust, for distribution to family resource centers. The use of the funds
13 shall include, but not be limited to, better serving families, preparing for FRC-Q designation,
14 enhancing coordination with other early childhood systems, and supporting evidence-based
15 programs such as home visiting programs and perinatal doula services, ACERT, and community
16 collaboration. The governor is authorized to draw a warrant for said sums out of any money in the
17 treasury not otherwise appropriated.

18 12 New Section; Wellness and Primary Prevention Council; Voluntary Home Visiting Program
19 Report. Amend RSA 126-M by inserting after section 6 the following new section:

20 126-M:7 Voluntary Home Visiting Program Report.

21 I. The council shall study how New Hampshire can reduce barriers, improve access, and
22 create a system of universal access to voluntary home visiting programs available to all parents of
23 newborns and young children designed to support families, bridge gaps between caretakers and
24 community resources, and improve maternal and child health wellness.

25 II. The council shall submit a report on any findings and recommendations for proposed
26 legislation to the president of the senate, the speaker of the house of representatives, the senate
27 clerk, the house clerk, the governor and the state library on or before October 15, 2024.

28 13 New Subdivisions; Medicaid Reimbursement-Eligible Doulas and Lactation Service
29 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

30 Medicaid Reimbursement-Eligible Doulas and Lactation Service Providers

31 310-A:222 Doula and Lactation Service Provider Certification.

32 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
33 licensure and certification shall establish a doula certification process and establish a lactation
34 service certification process to certify lactation service providers that are credentialed by the
35 International Board of Lactation Examiners.

36 II. The office of professional licensure and certification shall adopt rules pursuant to RSA
37 541-A relative to the authority set out in paragraph I.

1 III. Nothing in this section shall prevent a person certified by this state pursuant to any
2 other provision of law from performing the occupation for which he or she is certified.

3 14 New Section; System of Care for Children's Mental Health; Early Childhood Behavioral
4 Health Supports. Amend RSA 135-F by inserting after section 9 the following new section:

5 135-F:10 Early Childhood Behavioral Health Supports Established.

6 I. The department of health and human services shall develop and maintain a publicly
7 available network of trauma-informed early childhood mental health consultants and ensure ongoing
8 training and consultation of the early childhood mental health consultants. Early childhood mental
9 health consultations shall be:

10 (a) Provided by qualified mental health professionals who possess a masters or doctoral-
11 level degree in the mental health field and who demonstrate evidence of specialized training and
12 experience in infant and early childhood mental health as established by the department;

13 (b) Offered, if necessary, to children across settings and regardless of changes to setting
14 and placement;

15 (c) Integrated with other available behavioral health and family support services
16 providers, including but not limited to the care management entities established under RSA 135-F,
17 early childhood mental health services, and early supports and services; and

18 (d) Implemented in accordance with this chapter and include, but not be limited to, the
19 following services:

20 (1) Conducting observation and assessment of a child and their caregivers across
21 child care settings, including universal strengths-based assessments in accordance with this chapter
22 and RSA 170-G:4-e and the use of valid and reliable measures of: trauma exposure, chronic exposure
23 to stress and symptoms, emotional and behavioral development, and the strengths and needs of the
24 caregiving/child-caregiver relationship;

25 (2) Consulting with caregivers, teachers, directors, administrators, and other
26 medical and behavioral health providers about the meaning of challenging behaviors and how to
27 meet the needs of the child and care givers;

28 (3) Strengthening caregiver and professional capacity to successfully handle
29 challenging behaviors though developmentally appropriate methods, including but not limited to
30 reflective questioning, developmental guidance, modeling, and role playing;

31 (4) Offering training in young child socio-emotional development, emotional and
32 behavioral regulation, and trauma exposure to caregivers and professionals; and

33 (5) Be provided to any child 0-6 presenting with behaviors substantially interfering
34 with their successful engagement in child care and to any child who is placed or at risk of being
35 placed in foster care within 30 days of their placement in care.

36 II. The department shall establish the eligibility and referral process for the consultations
37 that prioritized children in foster care or at risk of being placed in foster care.

1 III. Notwithstanding any paragraph of this section, the availability of consultations shall be
2 subject to available appropriations to this program.

3 15 Appropriation; Early Childhood Mental Health Consultation. The sum of \$1,000,000 for the
4 fiscal year ending June 30, 2024, and the sum of \$1,000,000 for the fiscal year ending June 30, 2025,
5 is hereby appropriated to the department of health and human services to support existing programs
6 to provide trauma-informed early childhood mental health consultation to caregivers at home and in
7 child care settings to support young children with exposure to adverse childhood experiences and
8 who experience emotional and behavioral challenges. Of this amount, the governor shall determine
9 if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public
10 Law 117-2 or any other federal funds can be used for this purpose and any remainder shall be
11 general funds. The funds shall be non-lapsing. The governor is authorized to draw a warrant for the
12 general fund share of said sums out of any money in the treasury not otherwise appropriated.

13 16 Effective Date.

14 I. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

15 II. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

16 III. The remainder of this act shall take effect July 1, 2024.

LBA
23-1034
1/17/23

**SB 175-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to Medicaid coverage for mothers.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, as introduced, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 175-FN - AS AMENDED BY THE SENATE

02/22/2023 0593s

2023 SESSION

23-1034
07/05

SENATE BILL **175-FN**

AN ACT relative to Medicaid coverage for mothers.

SPONSORS: Sen. Whitley, Dist 15; Sen. Prentiss, Dist 5; Sen. Perkins Kwoka, Dist 21; Sen. Rosenwald, Dist 13; Sen. Altschiller, Dist 24; Sen. Fenton, Dist 10; Sen. Watters, Dist 4; Sen. Soucy, Dist 18; Sen. Chandley, Dist 11; Sen. Ricciardi, Dist 9; Rep. Simpson, Rock. 33; Rep. M. Murray, Hills. 37

COMMITTEE: Health and Human Services **OTPA 5-0**

AMENDED ANALYSIS

This bill:

I. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.

II. Establishes minimum workplace supports for nursing mothers.

III. Makes an appropriation to the department of health and human services to support healthy outcomes for caregivers and children.

IV. Mandates the wellness and primary prevention council study and submit a report on home visiting programs for all parents of newborns and young children.

V. Mandates the department of health and human services establish a network of early childhood behavioral health supports and makes an appropriation thereof.

Explanation: Matter added to current law appears in **bold italics**.
Matter removed from current law appears ~~[in brackets and struck through]~~.
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 Three

AN ACT relative to Medicaid coverage for mothers.

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

1 1 Statement of Findings. The general court hereby finds that:

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3 rate is the highest of any developed nation in the world and more than double the rate of peer
4 countries, and most pregnancy-related deaths are considered preventable.

5 II. For too long, we have allowed preventable deaths, life-altering complications, and
6 untreated mental health and substance use disorders to persist for mothers.

7 III. The General Court is committed to cutting the rates of maternal mortality and
8 morbidity, reducing the disparities in maternal health outcomes, and improving the overall
9 experience of pregnancy, birth, and postpartum for people across the state, because Granite State
10 mothers deserve to have a safe and dignified pregnancy and birth.

11 IV. The 2022 Annual Report on Maternal Mortality recommended increased access to
12 maternal health services and increased funding for direct services.

13 V. Increased attention to maternal and infant health is necessary to improve health
14 outcomes in New Hampshire, including expanded access to coverage and care and increased access
15 to a broader array of services and providers that support maternal and infant health.

16 2 Short Title. This act shall be known as the "The New Hampshire Mom-nibus."

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18 Pregnant Women; Postpartum Coverage. Amend RSA RSA 167:68 by inserting after paragraph III
19 the following new paragraph:

20 IV.(a) Pursuant to the state option under the American Rescue Plan Act of 2021 to expand
21 maternity care under Medicaid and section 1902(e)(16) of the Social Security Act (42 U.S.C. section
22 1396a(e)), the commissioner of the department of health and human services shall submit, no later
23 than September 30, 2023, a Medicaid state plan amendment to the federal Centers of Medicare and
24 Medicaid Services to establish and implement 12 months of continuous coverage for the entire
25 postpartum period. This benefit shall be available to anyone who received medical assistance under
26 the state plan for all pregnancy-related and postpartum medical assistance available under the state
27 plan.

28 (b) The purpose of the program shall be, through ensuring continuous coverage for a 12-
29 month postpartum period, to increase identification and mitigation of preventable pregnancy related
30 and pregnancy associated morbidity and mortality, including those related to substance use disorder
31 and mental illness.

SB 175-FN - AS AMENDED BY THE SENATE

- Page 2 -

1 (c) The medical assistance provided for a pregnant or postpartum woman under this
2 section shall, consistent with section 1902(e)(16) include all items and services covered under the
3 state plan that are not less in amount, duration, or scope, or are determined by the Secretary to be
4 substantially equivalent, to the medical assistance available for an individual described in
5 subsection (a)(10)(A)(i); and be provided for the individual while pregnant and during the 12-month
6 period that begins on the last day of the individual's pregnancy and ends on the last day of the
7 month in which such 12-month period ends.

8 (d) On January 31, 2024, the commissioner shall begin submitting quarterly reports to
9 the oversight committee on Health and Human services, the legislative committees with jurisdiction
10 over Health and Human services, and the governor regarding the department's progress in obtaining
11 and implementing the state plan amendment. The quarterly reports shall include the department's
12 plans for reducing administrative burdens for enrollees and the department's efforts to expand
13 access and participation to voluntary, evidence-based maternal home visiting programs, pursuant to
14 subparagraph (a). Reports submitted under this paragraph shall also be posted on the department's
15 website.

16 (e) Working with stakeholder and community organizations, the department shall
17 establish a comprehensive community education and outreach campaign to inform eligible persons
18 and providers of the extended health care coverage in this section.

19 4 Appropriation. The sum of \$300,000 for the fiscal year ending June 30, 2024 and \$300,000 for
20 the fiscal year ending June 30, 2025 is hereby appropriated to the department of health and human
21 services for the purpose of expanding postpartum health care services under the state Medicaid plan
22 as provided in section 3 of this act. The governor shall determine if any discretionary funds
23 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal funds,
24 can be used for this purpose, and the commissioner shall expend such federal funds for this purpose.
25 Any remainder shall be appropriated from the general fund. The governor is authorized to draw a
26 warrant for the general fund portion of said sums out of any money in the treasury not otherwise
27 appropriated. The department of health and human services may accept and expend matching
28 federal funds without prior approval of the fiscal committee of the general court.

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30 Amend RSA 126-A by inserting after section 98 the following new subdivision:

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33 I. Notwithstanding any other provision of this chapter, doula services shall be covered under
34 the medical assistance for eligible Medicaid beneficiaries.

35 II. As used in this section, "doula services" means services provided by a highly-qualified
36 doula certified by the state pursuant to RSA 310-A:222 and designed to provide physical, emotional,

1 and educational support to pregnant women before, during, and after childbirth. Doula services
2 include the following:

- 3 (a) Support and assistance during labor and childbirth.
- 4 (b) Prenatal and postpartum support and education.
- 5 (c) Breastfeeding assistance and lactation support.
- 6 (d) Parenting education.
- 7 (e) Support for a birthing person following loss of pregnancy.

8 III. The department of health and human services is authorized to take any action to include
9 doula services in the medical assistance program, including seeking waivers or amending the
10 Medicaid state plan to provide reimbursement for doulas who provide Medicaid eligible services to
11 eligible Medicaid beneficiaries.

12 IV. Not later than January 31, 2025, the commissioner shall report to the oversight
13 committee on health and human services, the legislative committees with jurisdiction over health
14 and human services, and the governor, a set of metrics determined by the department of health and
15 human services in consultation with the doula advisory board established in RSA 310-A:223.

16 V. The department shall adopt rules pursuant to RSA 541-A to implement the provisions of
17 this section. The rules shall address the requirements and expertise of practicing doulas, doula
18 training providers, and home visiting experts. Every 2 years, the department shall assess the rates
19 of reimbursement for doula services and adjust rates accordingly.

20 126-A:100 Medicaid Coverage of Lactation Services; Reimbursement Required.

21 I. The department of health of health and human services shall cover lactation services for
22 Medicaid recipients as a pregnancy-related service under New Hampshire's Medicaid program.

23 II. The department is authorized to use the following Medicaid coverage categories to
24 reimburse lactation services:

25 (a) Inpatient hospital services, other than services in an institution for mental disease,
26 per Social Security Act (SSA) section 1905(a)(1);

27 (b) Outpatient hospital services, per SSA section 1905(a)(2)(A) and 42 C.F.R. section
28 440.10;

29 (c) Early and periodic screening, diagnostic, and treatment services for individuals who
30 are eligible under the plan and are under the age of 21, per SSA section 1905(a)(4)(B);

31 (d) Physicians' services furnished by a physician under the physician's supervision,
32 whether furnished in the office, the patient's home, a hospital, or a nursing facility, or elsewhere, per
33 SSA section 1905(a)(5)(A);

34 (e) Services furnished by a nurse-midwife, which the nurse-midwife is legally authorized
35 to perform under State law, per SSA section 1905(a)(17);

36 (f) Freestanding birth center services, per SSA section 1905(a)(28); and

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1 (g) Services furnished by nurse practitioners per 42 C.F.R. section 440.166 and other
2 licensed practitioners per 42 C.F.R. section 440.60.

3 III. Reimbursable lactation services shall include:

- 4 (a) Breastfeeding education;
5 (b) Individual lactation consultation; and
6 (c) Equipment rentals.

7 126-A:101 Medicaid Coverage of Donor Breast Milk; Reimbursement Required.

8 I. The department of health and human services shall provide reimbursement under the
9 medical assistance program for donor breast milk provided to an infant receiving benefits under this
10 chapter by organizations approved by the department if a physician or physician assistant licensed
11 in this state or an advanced practice registered nurse licensed in this state signs an order state the
12 following:

13 (a) The infant is medically or physically unable to receive maternal breast milk or
14 participate in breastfeeding or the infant's mother is medically or physically unable to produce
15 maternal breast milk in quantities sufficient for the infant; and

16 (b) The infant:

- 17 (1) Was born at a birth weight of less than 1,500 grams;
18 (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is recovering
19 from intestinal surgery and the infant's digestive needs require additional support;
20 (3) Is not appropriately gaining weight or growing;
21 (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;
22 (5) Has low blood sugar;
23 (6) Has congenital heart disease;
24 (7) Has received or will receive an organ transplant; or
25 (8) Has another medical condition for which donor breast milk is medically
26 necessary.

27 II. The department shall adopt rules pursuant to RSA 541-A to implement the program
28 described in this section.

29 6 Medicaid State Plan; Requiring Coverage of Donor Breast Milk. The department of health and
30 human services shall prepare and submit a Medicaid state plan amendment or waiver as necessary
31 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid
32 Services no later than September 30, 2023 that provides or requests, as appropriate, Medicaid
33 coverage consistent with RSA 126-A:101 for the coverage of donor breast milk for eligible infants.

34 7 Appropriation; Reimbursement for Donor Breast Milk under the Medicaid Program. The sum
35 of \$250,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
36 health and human services for the purpose of providing reimbursement for donor breast milk for
37 eligible infants under the state Medicaid plan as provided in sections 4 and 5 of this act. The

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1 governor shall determine if any discretionary funds appropriated in the American Rescue Plan Act of
2 2021, Public Law 117-3, or any other federal funds, can be used for this purpose, and the
3 commissioner shall expend such federal funds for this purpose. Any remainder shall be appropriated
4 from the general fund. The governor is authorized to draw a warrant for the general fund portion of
5 such sum from any money in the treasury not otherwise appropriated. The department of health
6 and human services may accept and expend matching federal funds without prior approval of the
7 fiscal committee of the general court.

8 8 Appropriation; Reimbursement for Doulas under the Medicaid Program. The sum of \$300,000
9 for the biennium ending June 30, 2025 is hereby appropriated to the department of health and
10 human services for the purpose of providing reimbursement for state-certified doulas under the state
11 Medicaid plan as provided in section 4 of this act. The governor shall determine if any discretionary
12 funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal
13 funds, can be used for this purpose, and the commissioner shall expend such federal funds for this
14 purpose. Any remainder shall be appropriated from the general fund. The governor is authorized to
15 draw a warrant for the general fund portion of such sum from any money in the treasury not
16 otherwise appropriated. The department of health and human services may accept and expend
17 matching federal funds without prior approval of the fiscal committee of the general court.

18 9 Appropriation; Reimbursement for Lactation Services under the Medicaid Program. The sum
19 of \$300,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
20 health and human services for the purpose of providing reimbursement for lactation services under
21 the state Medicaid plan as provided in section 4 of this act. The governor shall determine if any
22 discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any
23 other federal funds, can be used for this purpose, and the commissioner shall expend such federal
24 funds for this purpose. Any remainder shall be appropriated from the general fund. The governor is
25 authorized to draw a warrant for the general fund portion of such sum from any money in the
26 treasury not otherwise appropriated. The department of health and human services may accept and
27 expend matching federal funds without prior approval of the fiscal committee of the general court.

28 10 New Subdivision; Labor; Protective Legislation; Policies Relating to Nursing Mothers.
29 Amend RSA 275 by inserting after section 77 the following new subdivision:

30 Policies Relating to Nursing Mothers

31 275:78 Definitions. In this subdivision:

32 I. "Employee" shall mean a person who may be permitted, required, or directed by an
33 employer in consideration of direct or indirect gain or profit but shall not include any individual who
34 volunteers services for a public, charitable, or religious facility without expectation or promise of
35 pay.

1 II. ~~"Employer"~~ shall mean a person, partnership, association, corporation, or legal
2 representative of a person, partnership, association, or corporation, or the state or any of its political
3 subdivisions, ~~which has 6 or more employees~~ working in the state.

4 III. "Expression of milk" means the initiation of lactation by manual or mechanical means
5 but shall not include breastfeeding.

6 IV. "Reasonable break period" shall mean an unpaid break of approximately 30 minutes for
7 every 3 hours of work performed by a nursing employee for the purpose of expressing milk.

8 V. "Undue hardship" shall mean any action that requires significant difficulty or expense
9 when considered in relation to factors such as the size of the business, its financial resources and the
10 nature and structure of its operation.

11 275:79 Notification of Policies.

12 I. Every employer shall adopt a policy to address the provision of sufficient space and
13 reasonable break periods for nursing employees that need to express milk during working hours.

14 II. Every employer shall, at the time of hire, make available to its employees the employer's
15 policy related to expression of milk during working hours.

16 III. A nursing employee shall notify its employer at least 2 weeks prior to needing
17 reasonable break periods and sufficient space for expression of milk during work hours.

18 275:80 Sufficient Space.

19 I. Every employer shall provide access to reasonable, sufficient space, either temporary or
20 permanent in nature, for the use of an employee to express milk for a nursing child for a period of
21 one year from the date of birth of the child.

22 II. The location of the space provided shall be within a reasonable walk of the employee's
23 worksite, unless otherwise mutually agreed to by the employer and employee.

24 III. Sufficient space provided in accordance with this section shall not be a bathroom, and
25 shall be a clean space shielded from view and free from intrusion from coworkers and the public.

26 (a) If the space is not solely for the use of employees expressing milk it shall be made
27 available when requested to comply with the requirements set forth in this subdivision.

28 (b) If feasible, the room shall have, at a minimum, an electrical outlet and a chair.

29 275:81 Reasonable Break Period.

30 I. Every employer shall provide reasonable break periods to employees who need to express
31 milk for a child for a period of one year from the date of birth of the child. Nothing in this section
32 shall preclude an employer from negotiating with an employee reasonable break periods to express
33 milk that are different from the requirements in this subdivision.

34 II. Nothing under this subdivision shall preclude an employee from taking a reasonable
35 break period contemporaneously with break or meal periods already provided to the employee by the
36 employer.

1 III. An employer shall not require an employee to make up time related to use of unpaid
2 reasonable break periods.

3 275:82 Penalties. Any employer who violates any provision of this subdivision shall be subject
4 to a one-time civil penalty pursuant to RSA 273:11-a.

5 275:83 Hardship Exemption. An employer may be exempted from this subdivision if providing
6 reasonable break time and sufficient space for expressing milk would impose an undue hardship to
7 the employer's operations.

8 11 Appropriation; Maternal and Child Support. The sum of \$2,000,000 for fiscal year ending
9 June 30, 2024, and the sum of \$2,000,000 for the fiscal year ending June 30, 2025, is hereby
10 appropriated to the department of health and human services to support healthy outcomes for
11 caregivers and children and shall be allocated to the family resource center facilitating organization,
12 New Hampshire Children's Trust, for distribution to family resource centers. The use of the funds
13 shall include, but not be limited to, better serving families, preparing for FRC-Q designation,
14 enhancing coordination with other early childhood systems, and supporting evidence-based
15 programs such as home visiting programs and perinatal doula services, ACERT, and community
16 collaboration. The governor is authorized to draw a warrant for said sums out of any money in the
17 treasury not otherwise appropriated.

18 12 New Section; Wellness and Primary Prevention Council; Voluntary Home Visiting Program
19 Report. Amend RSA 126-M by inserting after section 6 the following new section:

20 126-M:7 Voluntary Home Visiting Program Report.

21 I. The council shall study how New Hampshire can reduce barriers, improve access, and
22 create a system of universal access to voluntary home visiting programs available to all parents of
23 newborns and young children designed to support families, bridge gaps between caretakers and
24 community resources, and improve maternal and child health wellness.

25 II. The council shall submit a report on any findings and recommendations for proposed
26 legislation to the president of the senate, the speaker of the house of representatives, the senate
27 clerk, the house clerk, the governor and the state library on or before October 15, 2024.

28 13 New Subdivisions; Medicaid Reimbursement-Eligible Doulas and Lactation Service
29 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

30 Medicaid Reimbursement-Eligible Doulas and Lactation Service Providers

31 310-A:222 Doula and Lactation Service Provider Certification.

32 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
33 licensure and certification shall establish a ^{Voluntary} doula certification process and establish a lactation
34 service certification process to certify lactation service providers that are credentialed by the
35 International Board of Lactation Examiners.

36 II. The office of professional licensure and certification shall adopt rules pursuant to RSA
37 541-A relative to the authority set out in paragraph I.

1 III. Nothing in this section shall prevent a person certified by this state pursuant to any
2 other provision of law from performing the occupation for which he or she is certified.

3 ~~14 New Section; System of Care for Children's Mental Health; Early Childhood Behavioral~~
4 ~~Health Supports.~~ Amend RSA 135-F by inserting after section 9 the following new section:

5 135-F:10 Early Childhood Behavioral Health Supports Established.

6 I. The department of health and human services shall develop and maintain a publicly
7 available network of trauma-informed early childhood mental health consultants and ensure ongoing
8 training and consultation of the early childhood mental health consultants. Early childhood mental
9 health consultations shall be:

10 (a) Provided by qualified mental health professionals who possess a masters or doctoral-
11 level degree in the mental health field and who demonstrate evidence of specialized training and
12 experience in infant and early childhood mental health as established by the department;

13 (b) Offered, if necessary, to children across settings and regardless of changes to setting
14 and placement;

15 (c) Integrated with other available behavioral health and family support services
16 providers, including but not limited to the care management entities established under RSA 135-F,
17 early childhood mental health services, and early supports and services; and

18 (d) Implemented in accordance with this chapter and include, but not be limited to, the
19 following services:

20 (1) Conducting observation and assessment of a child and their caregivers across
21 child care settings, including universal strengths-based assessments in accordance with this chapter
22 and RSA 170-G:4-e and the use of valid and reliable measures of: trauma exposure, chronic exposure
23 to stress and symptoms, emotional and behavioral development, and the strengths and needs of the
24 caregiving/child-caregiver relationship;

25 (2) Consulting with caregivers, teachers, directors, administrators, and other
26 medical and behavioral health providers about the meaning of challenging behaviors and how to
27 meet the needs of the child and care givers;

28 (3) Strengthening caregiver and professional capacity to successfully handle
29 challenging behaviors though developmentally appropriate methods, including but not limited to
30 reflective questioning, developmental guidance, modeling, and role playing;

31 (4) Offering training in young child socio-emotional development, emotional and
32 behavioral regulation, and trauma exposure to caregivers and professionals; and

33 (5) Be provided to any child 0-6 presenting with behaviors substantially interfering
34 with their successful engagement in child care and to any child who is placed or at risk of being
35 placed in foster care within 30 days of their placement in care.

36 II. The department shall establish the eligibility and referral process for the consultations
37 that prioritized children in foster care or at risk of being placed in foster care.

SB 175-FN - AS AMENDED BY THE SENATE

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1 III. Notwithstanding any paragraph of this section, the availability of consultations shall be
2 subject to available appropriations to this program.

3 15 Appropriation; Early Childhood Mental Health Consultation. The sum of \$1,000,000 for the
4 fiscal year ending June 30, 2024, and the sum of \$1,000,000 for the fiscal year ending June 30, 2025,
5 is hereby appropriated to the department of health and human services to support existing programs
6 to provide trauma-informed early childhood mental health consultation to caregivers at home and in
7 child care settings to support young children with exposure to adverse childhood experiences and
8 who experience emotional and behavioral challenges. Of this amount, the governor shall determine
9 if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public
10 Law 117-2 or any other federal funds can be used for this purpose and any remainder shall be
11 general funds. The funds shall be non-lapsing. The governor is authorized to draw a warrant for the
12 general fund share of said sums out of any money in the treasury not otherwise appropriated.

13 16 Effective Date.

14 I. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

15 II. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

16 III. The remainder of this act shall take effect July 1, 2024.

LBA
23-1034
1/17/23

**SB 175-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to Medicaid coverage for mothers.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, as introduced, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 175-FN - AS AMENDED BY THE SENATE

02/22/2023 0593s
03/23/2023 1030s

2023 SESSION

23-1034
07/05

SENATE BILL **175-FN**

AN ACT relative to Medicaid coverage for mothers.

SPONSORS: Sen. Whitley, Dist 15; Sen. Prentiss, Dist 5; Sen. Perkins Kwoka, Dist 21; Sen. Rosenwald, Dist 13; Sen. Altschiller, Dist 24; Sen. Fenton, Dist 10; Sen. Watters, Dist 4; Sen. Soucy, Dist 18; Sen. Chandley, Dist 11; Sen. Ricciardi, Dist 9; Rep. Simpson, Rock. 33; Rep. M. Murray, Hills. 37

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill:

I. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.

II. Establishes minimum workplace supports for nursing mothers.

III. Makes an appropriation to the department of health and human services to support healthy outcomes for caregivers and children.

IV. Mandates the wellness and primary prevention council study and submit a report on home visiting programs for all parents of newborns and young children.

V. Mandates the department of health and human services establish a network of early childhood behavioral health supports and makes an appropriation thereof.

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

SB 175-FN - AS AMENDED BY THE SENATE

02/22/2023 0593s
03/23/2023 1030s

23-1034
07/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to Medicaid coverage for mothers.

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

1 1 Statement of Findings. The general court hereby finds that:

2 I. The United States is facing a maternal health crisis. Our country's maternal mortality
3 rate is the highest of any developed nation in the world and more than double the rate of peer
4 countries, and most pregnancy-related deaths are considered preventable.

5 II. For too long, we have allowed preventable deaths, life-altering complications, and
6 untreated mental health and substance use disorders to persist for mothers.

7 III. The General Court is committed to cutting the rates of maternal mortality and
8 morbidity, reducing the disparities in maternal health outcomes, and improving the overall
9 experience of pregnancy, birth, and postpartum for people across the state, because Granite State
10 mothers deserve to have a safe and dignified pregnancy and birth.

11 IV. The 2022 Annual Report on Maternal Mortality recommended increased access to
12 maternal health services and increased funding for direct services.

13 V. Increased attention to maternal and infant health is necessary to improve health
14 outcomes in New Hampshire, including expanded access to coverage and care and increased access
15 to a broader array of services and providers that support maternal and infant health.

16 2 Short Title. This act shall be known as the "The New Hampshire Mom-nibus."

17 3 New Paragraph; The Children's Health Plan; Medicaid Enhancement for Children and
18 Pregnant Women; Postpartum Coverage. Amend RSA RSA 167:68 by inserting after paragraph III
19 the following new paragraph:

20 IV.(a) Pursuant to the state option under the American Rescue Plan Act of 2021 to expand
21 maternity care under Medicaid and section 1902(e)(16) of the Social Security Act (42 U.S.C. section
22 1396a(e)), the commissioner of the department of health and human services shall submit, no later
23 than September 30, 2023, a Medicaid state plan amendment to the federal Centers of Medicare and
24 Medicaid Services to establish and implement 12 months of continuous coverage for the entire
25 postpartum period. This benefit shall be available to anyone who received medical assistance under
26 the state plan for all pregnancy-related and postpartum medical assistance available under the state
27 plan.

28 (b) The purpose of the program shall be, through ensuring continuous coverage for a 12-
29 month postpartum period, to increase identification and mitigation of preventable pregnancy related

1 and pregnancy associated morbidity and mortality, including those related to substance use disorder
2 and mental illness.

3 (c) The medical assistance provided for a pregnant or postpartum woman under this
4 section shall, consistent with section 1902(e)(16) include all items and services covered under the
5 state plan that are not less in amount, duration, or scope, or are determined by the Secretary to be
6 substantially equivalent, to the medical assistance available for an individual described in
7 subsection (a)(10)(A)(i); and be provided for the individual while pregnant and during the 12-month
8 period that begins on the last day of the individual's pregnancy and ends on the last day of the
9 month in which such 12-month period ends.

10 (d) On January 31, 2024, the commissioner shall begin submitting quarterly reports to
11 the oversight committee on Health and Human services, the legislative committees with jurisdiction
12 over Health and Human services, and the governor regarding the department's progress in obtaining
13 and implementing the state plan amendment. The quarterly reports shall include the department's
14 plans for reducing administrative burdens for enrollees and the department's efforts to expand
15 access and participation to voluntary, evidence-based maternal home visiting programs, pursuant to
16 subparagraph (a). Reports submitted under this paragraph shall also be posted on the department's
17 website.

18 (e) Working with stakeholder and community organizations, the department shall
19 establish a comprehensive community education and outreach campaign to inform eligible persons
20 and providers of the extended health care coverage in this section.

21 4 Appropriation. The sum of \$300,000 for the fiscal year ending June 30, 2024 and \$300,000 for
22 the fiscal year ending June 30, 2025 is hereby appropriated to the department of health and human
23 services for the purpose of expanding postpartum health care services under the state Medicaid plan
24 as provided in section 3 of this act. The governor shall determine if any discretionary funds
25 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal funds,
26 can be used for this purpose, and the commissioner shall expend such federal funds for this purpose.
27 Any remainder shall be appropriated from the general fund. The governor is authorized to draw a
28 warrant for the general fund portion of said sums out of any money in the treasury not otherwise
29 appropriated. The department of health and human services may accept and expend matching
30 federal funds without prior approval of the fiscal committee of the general court.

31 5 New Subdivision; Medicaid Coverage of Certain Birthing, Postpartum, and Newborn Services.
32 Amend RSA 126-A by inserting after section 98 the following new subdivision:

33 Medicaid Coverage of Certain Birthing, Postpartum, and Newborn Services

34 126-A:99 Medicaid Doula Coverage.

35 I. Notwithstanding any other provision of this chapter, doula services shall be covered under
36 the medical assistance for eligible Medicaid beneficiaries.

1 II. As used in this section, “doula services” means services provided by a highly-qualified
2 doula certified by the state pursuant to RSA 310-A:222 and designed to provide physical, emotional,
3 and educational support to pregnant women before, during, and after childbirth. Doula services
4 include the following:

- 5 (a) Support and assistance during labor and childbirth.
- 6 (b) Prenatal and postpartum support and education.
- 7 (c) Breastfeeding assistance and lactation support.
- 8 (d) Parenting education.
- 9 (e) Support for a birthing person following loss of pregnancy.

10 III. The department of health and human services is authorized to take any action to include
11 doula services in the medical assistance program, including seeking waivers or amending the
12 Medicaid state plan to provide reimbursement for doulas who provide Medicaid eligible services to
13 eligible Medicaid beneficiaries.

14 IV. Not later than January 31, 2025, the commissioner shall report to the oversight
15 committee on health and human services, the legislative committees with jurisdiction over health
16 and human services, and the governor, a set of metrics determined by the department of health and
17 human services.

18 V. The department shall adopt rules pursuant to RSA 541-A to implement the provisions of
19 this section. The rules shall address the requirements and expertise of practicing doulas, doula
20 training providers, and home visiting experts. Every 2 years, the department shall assess the rates
21 of reimbursement for doula services and adjust rates accordingly.

22 126-A:100 Medicaid Coverage of Lactation Services; Reimbursement Required.

23 I. The department of health of health and human services shall cover lactation services for
24 Medicaid recipients as a pregnancy-related service under New Hampshire’s Medicaid program.

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

27 (a) Inpatient hospital services, other than services in an institution for mental disease,
28 per Social Security Act (SSA) section 1905(a)(1);

29 (b) Outpatient hospital services, per SSA section 1905(a)(2)(A) and 42 C.F.R. section
30 440.10;

31 (c) Early and periodic screening, diagnostic, and treatment services for individuals who
32 are eligible under the plan and are under the age of 21, per SSA section 1905(a)(4)(B);

33 (d) Physicians’ services furnished by a physician under the physician’s supervision,
34 whether furnished in the office, the patient’s home, a hospital, or a nursing facility, or elsewhere, per
35 SSA section 1905(a)(5)(A);

36 (e) Services furnished by a nurse-midwife, which the nurse-midwife is legally authorized
37 to perform under State law, per SSA section 1905(a)(17);

1 (f) Freestanding birth center services, per SSA section 1905(a)(28); and

2 (g) Services furnished by nurse practitioners per 42 C.F.R. section 440.166 and other
3 licensed practitioners per 42 C.F.R. section 440.60.

4 III. Reimbursable lactation services shall include:

5 (a) Breastfeeding education;

6 (b) Individual lactation consultation; and

7 (c) Equipment rentals.

8 126-A:101 Medicaid Coverage of Donor Breast Milk; Reimbursement Required.

9 I. The department of health and human services shall provide reimbursement under the
10 medical assistance program for donor breast milk provided to an infant receiving benefits under this
11 chapter by organizations approved by the department if a physician or physician assistant licensed
12 in this state or an advanced practice registered nurse licensed in this state signs an order state the
13 following:

14 (a) The infant is medically or physically unable to receive maternal breast milk or
15 participate in breastfeeding or the infant's mother is medically or physically unable to produce
16 maternal breast milk in quantities sufficient for the infant; and

17 (b) The infant:

18 (1) Was born at a birth weight of less than 1,500 grams;

19 (2) Has a gastrointestinal anomaly or metabolic or digestive disorder or is recovering
20 from intestinal surgery and the infant's digestive needs require additional support;

21 (3) Is not appropriately gaining weight or growing;

22 (4) Has formula intolerance and is experiencing weight loss or difficulty feeding;

23 (5) Has low blood sugar;

24 (6) Has congenital heart disease;

25 (7) Has received or will receive an organ transplant; or

26 (8) Has another medical condition for which donor breast milk is medically
27 necessary.

28 II. The department shall adopt rules pursuant to RSA 541-A to implement the program
29 described in this section.

30 6 Medicaid State Plan; Requiring Coverage of Donor Breast Milk. The department of health and
31 human services shall prepare and submit a Medicaid state plan amendment or waiver as necessary
32 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid
33 Services no later than September 30, 2023 that provides or requests, as appropriate, Medicaid
34 coverage consistent with RSA 126-A:101 for the coverage of donor breast milk for eligible infants.

35 7 Appropriation; Reimbursement for Donor Breast Milk under the Medicaid Program. The sum
36 of \$250,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
37 health and human services for the purpose of providing reimbursement for donor breast milk for

1 eligible infants under the state Medicaid plan as provided in sections 4 and 5 of this act. The
2 governor shall determine if any discretionary funds appropriated in the American Rescue Plan Act of
3 2021, Public Law 117-3, or any other federal funds, can be used for this purpose, and the
4 commissioner shall expend such federal funds for this purpose. Any remainder shall be appropriated
5 from the general fund. The governor is authorized to draw a warrant for the general fund portion of
6 such sum from any money in the treasury not otherwise appropriated. The department of health
7 and human services may accept and expend matching federal funds without prior approval of the
8 fiscal committee of the general court.

9 8 Appropriation; Reimbursement for Doulas under the Medicaid Program. The sum of \$300,000
10 for the biennium ending June 30, 2025 is hereby appropriated to the department of health and
11 human services for the purpose of providing reimbursement for state-certified doulas under the state
12 Medicaid plan as provided in section 4 of this act. The governor shall determine if any discretionary
13 funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal
14 funds, can be used for this purpose, and the commissioner shall expend such federal funds for this
15 purpose. Any remainder shall be appropriated from the general fund. The governor is authorized to
16 draw a warrant for the general fund portion of such sum from any money in the treasury not
17 otherwise appropriated. The department of health and human services may accept and expend
18 matching federal funds without prior approval of the fiscal committee of the general court.

19 9 Appropriation; Reimbursement for Lactation Services under the Medicaid Program. The sum
20 of \$300,000 for the biennium ending June 30, 2025 is hereby appropriated to the department of
21 health and human services for the purpose of providing reimbursement for lactation services under
22 the state Medicaid plan as provided in section 4 of this act. The governor shall determine if any
23 discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any
24 other federal funds, can be used for this purpose, and the commissioner shall expend such federal
25 funds for this purpose. Any remainder shall be appropriated from the general fund. The governor is
26 authorized to draw a warrant for the general fund portion of such sum from any money in the
27 treasury not otherwise appropriated. The department of health and human services may accept and
28 expend matching federal funds without prior approval of the fiscal committee of the general court.

29 10 New Subdivision; Labor; Protective Legislation; Policies Relating to Nursing Mothers.
30 Amend RSA 275 by inserting after section 77 the following new subdivision:

31 Policies Relating to Nursing Mothers

32 275:78 Definitions. In this subdivision:

33 I. "Employee" shall mean a person who may be permitted, required, or directed by an
34 employer in consideration of direct or indirect gain or profit but shall not include any individual who
35 volunteers services for a public, charitable, or religious facility without expectation or promise of
36 pay.

1 II. "Employer" shall mean a person, partnership, association, corporation, or legal
2 representative of a person, partnership, association, or corporation, or the state or any of its political
3 subdivisions, which has 6 or more employees working in the state.

4 III. "Expression of milk" means the initiation of lactation by manual or mechanical means
5 but shall not include breastfeeding.

6 IV. "Reasonable break period" shall mean an unpaid break of approximately 30 minutes for
7 every 3 hours of work performed by a nursing employee for the purpose of expressing milk.

8 V. "Undue hardship" shall mean any action that requires significant difficulty or expense
9 when considered in relation to factors such as the size of the business, its financial resources and the
10 nature and structure of its operation.

11 275:79 Notification of Policies.

12 I. Every employer shall adopt a policy to address the provision of sufficient space and
13 reasonable break periods for nursing employees that need to express milk during working hours.

14 II. Every employer shall, at the time of hire, make available to its employees the employer's
15 policy related to expression of milk during working hours.

16 III. A nursing employee shall notify its employer at least 2 weeks prior to needing
17 reasonable break periods and sufficient space for expression of milk during work hours.

18 275:80 Sufficient Space.

19 I. Every employer shall provide access to reasonable, sufficient space, either temporary or
20 permanent in nature, for the use of an employee to express milk for a nursing child for a period of
21 one year from the date of birth of the child.

22 II. The location of the space provided shall be within a reasonable walk of the employee's
23 worksite, unless otherwise mutually agreed to by the employer and employee.

24 III. Sufficient space provided in accordance with this section shall not be a bathroom, and
25 shall be a clean space shielded from view and free from intrusion from coworkers and the public.

26 (a) If the space is not solely for the use of employees expressing milk it shall be made
27 available when requested to comply with the requirements set forth in this subdivision.

28 (b) If feasible, the room shall have, at a minimum, an electrical outlet and a chair.

29 275:81 Reasonable Break Period.

30 I. Every employer shall provide reasonable break periods to employees who need to express
31 milk for a child for a period of one year from the date of birth of the child. Nothing in this section
32 shall preclude an employer from negotiating with an employee reasonable break periods to express
33 milk that are different from the requirements in this subdivision.

34 II. Nothing under this subdivision shall preclude an employee from taking a reasonable
35 break period contemporaneously with break or meal periods already provided to the employee by the
36 employer.

1 III. An employer shall not require an employee to make up time related to use of unpaid
2 reasonable break periods.

3 275:82 Penalties. Any employer who violates any provision of this subdivision shall be subject
4 to a one-time civil penalty pursuant to RSA 273:11-a.

5 275:83 Hardship Exemption. An employer may be exempted from this subdivision if providing
6 reasonable break time and sufficient space for expressing milk would impose an undue hardship to
7 the employer's operations.

8 11 Appropriation; Maternal and Child Support. The sum of \$2,000,000 for fiscal year ending
9 June 30, 2024, and the sum of \$2,000,000 for the fiscal year ending June 30, 2025, is hereby
10 appropriated to the department of health and human services to support healthy outcomes for
11 caregivers and children and shall be allocated to the family resource center facilitating organization,
12 New Hampshire Children's Trust, for distribution to family resource centers. The use of the funds
13 shall include, but not be limited to, better serving families, preparing for FRC-Q designation,
14 enhancing coordination with other early childhood systems, and supporting evidence-based
15 programs such as home visiting programs and perinatal doula services, ACERT, and community
16 collaboration. The governor is authorized to draw a warrant for said sums out of any money in the
17 treasury not otherwise appropriated.

18 12 New Section; Wellness and Primary Prevention Council; Voluntary Home Visiting Program
19 Report. Amend RSA 126-M by inserting after section 6 the following new section:

20 126-M:7 Voluntary Home Visiting Program Report.

21 I. The council shall study how New Hampshire can reduce barriers, improve access, and
22 create a system of universal access to voluntary home visiting programs available to all parents of
23 newborns and young children designed to support families, bridge gaps between caretakers and
24 community resources, and improve maternal and child health wellness.

25 II. The council shall submit a report on any findings and recommendations for proposed
26 legislation to the president of the senate, the speaker of the house of representatives, the senate
27 clerk, the house clerk, the governor and the state library on or before October 15, 2024.

28 13 New Subdivisions; Medicaid Reimbursement-Eligible Doulas and Lactation Service
29 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

30 Medicaid Reimbursement-Eligible Doulas and Lactation Service Providers

31 310-A:222 Doula and Lactation Service Provider Certification.

32 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
33 licensure and certification shall establish a voluntary doula certification process and establish a
34 lactation service certification process to certify lactation service providers that are credentialed by
35 the International Board of Lactation Examiners.

36 II. The office of professional licensure and certification shall adopt rules pursuant to RSA
37 541-A relative to the authority set out in paragraph I.

1 III. Nothing in this section shall prevent a person certified by this state pursuant to any
2 other provision of law from performing the occupation for which he or she is certified.

3 14 New Section; System of Care for Children's Mental Health; Early Childhood Behavioral
4 Health Supports. Amend RSA 135-F by inserting after section 9 the following new section:

5 135-F:10 Early Childhood Behavioral Health Supports Established.

6 I. The department of health and human services shall develop and maintain a publicly
7 available network of trauma-informed early childhood mental health consultants and ensure ongoing
8 training and consultation of the early childhood mental health consultants. Early childhood mental
9 health consultations shall be:

10 (a) Provided by qualified mental health professionals who possess a masters or doctoral-
11 level degree in the mental health field and who demonstrate evidence of specialized training and
12 experience in infant and early childhood mental health as established by the department;

13 (b) Offered, if necessary, to children across settings and regardless of changes to setting
14 and placement;

15 (c) Integrated with other available behavioral health and family support services
16 providers, including but not limited to the care management entities established under RSA 135-F,
17 early childhood mental health services, and early supports and services; and

18 (d) Implemented in accordance with this chapter and include, but not be limited to, the
19 following services:

20 (1) Conducting observation and assessment of a child and their caregivers across
21 child care settings, including universal strengths-based assessments in accordance with this chapter
22 and RSA 170-G:4-e and the use of valid and reliable measures of: trauma exposure, chronic exposure
23 to stress and symptoms, emotional and behavioral development, and the strengths and needs of the
24 caregiving/child-caregiver relationship;

25 (2) Consulting with caregivers, teachers, directors, administrators, and other
26 medical and behavioral health providers about the meaning of challenging behaviors and how to
27 meet the needs of the child and care givers;

28 (3) Strengthening caregiver and professional capacity to successfully handle
29 challenging behaviors through developmentally appropriate methods, including but not limited to
30 reflective questioning, developmental guidance, modeling, and role playing;

31 (4) Offering training in young child socio-emotional development, emotional and
32 behavioral regulation, and trauma exposure to caregivers and professionals; and

33 (5) Be provided to any child 0-6 presenting with behaviors substantially interfering
34 with their successful engagement in child care and to any child who is placed or at risk of being
35 placed in foster care within 30 days of their placement in care.

36 II. The department shall establish the eligibility and referral process for the consultations
37 that prioritized children in foster care or at risk of being placed in foster care.

1 III. Notwithstanding any paragraph of this section, the availability of consultations shall be
2 subject to available appropriations to this program.

3 15 Appropriation; Early Childhood Mental Health Consultation. The sum of \$1,000,000 for the
4 fiscal year ending June 30, 2024, and the sum of \$1,000,000 for the fiscal year ending June 30, 2025,
5 is hereby appropriated to the department of health and human services to support existing programs
6 to provide trauma-informed early childhood mental health consultation to caregivers at home and in
7 child care settings to support young children with exposure to adverse childhood experiences and
8 who experience emotional and behavioral challenges. Of this amount, the governor shall determine
9 if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public
10 Law 117-2 or any other federal funds can be used for this purpose and any remainder shall be
11 general funds. The funds shall be non-lapsing. The governor is authorized to draw a warrant for the
12 general fund share of said sums out of any money in the treasury not otherwise appropriated.

13 16 Effective Date.

14 I. Sections 2, 3, 4, 11, and 15 shall take effect July 1, 2023.

15 II. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

16 III. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

17 IV. The remainder of this act shall take effect July 1, 2024.

LBA
23-1034
1/17/23

**SB 175-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to Medicaid coverage for mothers.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, **as introduced**, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

Amendments

Sen. Bradley, Dist 3
Sen. Birdsell, Dist 19
February 13, 2023
2023-0496s
07/10

Amendment to SB 175-FN

1 Amend RSA 167:68, IV as inserted by section 3 of the bill by deleting subparagraph (e) and
2 renumbering the original subparagraph (f) to read as subparagraph (e).

3

4 Amend the bill by replacing section 4 with the following:

5

6 4 Appropriation. The sum of \$300,000 for the fiscal year ending June 30, 2024 and \$300,000 for
7 the fiscal year ending June 30, 2025 is hereby appropriated to the department of health and human
8 services for the purpose of expanding postpartum health care services under the state Medicaid plan
9 as provided in section 3 of this act. The governor shall determine if any discretionary funds
10 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal funds,
11 can be used for this purpose, and the commissioner shall expend such federal funds for this purpose.
12 Any remainder shall be appropriated from the general fund. The governor is authorized to draw a
13 warrant for the general fund portion of said sums out of any money in the treasury not otherwise
14 appropriated. The department of health and human service may accept and expend matching
15 federal funds without prior approval of the fiscal committee of the general court.

16

17 Amend RSA 275:78, II as inserted by section 10 of the bill by replacing it with the following:

18

19 II. "Employer" shall mean a person, partnership, association, corporation, or legal
20 representative of a person, partnership, association, or corporation, or the state or any of its political
21 subdivisions, which has 12 or more employees working in the state.

22

23 Amend RSA 275:82 as inserted by section 10 of the bill by replacing it with the following:

24

25 275:82 Penalties. Any employer who violates any provision of this subdivision shall be subject
26 to a one-time civil penalty pursuant to RSA 273:11-a.

27

28

29 Amend the bill by replacing all after section 11 with the following:

30

Amendment to SB 175-FN

- Page 2 -

1 12 New Section; Wellness and Primary Prevention Council; Voluntary Home Visiting Program
2 Report. Amend RSA 126-M by inserting after section 6 the following new section:

3 126-M:7 Voluntary Home Visiting Program Report.

4 I. The council shall study how New Hampshire can reduce barriers, improve access, and
5 create a system of universal access to voluntary home visiting programs available to all parents of
6 newborns and young children designed to support families, bridge gaps between caretakers and
7 community resources, and improve maternal and child health wellness.

8 II. The council shall submit a report on any findings and recommendations for proposed
9 legislation to the president of the senate, the speaker of the house of representatives, the senate
10 clerk, the house clerk, the governor and the state library on or before October 15, 2024.

11 13 New Subdivisions; Medicaid Reimbursement-Eligible Doulas and Lactation Service
12 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

13 Medicaid Reimbursement-Eligible Doulas and Lactation Service Providers

14 310-A:222 Doula and Lactation Service Provider Certification.

15 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
16 licensure and certification shall establish a doula certification process and establish a lactation
17 service certification process to certify lactation service providers that are credentialed by the
18 International Board of Lactation Examiners.

19 II. The office of professional licensure and certification shall adopt rules pursuant to RSA
20 541-A relative to the authority set out in paragraph I.

21 III. Nothing in this section shall prevent a person certified by this state pursuant to any
22 other provision of law from performing the occupation for which he or she is certified.

23 14 Effective Date.

24 I. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

25 II. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

26 III. The remainder of this act shall take effect July 1, 2024.

2023-0496s

AMENDED ANALYSIS

This bill:

1. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.
2. Establishes minimum workplace supports for nursing mothers.
3. Makes an appropriation to the department of health and human services to support healthy outcomes for caregivers and children.
4. Mandates the wellness and primary prevention council study and submit a report on home visiting programs for all parents of newborns and young children.

UNAPPROVED

Health and Human Services
February 16, 2023
2023-0593s
07/10

Amendment to SB 175-FN

1 Amend RSA 167:68, IV as inserted by section 3 of the bill by deleting subparagraph (e) and
2 renumbering the original subparagraph (f) to read as subparagraph (e).

3

4 Amend the bill by replacing section 4 with the following:

5

6 4 Appropriation. The sum of \$300,000 for the fiscal year ending June 30, 2024 and \$300,000 for
7 the fiscal year ending June 30, 2025 is hereby appropriated to the department of health and human
8 services for the purpose of expanding postpartum health care services under the state Medicaid plan
9 as provided in section 3 of this act. The governor shall determine if any discretionary funds
10 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any other federal funds,
11 can be used for this purpose, and the commissioner shall expend such federal funds for this purpose.
12 Any remainder shall be appropriated from the general fund. The governor is authorized to draw a
13 warrant for the general fund portion of said sums out of any money in the treasury not otherwise
14 appropriated. The department of health and human services may accept and expend matching
15 federal funds without prior approval of the fiscal committee of the general court.

16

17 Amend RSA 275:82 as inserted by section 10 of the bill by replacing it with the following:

18

19 275:82 Penalties. Any employer who violates any provision of this subdivision shall be subject
20 to a one-time civil penalty pursuant to RSA 273:11-a.

21

22 Amend the bill by replacing all after section 11 with the following:

23

24 12 New Section; Wellness and Primary Prevention Council; Voluntary Home Visiting Program
25 Report. Amend RSA 126-M by inserting after section 6 the following new section:

26

126-M:7 Voluntary Home Visiting Program Report.

27

28

29

30

I. The council shall study how New Hampshire can reduce barriers, improve access, and
create a system of universal access to voluntary home visiting programs available to all parents of
newborns and young children designed to support families, bridge gaps between caretakers and
community resources, and improve maternal and child health wellness.

Amendment to SB 175-FN

- Page 2 -

1 II. The council shall submit a report on any findings and recommendations for proposed
2 legislation to the president of the senate, the speaker of the house of representatives, the senate
3 clerk, the house clerk, the governor and the state library on or before October 15, 2024.

4 13 New Subdivisions; Medicaid Reimbursement-Eligible Doulas and Lactation Service
5 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

6 Medicaid Reimbursement-Eligible Doulas and Lactation Service Providers

7 310-A:222 Doula and Lactation Service Provider Certification.

8 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
9 licensure and certification shall establish a doula certification process and establish a lactation
10 service certification process to certify lactation service providers that are credentialed by the
11 International Board of Lactation Examiners.

12 II. The office of professional licensure and certification shall adopt rules pursuant to RSA
13 541-A relative to the authority set out in paragraph I.

14 III. Nothing in this section shall prevent a person certified by this state pursuant to any
15 other provision of law from performing the occupation for which he or she is certified.

16 14 New Section; System of Care for Children's Mental Health; Early Childhood Behavioral
17 Health Supports. Amend RSA 135-F by inserting after section 9 the following new section:

18 135-F:10 Early Childhood Behavioral Health Supports Established.

19 I. The department of health and human services shall develop and maintain a publicly
20 available network of trauma-informed early childhood mental health consultants and ensure ongoing
21 training and consultation of the early childhood mental health consultants. Early childhood mental
22 health consultations shall be:

23 (a) Provided by qualified mental health professionals who possess a masters or doctoral-
24 level degree in the mental health field and who demonstrate evidence of specialized training and
25 experience in infant and early childhood mental health as established by the department;

26 (b) Offered, if necessary, to children across settings and regardless of changes to setting
27 and placement;

28 (c) Integrated with other available behavioral health and family support services
29 providers, including but not limited to the care management entities established under RSA 135-F,
30 early childhood mental health services, and early supports and services; and

31 (d) Implemented in accordance with this chapter and include, but not be limited to, the
32 following services:

33 (1) Conducting observation and assessment of a child and their caregivers across
34 child care settings, including universal strengths-based assessments in accordance with this chapter
35 and RSA 170-G:4-e and the use of valid and reliable measures of: trauma exposure, chronic exposure
36 to stress and symptoms, emotional and behavioral development, and the strengths and needs of the
37 caregiving/child-caregiver relationship;

Amendment to SB 175-FN

- Page 3 -

1 (2) Consulting with caregivers, teachers, directors, administrators, and other
2 medical and behavioral health providers about the meaning of challenging behaviors and how to
3 meet the needs of the child and care givers;

4 (3) Strengthening caregiver and professional capacity to successfully handle
5 challenging behaviors through developmentally appropriate methods, including but not limited to
6 reflective questioning, developmental guidance, modeling, and role playing;

7 (4) Offering training in young child socio-emotional development, emotional and
8 behavioral regulation, and trauma exposure to caregivers and professionals; and

9 (5) Be provided to any child 0-6 presenting with behaviors substantially interfering
10 with their successful engagement in child care and to any child who is placed or at risk of being
11 placed in foster care within 30 days of their placement in care.

12 II. The department shall establish the eligibility and referral process for the consultations
13 that prioritized children in foster care or at risk of being placed in foster care.

14 III. Notwithstanding any paragraph of this section, the availability of consultations shall be
15 subject to available appropriations to this program.

16 15 Appropriation; Early Childhood Mental Health Consultation. The sum of \$1,000,000 for the
17 fiscal year ending June 30, 2024, and the sum of \$1,000,000 for the fiscal year ending June 30, 2025,
18 is hereby appropriated to the department of health and human services to support existing programs
19 to provide trauma-informed early childhood mental health consultation to caregivers at home and in
20 child care settings to support young children with exposure to adverse childhood experiences and
21 who experience emotional and behavioral challenges. Of this amount, the governor shall determine
22 if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public
23 Law 117-2 or any other federal funds can be used for this purpose and any remainder shall be
24 general funds. The funds shall be non-lapsing. The governor is authorized to draw a warrant for the
25 general fund share of said sums out of any money in the treasury not otherwise appropriated.

26 16 Effective Date.

27 I. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

28 II. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

29 III. The remainder of this act shall take effect July 1, 2024.

2023-0593s

AMENDED ANALYSIS

This bill:

I. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.

II. Establishes minimum workplace supports for nursing mothers.

III. Makes an appropriation to the department of health and human services to support healthy outcomes for caregivers and children.

IV. Mandates the wellness and primary prevention council study and submit a report on home visiting programs for all parents of newborns and young children.

V. Mandates the department of health and human services establish a network of early childhood behavioral health supports and makes an appropriation thereof.

Sen. Rosenwald, Dist 13
March 8, 2023
2023-0844s
07/05

Amendment to SB 175-FN

1 Amend RSA 126-A:99, IV as inserted by section 5 of the bill by replacing it with the following:

2

3 IV. Not later than January 31, 2025, the commissioner shall report to the oversight
4 committee on health and human services, the legislative committees with jurisdiction over health
5 and human services, and the governor, a set of metrics determined by the department of health and
6 human services.

7

8 Amend the bill by replacing section 16 with the following:

9

10 16 Effective Date.

11 I. Sections 2, 3, 4, 11, and 15 shall take effect July 1, 2023.

12 II. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

13 III. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

14 IV. The remainder of this act shall take effect July 1, 2024.

Amendment to SB 175-FN

1 Amend RSA 126-A:99, IV as inserted by section 5 of the bill by replacing it with the following:

2

3 IV. Not later than January 31, 2025, the commissioner shall report to the oversight
4 committee on health and human services, the legislative committees with jurisdiction over health
5 and human services, and the governor, a set of metrics determined by the department of health and
6 human services.

7

8 Amend RSA 310-A:222, I as inserted by section 13 of the bill by replacing it with the following:

9

10 I. For the purposes of Medicaid billing pursuant to RSA 126-A:99, the office of professional
11 licensure and certification shall establish a voluntary doula certification process and establish a
12 lactation service certification process to certify lactation service providers that are credentialed by
13 the International Board of Lactation Examiners.

14

15 Amend the bill by replacing section 16 with the following:

16

17 16 Effective Date.

18 I. Sections 2, 3, 4, 11, and 15 shall take effect July 1, 2023.

19 II. Section 10 of this act, except for RSA 275:82, shall take effect July 1, 2025.

20 III. RSA 275:82, as inserted by section 10 of this act shall take effect July 1, 2026.

21 IV. The remainder of this act shall take effect July 1, 2024.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Regina Birdsell, Chair
Sen Kevin Avard, Vice Chair
Sen Jeb Bradley, Member
Sen Rebecca Whitley, Member
Sen Suzanne Prentiss, Member

Date: February 1, 2023

HEARINGS

Wednesday	02/08/2023
(Day)	(Date)
Health and Human Services	Legislative Office Building 101 9:00 a.m.
(Name of Committee)	(Place) (Time)
9:00 a.m. SB 127-FN	relative to certain programs administered by the department of health and human services.
9:15 a.m. SB 177-FN	to create orthotics and prosthetics parity and ensure coverage of orthotics and prosthetics for the performance of physical activities for children 18 years of age and younger.
9:30 a.m. SB 233-FN-A	re-establishing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Farmers Market Nutrition Program.
9:45 a.m. SB 175-FN	relative to Medicaid coverage for mothers.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 127-FN

Sen. Bradley

SB 177-FN

Sen. Prentiss

Sen. Whitley

Rep. Palmer

SB 233-FN-A

Sen. Whitley

Sen. Rosenwald

Sen. Chandley

Sen. Fenton

Rep. Myler

SB 175-FN

Sen. Whitley

Sen. Altschiller

Sen. Chandley

Sen. Perkins Kwoka

Sen. Fenton

Rep. Morse

Sen. Watters

Sen. Innis

Sen. Carson

Sen. Prentiss

Rep. Simpson

Sen. Prentiss

Sen. Fenton

Sen. Ricciardi

Sen. Watters

Sen. Carson

Sen. Ricciardi

Sen. Bradley

Sen. Altschiller

Sen. Soucy

Sen. Perkins Kwoka

Sen. Watters

Rep. Simpson

Sen. Soucy

Rep. Bolton

Sen. Perkins Kwoka

Sen. Lang

Sen. D'Allesandro

Rep. M. Pearson

Sen. Rosenwald

Sen. Soucy

Rep. M. Murray

Cameron Lapine 271-2104

Regina Birdsell
Chairman

Senate Health and Human Services Committee
Cameron Lapine 271-2104

SB 175-FN, relative to Medicaid coverage for mothers.

Hearing Date: February 8, 2023

Time Opened: 10:22 a.m.

Time Closed: 12:15 p.m.

Members of the Committee Present: Senators Birdsell, Avard, Bradley, Whitley and Prentiss

Members of the Committee Absent: None

Bill Analysis: This bill:

1. Mandates that the department of health and human services extend Medicaid coverage for pregnant women to 12 months postpartum, to cover doula services, to cover lactation services, and to cover donor breast milk for eligible infants, and creates appropriations thereof.
 2. Establishes minimum workplace supports for nursing mothers.
 3. Appropriates money to the department of health and human services to support healthy outcomes for caregivers and children.
 4. Establishes a commission to study home visiting programs for all parents of newborns and young children.
 5. Mandates the department of health and human services establish a network of early childhood behavioral health supports.
-

Sponsors:

Sen. Whitley

Sen. Rosenwald

Sen. Watters

Sen. Ricciardi

Sen. Prentiss

Sen. Altschiller

Sen. Soucy

Rep. Simpson

Sen. Perkins Kwoka

Sen. Fenton

Sen. Chandley

Rep. M. Murray

Who supports the bill: In total, **267 individuals** signed in support of SB 175-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who opposes the bill: In total, **5 individuals** signed in in opposition to SB 175-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who is neutral on the bill: In total, **3 individuals** signed in as neutral on SB 175-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Summary of testimony presented in support:

Senators Becky Whitley, Suzanne Prentiss, and Denise Ricciardi Senate Districts 15, 5, and 9

- Senator Whitley noted that Senator Rebecca Perkins Kwoka (Senate District 21) was also crucially involved in the drafting of SB 175-FN.
- Sen. Whitley said SB 175-FN is the “NH MOMnibus” Act. She said it is a comprehensive, solutions-based bill to improve maternal and infant health outcomes, expand the perinatal workforce, and help support New Hampshire working mothers and their families.
- Sen. Whitley said that there is a rising concern about the health and wellbeing of mothers. She said more women left the workforce than men as a result of the COVID-19 pandemic.
- Senator Prentiss said the Senate moved forward with SB 407-FN (2022) but the bill fell apart over disagreements with the House of Representatives. Referencing Section 3, she said SB 175-FN would expand postpartum Medicaid coverage for 12 continuous months. She said there is a group of women who become eligible under the Pregnancy Pathway for 60 days after birth but, because their income is above 196% of the federal poverty level, they are not eligible for the Granite Advantage Medicaid program.
- Sen. Prentiss said the New Hampshire Maternal Mortality Review Committee has found an increase in the number of deaths, with many occurring in the postpartum period. She said in FY'19, Medicaid covered 27,090 women; 762 lost coverage after 60 days.
- Sen. Prentiss said expanding postpartum Medicaid coverage will set women and children on a solid foundation for life.
- Senator Avard, referencing the Clancy family tragedy in Duxbury, Massachusetts, asked if expanded postpartum Medicaid coverage was available to that family.
 - Sen. Prentiss, referencing a map included in her written testimony, said expanded Medicaid coverage was available in Massachusetts.
- Sen. Avard asked how the Clancy family fell through the cracks.
 - Sen. Whitley deferred the question to others.
- Senator Bradley asked what the bill number was that dealt with postpartum Medicaid coverage in 2022.
 - Sen. Prentiss clarified it was SB 407-FN.
- Senator Ricciardi said that Section 10 deals with policies for nursing mothers. The Senate passed SB 69 (2021) but it died on the table in the House. She said the language in SB 175-FN was crafted with the support of the Governor’s Council on Lactation, the Department of Labor, and the Business and Industry Association.
- Sen. Ricciardi said SB 175-FN requires businesses with six or more employees to have sufficient space and breaks for women to express milk. She said the breaks are defined in the language as 30 minutes for every three hours of work, but they are unpaid. She if there is an undue hardship for a specific employer, they can apply for an exemption.

- Sen. Ricciardi said amendments to the Fair Labor Standards Act of 1938 and the PUMP for Nursing Mothers Act of 2022 take moms into account but SB 175-FN is an important bill that would go a long way.
- Sen. Whitley said SB 175-FN is a large legislative package because there is no single solution to address the many complex issues new mothers face.
- Sen. Whitley said Section 5 adds doula care to Medicaid coverage. She said doulas are nonclinical personnel who assist mothers during pregnancy, birth, and the postpartum period. She said certification through the Office of Professional Licensure and Certification (OPLC) is also established, so that doula coverage is billable. She said the appropriation for doula care is \$300,000 for each year of the biennium.
- Sen. Whitley said Section 5 also adds lactation services to Medicaid coverage. She said it is important to support nursing mothers because breastfeeding is the best thing for babies for a variety of reasons. She said breastfeeding is hard and requires support for a mother to stick with. She said the appropriation for lactation services is \$300,000 for each year of the biennium.
- Sen. Whitley said Section 4 adds donor breast milk to Medicaid coverage. She said the shortage of formula is a horrifying idea; that some mothers do not have access to food for their babies. She said donor breast milk is a highly regulated situation. She said that appropriation for donor breast milk is \$250,000 for each year of the biennium.
- Sen. Whitley said Section 11 deals with State funding for family resource centers (FRCs). She said FRCs are the frontline agencies to support vulnerable families. She said FRCs are a solution for mothers who might otherwise fall through the cracks. She said some women do not currently have access to a FRC.
- Sen. Whitley said Section 15 adds mental health consultations for early childhood. She said sometimes providers do not have the capacity to support small children with many needs, which leads to the children being removed from programs, which leads to mothers having to leave the workforce to care for their children.
- Sen. Whitley said the point of SB 175-FN is to prevent heartbreaking situations and provide the opportunity for a dignified pregnancy, birth, and postpartum period.

Dellie Champagne

Save the Children Action Network

- Ms. Champagne discussed her struggles with her career as a teacher following the birth of her son, Peter, who suffers from schizophrenia.
- Ms. Champagne urged the Committee to devote special attention to the mental health portions of SB 175-FN. She said she is a member of the Oversight Commission on Children's Services and they frequently hear about increases in mental health issues for children.

Nancy Vaughn

Government Relations Director, American Heart Association

- Ms. Vaughn said she supports extending postpartum Medicaid coverage to 12 full months. She said that the number one cause of death for women in the United States is cardiovascular disease.
- Ms. Vaughn said Medicaid plays an important role in the health care of many people. She said timely postpartum doctor visits are important.
- Ms. Vaughn said that diabetes, hypertension, mental health, and substance use disorder (SUD) are all of concern.

- Ms. Vaughn said hypertension disorders of pregnancy (HDP) occur in 10% of pregnancies and half of women who experience HDP will develop cardiovascular problems later in life.
- Senator Birdsell said there were 11 pregnancy-associated deaths in New Hampshire in between 2020 and 2021, of which nine were because of an overdose and two were because of cardiovascular death. She asked what part of SB 175-FN would help address those problems.
 - Ms. Vaughn said postpartum care is not a one-shot deal of seeing a provider. She said some issues may not develop until after the 60-day Pregnancy Pathway coverage has expired.

Holly Stevens

Director of Public Policy, NAMI

- Ms. Stevens said the maternal fatality rate increased 26% between 2000 and 2014 and half of maternal deaths in New Hampshire happened between six- and twelve-months postpartum.
- Ms. Stevens said 11.2% of New Hampshire women with a livebirth reported depressive symptoms. She said anxiety is also an issue.
- Ms. Stevens said that mothers having postpartum depression have an impact on children and research has shown linkage between postpartum depression and delayed cognitive and language development and disordered attachment.
- Ms. Stevens said in 2019 there were eight maternal deaths, of which four were overdoses and two were suicides. She noted suicides in the postpartum period are also an issue in New Hampshire.

Rebecca Woitkowski

Kids Count Policy Director, New Futures

- Ms. Woitkowski is also the Chair of the Wellness and Primary Prevention Council and a member of the Council for Thriving Children.
- Ms. Woitkowski said SB 175-FN is a comprehensive bill with many facets towards helping alleviate maternal deaths. She said funding for FRCs and the creation of a commission on home visiting will help mothers in crisis connect with resources that can alleviate the crisis.
- Ms. Woitkowski said SB 175-FN was not about a single lever, but about the entire package.
- Ms. Woitkowski said that as a mother, birthing her first child was traumatic and a home visit saved her. She said a doula saved her with her second child.
- Sen. Whitley asked for her thoughts on how the combination of levers in SB 175-FN can address the issues around maternity, since no single provision is a panacea.
 - Ms. Woitkowski said that is important to meet families where they are at with the services that are best for that family. She said there may be women who do not like home visits and prefer to go to a FRC. She said prenatal care through age eight focuses on having community-based options for families. She said FRCs leverage federal resources and build strong networks for families.

Karen Liot Hill

City Councilor, Lebanon

- Ms. Liot Hill referenced her testimony on SB 233-FN.
- Ms. Liot Hill said she benefited from the Pregnancy Pathway when she was pregnant.

- Ms. Loit Hill said there is a stigma about talking about depression and a further stigma about talking about how hard it is to be a mother. She said women feel they are a failure if they admit how hard it is to be a mother.
- Ms. Loit Hill said when airline stewards remind individuals to put on their own oxygen mask before helping someone else, she feels that specifically applies to mothers. She said when you are taken care of, you are better able to take care of those around you.

Devan Quinn

Director of Policy, NH Women's Foundation

- Ms. Quinn referenced her written testimony.
- Ms. Quinn said mothers are the backbone of the economy and SB 175-FN will expand care to the people who take care of the community and the economy.
- Sen. Whitley said it feels like that conversation is about how to not set an entire generation of women back, as a result of the COVID-19 pandemic.
 - Ms. Quinn said that women were four times as likely as men to either leave the workforce or reduce their hours during the COVID-19 pandemic. She said that she is seeing women pushed out of the workforce, but the workforce needs them to come back.

Bob Dunn

Director of Public Policy, Diocese of Manchester

- Mr. Dunn said the Diocese looks for issues around human dignity and the common good. He said it is clear that SB 175-FN advances human dignity and the common good in New Hampshire.
- Mr. Dunn said the Catholic Bishops of the United States support postpartum care for 12 months because it is a pro-life measure.
- Mr. Dunn said everyone agrees that the family is the keystone of society and there are few better ways to support a family than by supporting the mother and children.
- Mr. Dunn said passing SB 175-FN has the chance to translate into, for every mother benefited, the opportunity for at least one child to have better prospects for their future than would otherwise be the case.

Joyce Kelly

Co-Chair, New Hampshire Breastfeeding Task Force

- Ms. Kelly said breastfeeding reduces risks of childhood illness and various problems for mothers.
- Ms. Kelly said commercial formula is a safe alternative but spreading the benefits of breastfeeding across the population is very important, especially for children living in poverty.
- Ms. Kelly spoke in support of visitations for lactation counselors.
- Ms. Kelly said support for mothers after they are discharged from the hospital is sparse or nonexistent. She said spending money upfront will avoid more complex problems later.
- Ms. Kelly said SB 175-FN is responsive to the need and comprehensive.
- Ms. Kelly said a break to express milk every three hours is physiologically appropriate and SB 175-FN allows flexibility for employers while still meeting the needs of employees.

Paula Oliviera

- Ms. Oliviera is an international board-certified lactation consultant.

- Ms. Oliviera said the use of donor milk, rather than formula, reduces the risk of necrotizing enterocolitis by 79% for babies born premature, 85% reduction in intraventricular brain hemorrhage , and 77% reduction in sepsis.
- Ms. Oliviera said 87% of NICUs use donor milk when supplemental nutrition is required for babies.
- Ms. Oliviera said the donor milk process is accredited by the Human Milk Banking Association of North America (HMBANA) and regulated by the Food and Drug Administration (FDA). She said there are 28 milk banks in the United States and three in Canada. She said donor milk is evidenced-based and clinically-sourced.
- Ms. Oliviera said there is limited access to donor milk outside of a hospital setting. She said there is a large return-on-investment for public health.

Dr. Amy Roy

- Dr. Roy is a pediatrician. She said she supports safe, stable, nurturing childhoods.
- Dr. Roy said SB 175-FN closes some gaps that are apparent. She said that improving breastfeeding rates leads to reductions and childhood obesity and gastrointestinal wellness and improved opportunities for women to feel confident as mothers.
- Dr. Roy said there is a gap between daycare and behavioral health. She said childcare is essential for all families and the loss of childcare can lead to a spiral effect, from which it can be impossible to recover.
- Dr. Roy said that children who witness domestic violence tend to act out, making them hard to keep in a childcare facility. She asked how a mother could leave her abuser if she doesn't have a job or transportation or housing, all of which increase the trauma for the child.

Representative Renee Monteil

Cheshire County District 15

- Representative Monteil is a doula who provides birth and postpartum services. She said doulas have to have complete knowledge of the physiology and anatomy of childbirth, labor, and postpartum care. She said doulas do not just rub the backs of birthing mothers and tell them that they are doing a good job.
- Rep. Monteil said doulas have to have an understanding of birthing, domestic violence, sexual trauma, addiction, baby soothing, and lactational supports.
- Rep. Monteil said doulas provide resources for postpartum depression.
- Rep. Monteil said the more a mother holds a baby, smells a baby, and nurses a baby, the more their brain chemistry will change and their empathy will grow.
- Rep. Monteil said SB 175-FN presents a different pathway that can stop intergenerational trauma and abuse.
- Sen. Avard asked if doulas help fathers.
 - Rep. Monteil said they do.
- Sen. Avard said fathers are a big part of families.
 - Rep. Monteil agreed. She said that most partners participate in prenatal visits. She said she shows them how to alleviate pain and stress. She said a lot of partners are afraid, but also excited.
- Sen. Avard, referencing the Clancy family, said the father left for 24 minutes to pick up take-out. He said that there had been a lot of discussion about mothers, but fathers also require support.
 - Rep. Monteil said that she assumed postpartum psychosis is overlooked in medical settings but a doula would know to look for it. She said a doula would

know to look for previous abuse. She said women who suffer abuse are more likely to require a c-section for birth.

Dr. Steve Chapman

New Hampshire Pediatric Society and New Hampshire Medical Society

- Dr. Chapman said there cannot be healthy children without supports. He said there is only one chance to go through that bonding and growth period.
- Dr. Chapman said SB 175-FN will not make things perfect, but it is the best chance to improve the health and stature of families and children in New Hampshire.
- Dr. Chapman said the pieces of SB 175-FN reinforce each other.
- Dr. Chapman told a story about a mother who was unwell but forced herself through her issues because her Medicaid coverage had lapsed, only to end up in the emergency department to have her gallbladder removed.
- Dr. Chapman compared the cost of expanding Medicaid coverage for a full year postpartum to changing the oil in a car. He said it is a cost upfront that leads to long-term savings.
- Dr. Chapman said he would rather a nurse visit a family in their home than require a family to bundle themselves up and travel 45 minutes to see him in an office.
- Dr. Chapman said FRCs are a good use of services and provide an opportunity for moms and dads to gather.
- Sen. Bradley asked for his thoughts on doula certification.
 - Dr. Chapman said he had seen wonderful supports for families from doulas.
- Sen. Bradley asked if doulas needed to be certified.
 - Dr. Chapman said he had not looked at that issue in detail. He said that all health professionals should probably be certified, but there should not be unnecessary barriers to care.
- Sen. Whitley said the certification of doulas is to allow for Medicaid billing. She said that she had heard from doulas that not all doulas need to be certified. She asked if Dr. Chapman would support an amendment to require certification if the doula wanted to allow Medicaid billing.
 - Dr. Chapman said that made sense to him.

MacKenzie Nicholson and Lauren Dwyer

MomsRising

- Ms. Nicholson said the United States is the most dangerous place in the developed world to give birth and there are major racial disparities. She said women of color lose their lives at three to four times the rate of white women. She said 80% of maternal deaths are preventable.
- Ms. Nicholson said that one-in-four births in New Hampshire are covered by Medicaid.
- Ms. Nicholson referenced written testimony from Rachelle Enes.
- Ms. Nichols referenced the Clancy family and said that bad maternal health care is close to home in New England.
- Ms. Dwyer shared her personal struggle with maternal mental health and explained that she was able to receive the care she required because of her private insurance.
- Ms. Dwyer said her doctor told her they don't worry about the mothers who seek help; it is the mothers who don't or can't seek help that concern them.
- Ms. Nicholson asked what happens to mothers who leave the hospital without a child.

Heather Martin

- Ms. Martin shared her personal story of the loss of her sister from maternal suicide.

- Ms. Martin said maternal mental health is a leading cause of death and it is underreported. She said over 80% of maternal deaths are preventable.
- Ms. Martin said she developed a screening workflow for mothers at pediatric appointments in Manchester. She said this should happen everywhere.
- Ms. Martin said the baby in the Clancy family tragedy was eight months old, so Pregnancy Pathway Medicaid coverage would not have been in place.
- Ms. Martin said there is a shortage of mental health help for mothers in New Hampshire. She said mothers need to be supported so that they can support their children.

Courtney Tanner

Director, Government Relations, Dartmouth Health

- Ms. Tanner referenced her written testimony.
- Ms. Tanner said the loss in Medicaid coverage in the postpartum window leads to about \$1,000,000 in gross charges for uncompensated care. She said this is a very conservative estimate because emergency care is more expensive than preventative care.
- Ms. Tanner said 75% of employees in the health care workforce are women of childbearing age. She said that clinical coverage can only be ensured when the backbone of the workforce can get back to work.
- Ms. Tanner referenced written testimony from Daisy Goodman.
- Sen. Whitley said SB 175-FN contains a lot of appropriations and looks expensive but is not. She said fiscal notes do not identify potential savings from preventative measures.
 - Ms. Tanner said Dartmouth Health's position is that when people have access to care, preventable services are better. She said that service fee charges are lower than the cost for an emergency department visit or an overdose death with emergency medical services.
- Sen. Whitley said that the cost of SB 175-FN is \$3,000,000 to \$4,000,000 over the course of the biennium. She asked if the State would see savings in that amount or less.
 - Ms. Tanner predicted a strong return-on-invest for SB 175-FN.

Farah Sheehan

- Ms. Sheehan said that doulas are also mothers and employees. She said providing reimbursement for doula coverage through Medicaid would enable them to remain employed and paid.

Summary of testimony presented in opposition: None.

Neutral Information Presented:

Henry Lipman and Tricia Tilley

State Medicaid Director; Director, Division of Public Health Services, Department of Health and Human Services

- Mr. Lipman said Page 1, Line 20 should be changed from referencing the American Rescue Plan Act to referencing the Consolidated Appropriations Act.
- Mr. Lipman said SB 407-FN (2022) had an appropriation of \$200,000 but the Department felt \$300,000 was more appropriate for SB 175-FN because of the 25% increase in hospital delivery and birthing center rates.

- Mr. Lipman referenced his written testimony and maps showing expanded postpartum Medicaid and doula coverage.
- Sen. Whitley asked if the Department would need more time to implement adding doula coverage and donor milk and lactation services to the Medicaid program.
 - Mr. Lipman said the doula coverage would take about a year to go through the OPLC and Centers for Medicare and Medicaid Services (CMS) processes. He said the donor milk would also need to go through CMS but the Department was determining if it would be a state plan amendment or a waiver. He said 17 other states covered donor milk.
- Sen. Bradley asked if the reference to Section 2 on Page 7 should reference Section 3.
 - Sen. Whitley said that was correct.
- Sen. Bradley asked about the current State appropriations to FRCs.
 - Ms. Tilley said there had been some State appropriations to the FRCs but there are none currently. She said the Department does have various contracts with various FRCs to conduct various tasks, but it is a patchwork.
- Sen. Bradley asked if FRC funding was included in the Department's Governor's Budget request.
 - Mr. Lipman said it was not included in the Medicaid request.
 - Ms. Tilley said it was not included in the Public Health request.
- Sen. Bradley asked what was being proposed in Section 15 that was not already being done.
 - Ms. Tilley said Section 15 works to provide early childhood behavioral support in the context of childcare. She said the Department has, through various federal programs, sent behavioral coaches into childcare settings to help facilities understand a child's needs and prevent that child from getting kicked out.
- Sen. Bradley urged the Department to flesh out what is already being done and what in SB 175-FN is going above and beyond.
 - Ms. Tilley said there is a patchwork approach currently where there are specific contracts for specific programs in specific locations. She said the hope is to standardize opportunities across the state.
- Sen. Whitley said Section 15 was written with the input of Deb Nelson and Rebecca Ross. She spoke about the importance of breaking down silos and building systems. She asked for their thoughts on breaking down silos.
 - Mr. Lipman said Ms. Ross would be a better person to speak to about Section 15. He said integration is important to make sure a program is available to all, clear in what it does, and understood where it is housed. He said a consistent funding source would make that possible.
- Sen. Bradley asked if Medicaid covered doula care.
 - Mr. Lipman said it did not in New Hampshire.
 - Sen. Bradley clarified that Medicaid in New Hampshire did not cover any form or amount of doula care.
 - Mr. Lipman said that was correct.
- Sen. Whitley asked for commentary on how FRCs fit into the system.
 - Ms. Tilley said the Department is interested in providing a solid foundation for FRCs across the state to connect mothers, fathers, children, and childcare providers across the spectrum rather than pigeonholing families into narrow, specific programs. She said they have not been able to build an integrated system because the FRCs are funded with federal money, which comes with stipulations and strings attached. She said FRCs address emergent needs and

lead to positive outcomes, including reductions in child maltreatment and increased in childhood vocabulary.

cml

Date Hearing Report completed: February 10, 2023

Speakers

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday February 8th, 2023 Time: 9:45 a.m.

SB 175-FN AN ACT relative to Medicaid coverage for mothers.

Name/Representing (please print neatly)

	Support	Neutral	Oppose	Speaking?	Yes	No
Sen. Beery Whitley (Prime)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Rebecca Perkins Kwoka (SDJ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Henry Lipman + Tricia Tillay DHHS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chris St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Aula Minnehan NH Hospital Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PEGGY GILMOUR NIT PUBLIC Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delia Champagne Save the Children Action Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mike Rollo American Cancer Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nancy Vaughan American Heart Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steve Chapman NH Pediatric Society, NH Medical Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Holly Stevens, NAMI NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Keith Kuenning, Waypoint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rebecca Waitkowski	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

New Futures
Tom Sherman/self

Support ✓

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday February 8th, 2023 Time: 9:45 a.m.

SB 175-FN AN ACT relative to Medicaid coverage for mothers.

Name/Representing (please print neatly)

Name/Representing	Support	Neutral	Oppose	Speaking?	Yes	No
<input checked="" type="checkbox"/> Karen Lot Hill / City Councilor / Lebanon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Devan Quinn, NH Women's Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Bob Dunn, Roman Catholic / Diocese of Manchester	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Joyce Kelly NH Breastfeeding Task Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Paula Oliveira NH Breastfeeding Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amy Ryn Podiatrist ER Doc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mackenzie Nicholson, Lauren Dwyer / Moms Rising	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Rep. Renée Monteil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Heather Martin Dartmouth Health / Salem resident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Courtney Tanner Dartmouth Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shannon Chandley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Farah Sheehan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday February 8th, 2023 Time: 9:45 a.m.

SB 175-FN AN ACT relative to Medicaid coverage for mothers.

Name/Representing *(please print neatly)*

Name/Representing	Support	Neutral	Oppose	Speaking?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bethany Cottrell - OPLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Senate Remote Testify

Health and Human Services Committee Testify List for Bill SB175 on 2023-02- Support: 244 Oppose: 5

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Smith, Jennifer	A Member of the Public	Myself	Support
Rosenwald, Cindy	An Elected Official	SD 13	Support
Shessler, Erik	A Member of the Public	the NH Chapter of the American Academy of Pediatrics	Support
Watkins, Dan	A Member of the Public	Myself	Support
Klunk, John	A Member of the Public	Myself	Support
nutter-upham, frances	An Elected Official	Myself	Support
Damon, Claudia	A Member of the Public	Myself	Support
Coon, Kate	A Member of the Public	Myself	Support
Beaudoin, Jennifer	A Member of the Public	Myself	Support
murphy, john	A Member of the Public	Myself	Support
Wright, Jessica	A Member of the Public	Myself	Support
Hamer, Gary	A Member of the Public	Myself	Support
Bell, Dori	A Member of the Public	Myself	Support
Kim, Julie	A Member of the Public	Myself	Support
Ayling, Gavin	A Member of the Public	Myself	Support
van Bergen-Buteau, Kristen	A Member of the Public	Myself	Support
Welch, Kristen	A Member of the Public	Myself	Support
Bergevin, Leslie	A Member of the Public	Myself	Support
edri, Hanan	A Member of the Public	New Hampshire Public Health Association	Support
Allison, Suzanne	A Member of the Public	Myself	Support
Zavgren, John	A Member of the Public	Myself	Support
BARTER, MARIANNE	A Member of the Public	Myself	Support
McKinney, Dawn	A Lobbyist	NH Legal Assistance	Support
Curran, Jennifer	A Member of the Public	Myself	Support
Hugener, Melissa	A Member of the Public	Myself	Support
Boylan, Erin	A Member of the Public	Myself	Support
emerson, Anne	A Member of the Public	Myself	Support
Black, Wendy	A Member of the Public	Myself	Support
Vincent, Laura	A Member of the Public	Myself	Support
Friedman, Richard	A Member of the Public	Myself	Support
Hatcher, Phil	A Member of the Public	Myself	Support
Beaty, Sharon	A Member of the Public	Myself	Support
Hoffer, M.D., Deborah	A Member of the Public	Myself	Support
Tentarelli, Liz	A Member of the Public	Myself	Support
soucy, donna	An Elected Official	SD 18	Support
Wade, Kimbly	A Member of the Public	Myself	Support
Kelly, Joyce	A Member of the Public	Myself	Support
Carney, Nanci	A Member of the Public	Myself	Support
Platt, Liz-Anne	A Member of the Public	Myself	Support
Canada, Liz	A Lobbyist	Planned Parenthood NH Action Fund	Support
Toland, Maris	A Member of the Public	Myself	Support
enes, Andrew	A Member of the Public	Myself	Support
evore, Gary	A Member of the Public	Myself	Support
Federico, Kerri	A Member of the Public	Myself	Support
Parton, Rebecca	A Member of the Public	Myself	Support
DeMark, Richard	A Member of the Public	Myself	Support
Geary, Fiona	A Member of the Public	Myself	Support

DeMark, Harriet	A Member of the Public	Myself	Support
Thompson, Kristina	A Member of the Public	Myself	Support
Dodier, Tiffany	A Member of the Public	Myself	Support
Straiton, Marie	A Member of the Public	Myself	Support
HALLOCK, LINDA	A Member of the Public	Myself	Support
Palmer, Alison	A Member of the Public	Myself	Support
Spielman, Kathy Sue	A Member of the Public	Myself	Support
Bombard, Emily	A Member of the Public	Myself	Support
Keeler, Margaret	A Member of the Public	Myself	Support
Lindpaintner, Lyn	A Member of the Public	Myself	Support
Furnari, Margaret	A Member of the Public	Myself	Support
Chase, Wendy	A Member of the Public	Myself	Support
Donelan, Emily	A Member of the Public	Myself	Support
Minicucci, Jennifer	A Member of the Public	Myself	Support
Beals, Wendy	A Member of the Public	Myself	Support
Antman, Alyssa	A Member of the Public	Myself	Support
Lessard, Maryann	A Member of the Public	Myself	Support
Podlipny, Ann	A Member of the Public	Myself	Support
Bauer, Dorothy	A Member of the Public	Myself	Support
Raspiller, Cindy	A Member of the Public	Myself	Support
Sirois, Lissa	A Member of the Public	Myself	Support
MacGregor, Leslie	A Member of the Public	Myself	Support
Brown, Howard	An Elected Official	Myself	Support
Hoover, Claudia	A Member of the Public	Myself	Support
Norton, Kerry	A Member of the Public	Myself	Support
Perkins-Howland, Janet	A Member of the Public	Myself	Support
Garver, Kyla	A Member of the Public	Myself	Support
Moore, Susan	A Member of the Public	Myself	Support
Rettew, Ann	A Member of the Public	Myself	Support
Zajano, Emily	A Member of the Public	Myself	Support
Gardiner, Arthur	A Member of the Public	Myself	Support
Fudge, Kim Marie	A Member of the Public	Myself	Support
Torpey, Jeanne	A Member of the Public	Myself	Support
Merlone, Lynn	A Member of the Public	Myself	Support
Thomas, A	A Member of the Public	Myself	Support
Wessels, Susan	A Member of the Public	Myself	Support
Bissex, Hannah	A Member of the Public	Myself	Support
Hershey, Jane	A Member of the Public	Myself	Support
Martin, Patricia	A Member of the Public	Myself	Support
Arsnow, Christine	A Member of the Public	Myself	Support
Hobson, Jinelle	A Member of the Public	Myself	Support
Judas, Mary Lou	A Member of the Public	Myself	Support
Koch, Laurie	A Member of the Public	Myself	Support
Damiano, Ella	A Member of the Public	Myself	Support
Laker-Phelps, Gail	A Member of the Public	Myself	Support
Amato, Nancy	A Member of the Public	Myself	Support
Palmer, William	An Elected Official	Myself	Support
Taylor, Gale	A Member of the Public	Myself	Support
Perencevich, Ruth	A Member of the Public	Myself	Support
Nguyen, Linh	A Member of the Public	Myself	Support
Cote, Lois	A Member of the Public	Myself	Support
Joyce, Ellen	A Member of the Public	Myself	Support
Drew, Lindsay	A Member of the Public	Myself	Support
Lee, Amy	A Member of the Public	Myself	Support
Childs, Anna	A Member of the Public	Myself	Support
Bishop, Nancy	A Member of the Public	Myself	Support

Campbell, Karen	A Member of the Public	Myself	Support
Grzymala, Claire	A Member of the Public	Myself	Support
Watters, Senator David	An Elected Official	Myself	Support
Negron, Deanna	A Member of the Public	Myself	Support
Shirrer, Elizabeth Rebecca	A Member of the Public	Myself	Support
Perkins Kwoka, Senator Rebecca	An Elected Official	Myself	Support
Corell, Elizabeth	A Member of the Public	Myself	Support
Koenig, Angela	A Member of the Public	Myself	Support
Bryer, Cheri L	A Member of the Public	Myself	Support
Fleury, Leigh	A Member of the Public	Myself	Support
Drukker, Dow	A Member of the Public	Myself	Support
MacInnis, Amanda	A Member of the Public	Myself	Support
Heath, Rev. Heidi	A Member of the Public	Myself	Support
Dickey, Martha	A Member of the Public	Myself	Support
Carey, Gina	A Member of the Public	Myself	Support
Cooper, Anne	A Member of the Public	Myself	Support
Gardner, Erin	A Member of the Public	Myself	Support
Doyle, Maria	A Member of the Public	Myself	Support
Persechino, Sara	A Member of the Public	Myself	Support
Ritondo, Michael	A Member of the Public	Myself	Support
Hulslander, Jill	A Member of the Public	Myself	Support
Morin, Bethany	A Member of the Public	Myself	Support
Walker, Deborah	A Member of the Public	Myself	Support
Paris, Amy	A Member of the Public	Myself	Support
Prost, Christopher	A Member of the Public	Myself	Support
Pike, Meghan	A Member of the Public	Myself	Support
Oeser, Michelle	A Member of the Public	Myself	Support
Wheeler, Autumn	A Member of the Public	Myself	Support
Warrington, Leah	A Member of the Public	Myself	Support
Kesavan, Ajhani	A Member of the Public	Myself	Support
Betchart, Craig	A Member of the Public	Myself	Support
Stone, Abby	A Member of the Public	Myself	Support
Zobel, Stephanie	A Member of the Public	Myself	Support
Reyes, Christine	A Member of the Public	Myself	Support
Blanchard, Sandra	A Member of the Public	Myself	Support
Martin, Michael	A Member of the Public	Myself	Support
Meserve, Barbara	A Member of the Public	Myself	Support
Brennan, Angela	An Elected Official	Myself	Support
Duval, Krista	A Member of the Public	Myself	Support
Schoemmell, Melissa	A Member of the Public	Myself	Support
Liebowitz, Susan	A Member of the Public	Myself	Support
Hayes, Colleen	A Member of the Public	Myself	Support
Haller, Linda	A Member of the Public	Myself	Support
Richman, Susan	A Member of the Public	Myself	Support
Delaney, Caitlin	A Member of the Public	Myself	Support
Whalen, Bonny	A Member of the Public	Myself	Support
Sheehan, Farrah	A Member of the Public	Myself	Support
Reidy, Ellen	A Member of the Public	Myself	Support
Morando-Robbins, Renee	A Member of the Public	Myself	Support
Tucker, Catherine	A Member of the Public	Myself	Support
Korfiatis, Maria	A Member of the Public	Myself	Support
Heber, Jill	A Member of the Public	Myself	Support
Middlemiss, Jen	A Member of the Public	Myself	Support
D'Onofrio, Teresa	A Member of the Public	Myself	Support
Sebastian, Karen	A Member of the Public	Myself	Support
Bacon, Jessica	A Member of the Public	Myself	Support

Proulx, Diane	A Member of the Public	Myself	Support
Whatley, Colleen	A Member of the Public	Myself	Support
Mitchell, Ashley	A Member of the Public	Myself	Support
Zajano, Nancy	A Member of the Public	Myself	Support
Stanhope, Victoria	A Member of the Public	Myself	Support
Haller, Linda E	A Member of the Public	Myself	Support
Vallerand, Samantha	A Member of the Public	Myself	Support
Hayes, Randy	A Member of the Public	Myself	Support
Cann, Emily	A Member of the Public	Myself	Support
Espitia, Adriana	A Member of the Public	Myself	Support
Morgan, Mariah	A Member of the Public	Myself	Support
Nash Pannella, Rebecca	A Member of the Public	Myself	Support
hampton, doris	A Member of the Public	Myself	Support
Stewart, Alexandra	A Member of the Public	Myself	Support
Shore, Pamela	A Member of the Public	Myself	Support
Varnum, Steve	A Member of the Public	Myself	Support
Pawley, Kathy	A Member of the Public	Myself	Support
Smith, Allison	A Member of the Public	Myself	Support
Haac, Mary Etna	A Member of the Public	Myself, and clients I work with in NH as a doula and childbirth educator	Support
Gilman, Amanda	A Member of the Public	Myself	Support
Heath, Ruth	A Member of the Public	Myself	Support
McLeod, Angela	A Member of the Public	Myself	Support
Keegan, John	A Member of the Public	Myself	Support
Douville, Raye Ellen	A Member of the Public	Myself	Support
Warnock, Laurie	A Member of the Public	Myself	Support
Spencer, Louise	A Member of the Public	Myself	Support
Roberts, Jill	A Member of the Public	Myself	Support
Hicks, Tracy	A Member of the Public	Myself	Support
McKnight, Meghan	A Member of the Public	Myself	Support
Benham, Beth	A Member of the Public	Myself	Support
Anderson, Sarah-Elizabeth	A Member of the Public	Myself	Support
Baucom, Pam	A Member of the Public	Myself	Support
Sanford, Nancy	A Member of the Public	Myself	Support
Erdody, Ben	A Member of the Public	Myself	Support
Melgar, Jenna	A Member of the Public	Myself	Support
Baselice, Jacqueline	A Member of the Public	Myself	Support
Hart, Kristi	A Member of the Public	Myself	Support
Bryant, Andrea	A Member of the Public	Myself	Support
Cowell, Jackie	A Member of the Public	Myself	Support
Clark, Dague	A Member of the Public	Myself	Support
Brissette, Katie	A Member of the Public	Myself	Support
Morgan, Allison	A Member of the Public	Myself	Support
Nikitas, Kristine	State Agency Staff	Myself	Support
Scott, Hannah	A Member of the Public	Myself	Support
Tenney, Erica	A Member of the Public	Myself	Support
Fazzi Garcia, Sara	A Member of the Public	Myself	Support
Bergeron, Susan	A Member of the Public	Myself	Support
Allard, Heather	A Member of the Public	Myself	Support
Berretta, Lauryn	A Member of the Public	Myself	Support
DeJoie, John	A Lobbyist	National Association of Social Workers-NH Chapter	Support
Fredette, Carolyn	A Member of the Public	Myself	Support
Garcia, Joseph	A Member of the Public	Myself	Support
Lamphier, Regan	An Elected Official	Myself	Support
chapman, angela	A Member of the Public	Myself	Support
DiPrizio, Jenna	A Member of the Public	Myself	Support
Ahern, Sarah	A Member of the Public	Myself	Support

Hobson, Jinell	A Member of the Public	Myself	Support
Wexler, Alexandra	A Member of the Public	Myself	Support
Haines, Jennifer	A Member of the Public	Myself	Support
Sunderlin, Julia	A Member of the Public	Myself	Support
Madriz, Lisa	A Member of the Public	Myself	Support
Williams, Rebecca	A Member of the Public	Myself	Support
Michailides, Sephera	State Agency Staff	Myself	Support
Rayton, Linden	A Member of the Public	Myself	Support
Mercier, Caitlin	A Member of the Public	Myself	Support
Vosgien, Erin	A Member of the Public	Myself	Support
Arnold, Susan	A Member of the Public	Myself	Support
Padmore, Michael	A Lobbyist	NH Medical Society	Support
Sears, Amanda	A Lobbyist	Campaign for a Family Friendly Economy	Support
Kesselring, Kim	A Member of the Public	Myself	Support
Hinebauch, Melissa	A Member of the Public	Myself	Support
Barlow, Pamela	A Member of the Public	Myself	Support
Malmberg, Stacy	A Member of the Public	Myself	Support
Wohlfort, Kathy	A Member of the Public	Myself	Support
Davis, William	A Member of the Public	Myself	Support
Gould, Sarah	A Member of the Public	Myself	Support
Striar, Nicole	A Member of the Public	Myself	Support
Altschiller, Senator Debra	An Elected Official	Myself	Support
Chickering, Samantha	A Member of the Public	Myself	Support
Kolaja, Madeleine	A Member of the Public	Myself	Support
Murray, Meredith	A Member of the Public	Myself	Support
deGrandis, Paul	A Member of the Public	Myself	Support
Trudel, Karen	A Member of the Public	Myself	Support
Hillingham, Carla	A Member of the Public	Myself	Support
Urkee, Peyton	A Member of the Public	Myself	Support
Mulpeter, Ellie	A Lobbyist	The Academy of Lactation Policy and Practice	Oppose
Howland, Curtis	A Member of the Public	Myself	Oppose
Smith, Julie	A Member of the Public	Myself	Oppose
Medeiros, Jesse	A Member of the Public	Myself	Oppose
Preman, Rebecca	A Member of the Public	Myself	Oppose

Testimony

Cameron Lapine

From: Beth Dermody <bethdermody@yahoo.com>
Sent: Friday, February 3, 2023 9:21 PM
To: Cameron Lapine
Subject: Momnibus Bill

Dear Members of the Committee,

I support the Momnibus Bill. New Hampshire's birth rate is second to last in the nation. We have an aging population and we need to take care of the moms and babies that we have. That is why it is so important to support this bill and invest in our future. Healthy moms and babies will help lead our state to prevent other health issues as the babies grow.

Thank you,

Beth Dermody
Hopkinton, NH

Sent from my iPhone

Cameron Lapine

From: tanya.prather@everyactioncustom.com on behalf of Tanya Prather
<tanya.prather@everyactioncustom.com>
Sent: Saturday, February 4, 2023 7:53 AM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

I am writing to express my support of SB 175 . It is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy.

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,
Tanya Prather
3 Lovewell St Nashua, NH 03060-4506
tanya.prather@gmail.com

Cameron Lapine

From: Dana Myskowski <danabiscotti@gmail.com>
Sent: Saturday, February 4, 2023 1:10 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: I support SB 175

Caution! This message was sent from outside your organization.

Dear Senate Health & Human Services Committee:

I am writing as a member of the public representing myself in support of Senate Bill 175 with a hearing date of Wednesday, February 8 at 9:45 a.m. (I tried to sign in and support the bill via the state's system, but it is not working today. I screen shot my reply below, in case it helps.)

I advocate we support women in full. Supporting expanded access to maternal health helps to provide healthier births and outcomes, plus provides much needed care for the postpartum mom. (*Have you watched [Ask the Midwives?](#)*)

As a postpartum mother some 32 years ago, I tried to kill myself in a state of postpartum depression so deep I knew not where I was; I could not get the help I desperately needed, except from two mommy friends who pulled me from oblivion. Thank goodness.

Two years later in the hospital with my second child, I told a nurse about my prior experience. She took a black Sharpie and wrote across my chart: Do Not Discharge without Doctor's Postpartum Depression Discussion.

The doctor met with me. I was discharged. Two weeks later I was in his office with him and a psychiatrist. I was helped.

Now, as a Grandma to be who is also training as a Doula, I am preparing to help my child and grandchild. I am lucky to have the time to do so since my long chronic illness means I cannot work a full-time job. And my daughter will benefit from what I can actually manage to do.

But what about all the other Moms out there?

Please do right by New Hampshire moms: Pass SB 175 and support them. Maybe our state can finally show some compassion for each other, rather than groveling at the low end of the "Live Free OR DIE" part of our motto.

Thank you for your time and service.

Sincerely,
Dana Myskowski
Warner, NH

I believe Universal Healthcare for All should be a reality in the US as it is in other more civilized nations that choose compassion for all over corporate greed.

1

Legislation
to Testify on

2

Personal Information

3

Final Review

4

Complete

Final Review:

Please Verify the Information Below:

Name dana myskowski

Phone Email danabiscotti@gmail.com

Hearing Date 2/8/2023

Committee Senate Health and Human Services

Legislation 9:45 am - SB175

I am A Member of the Public

I am in **SUPPORT** of this Bill

I **DO Not** Wish to Speak on this Bill

By clicking this checkbox, you agree that the information you have provided is truthful to the best of your knowledge.

Attention: *The sign-in sheet will close for purposes of registering your opinion at 11:59 p.m. the day of the hearing.*

Continue

Cancel

"Love and compassion are necessities, not luxuries. Without them, humanity cannot survive."

—Dalai Lama

Dana Biscotti Myskowski (she/her)
Author, *I Cannot Play With You*, a Lyme disease mystery

www.GreenChairPictures.com
Trustee, Pillsbury Free Library, Warner, NH
<https://www.warner.lib.nh.us/>

Cameron Lapine

From: Michael J. Cohen <michael@mjchealthsolutions.com>
Sent: Saturday, February 4, 2023 4:46 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Support SB175

Caution! This message was sent from outside your organization.

Honorable Senators,

As a former Executive Director of NAMI NH, with a professional background in developmental psychology, I know and have seen, first hand, the benefits of early supports and services for mothers and their babies, in the first years of life. As many of us know and have experienced, a new baby brings a new dynamics, new needs and new roles to the family which can be overwhelming, even for the most experienced parent(s). Adjusting to these new dynamics and roles takes time, energy and hard work. Done well, it can assure mother and new baby fall in love and the family remains intact and emotionally healthy. The longer supports can be sustained in the new family the greater likelihood it will be strong and healthy. A year in the lifetime of a family is minuscule but supports and services for that period of time can make a meaningful difference, especially if families are already having health, emotional or social conditions impacting healthy family functioning.

SB 175 is a clinically important solution by providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in this bill, including extended health coverage, doulas, lactation services and donor breast milk will promote healthier outcomes for both mother, the newborn child and the family. The supports and services in this bill, if enacted, would bring a healthy start to any child and family. Please support SB175 and keep all our young families healthy.

Respectfully,

**Michael J. Cohen
4 Upper Flanders Rd.
Amherst NH 03031
603.496.1657
michael@mjchealthsolutions.com**

Cameron Lapine

From: jillianadubois@everyactioncustom.com on behalf of Jillian Dubois
<jillianadubois@everyactioncustom.com>
Sent: Saturday, February 4, 2023 9:11 PM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

SB 175 is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy.

As a mom, this is so important to me. New Hampshire moms deserve better, and this is a step in the right direction.

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,

Jillian Dubois

18 Rolinda Ave Concord, NH 03301-2256

jillianadubois@gmail.com

Cameron Lapine

From: Grace Palmer <gracemcgillpalmer@gmail.com>
Sent: Sunday, February 5, 2023 9:21 AM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Please support SB 223 and 175

Dear Committee,

I am a voter from Concord, NH and I'm writing in support of two bills that will help NH families stay well and healthy and make NH the kind of community we can be proud of.

I urge you to vote yes on SB 233 to re-establish the WIC Farmers Market Nutrition program, which will have the multiple benefits of supporting the families who receive it, boosting the local economy, and supporting local farmers. All families deserve quality produce and helping families eat healthy supports their wellbeing and helps prevent obesity-driven challenges to individuals and our health care system.

I also urge you to support SB 175, the NH MOMnibus bill, which aims to improve maternal and infant health outcomes by expanding access to coverage and care, and increasing access to a broader array of services and providers that support maternal and infant health. Increasing these types of supports is a justice issue for the women, infants, and families whose health, safety, and wellbeing they'd support, addressing the abysmal fact that the US has higher maternal and infant mortality rates than many similar nations. The supports would also help women who choose or need to return to the workforce to do so. As someone who is planning to start a family soon this is a critical issue and will affect how long I feel I can continue to live in NH.

Thank you for your consideration and the work you do,

Grace Palmer
Concord, NH

Cameron Lapine

From: Teri DOnofrio <chrmd3x@gmail.com>
Sent: Sunday, February 5, 2023 12:14 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB175

Caution! This message was sent from outside your organization.

Hello

I am writing in support of SB-175. As an RN and IBCLC (International Board Certified Lactation Consultant) working with parents for over 36 years, 16 plus years as an IBCLC, I can verify that parents need our support to provide the best start to their new infants which includes postpartum support for their entire breastfeeding journey and donor milk.

We know human milk is best, every infant should have the ability to receive donor milk if Mom's supply is not adequate while she works to bring in and build her supply, it should not be determined by the parent's financial status. We all benefit when infants receive human milk.

In order for parents to support their breastfed infant they need to know that their work will provide them a safe, clean, and private place to express their breasts, give them the time to do so.

Additionally, if they need lactation support or are experiencing any issues with feeding their infant, making milk, or expressing their milk they should be entitled to have the support of an IBCLC.

Please vote yes in support of this bill.

Thank you

Teresa D'Onofrio BSN, RN, IBCLC

Cameron Lapine

From: biddy.irwin@everyactioncustom.com on behalf of Virginia Irwin
<biddy.irwin@everyactioncustom.com>
Sent: Sunday, February 5, 2023 2:58 PM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

SB 175 is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy. We must stop punishing the poor in our state by continually threatening to deprive them of needed health care. Look what the Executive Council did taking health care away from these same men and women by denying funds to clinics that served the poor. Please look into your suls and do the right thing

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,

Mrs. Virginia Irwin

182 Fletcher Rd Newport, NH 03773-2314

biddy.irwin@gmail.com

Cameron Lapine

From: tspan03773@everyactioncustom.com on behalf of terri spanos <tspan03773@everyactioncustom.com>
Sent: Sunday, February 5, 2023 3:02 PM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

SB 175 is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy.

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,
terri spanos
53 Apple Hill Rd Sunapee, NH 03782-2931 tspan03773@icloud.com

Cameron Lapine

From: frannu@everyactioncustom.com on behalf of Frances nutter-upham
<frannu@everyactioncustom.com>
Sent: Sunday, February 5, 2023 7:28 PM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

SB 175 is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy.

I urge you to pass this bill. We should do all we can to give each baby and mother a healthy start in NH Sincerely
Representative Frances Nutter-Upham Health Human Services and Elder Affairs Hillsborough 8 Nashua Ward 6

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,

Frances nutter-upham

3 Fulton St Nashua, NH 03060-6409

frannu@gmail.com

Cameron Lapine

From: Julie Kim <Julie.Kim@hitchcock.org>
Sent: Monday, February 6, 2023 8:47 AM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB175

Caution! This message was sent from outside your organization.

Good morning, I write in my support of SB175 as the current VP for the NH Chapter of the American Academy of Pediatrics and myself as a pediatrician.

Healthy parents are critical to raising and nurturing healthy children. The bonding that occurs in the first year after birth sets the stage for the relationship lifelong.

We must support healthy motherhood.

Julie Kim, MD, PhD
Section Chief
Pediatric Hematology/Oncology
Children's Hospital at Dartmouth
Associate Professor of Pediatrics
Geisel School of Medicine at Dartmouth College

IMPORTANT NOTICE REGARDING THIS ELECTRONIC MESSAGE:

This message is intended for the use of the person to whom it is addressed and may contain information that is privileged, confidential, and protected from disclosure under applicable law. If you are not the intended recipient, your use of this message for any purpose is strictly prohibited. If you have received this communication in error, please delete the message and notify the sender so that we may correct our records.

2/6/23

SB 175

Christine Arsnow, MD

My name is Christine Arsnow, MD. I am a pediatrician and mother of 3 children and secretary of the NH chapter of the AAP. I support SB 175-FN relative to Medicaid coverage for mothers. This bill supports mothers. My testimony focuses on the aspects of postpartum doula services, breastfeeding and acquisition of donor breast milk for infants who qualify.

Doula services surrounding childbirth help support new mother-infant dyads. A few small randomized trials of doula versus non-doula care have been performed and reported favorable effects on various aspects of labor, birth, and newborn care. A meta-analysis of randomized trials that compared continuous one-on-one labor support with usual care reported numerous improvements in pregnancy outcome (such as increased number of vaginal births compared to c sections and improved 5 minutes Apgar scores) and no harms. These benefits are particularly helpful to individuals who have less support from family and friends.

Breastfeeding is beneficial to society for many reasons. Evidence suggests that infants breast fed for the first 6 months of life have lower rates of gastrointestinal and respiratory disease. Women who have breast fed have lower rates of breast, ovarian and endometrial cancer. Breastfeeding mothers delay ovulation and are less likely to become unexpectedly pregnant. Breastmilk is less expensive than formula. Not every parent is able to breast feed. For those who can, breastfeeding is a privilege available only to those with the means to fit breaks into their schedule. This bill would empower mothers in hourly or service based jobs to take breaks as well.

Donor breast milk has been shown to reduce rates of necrotizing enterocolitis (a potentially fatal intestinal infection) in premature babies and help establish healthy intestinal flora. For these reasons, the American Academy of Pediatrics (AAP) recommends human milk, either mother's own or pasteurized donor milk, for all premature infants born weighing less than 1500 grams.

For all of these reasons I support SB 175 FN and the expansion of Medicaid coverage for mothers. Thank you.

Everson CL, Cheyney M, Bovbjerg ML. Outcomes of Care for 1,892 Doula-Supported Adolescent Births in the United States: The DONA International Data Project, 2000 to 2013. J Perinat Educ 2018; 27:135.

Gunderson EP, Lewis CE, Lin Y, et al. Lactation Duration and Progression to Diabetes in Women Across the Childbearing Years: The 30-Year CARDIA Study. JAMA Intern Med 2018; 178:328.

Gordon NP, Walton D, McAdam E, et al. Effects of providing hospital-based doulas in health maintenance organization hospitals. Obstet Gynecol 1999; 93:422.

Lupton SJ, Chiu CL, Lujic S, et al. Association between parity and breastfeeding with maternal high blood pressure. Am J Obstet Gynecol 2013; 208:454.e1.

Meek JY, Noble L, Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. Pediatrics 2022; 150.

Quigley M, Embleton ND, McGuire W. Formula versus donor breast milk for feeding preterm or low birth weight infants. Cochrane Database Syst Rev 2019; 7:CD002971.

Sosa R, Kennell J, Klaus M, et al. The effect of a supportive companion on perinatal problems, length of labor, and mother-infant interaction. N Engl J Med 1980; 303:597.

Victora CG, Bahl R, Barros AJ, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet 2016; 387:475.

Cameron Lapine

From: mhugener@everyactioncustom.com on behalf of Melissa Hugener
<mhugener@everyactioncustom.com>
Sent: Monday, February 6, 2023 9:24 AM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

SB 175 is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy. As someone who works closely with new moms and babies overseeing our Healthy Families America home visiting program in NH, I can see firsthand how crucial medical supports to new mothers can be. This is a small step that can make such a huge difference for so many families.

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,

Melissa Hugener

2 Mariette Dr Portsmouth, NH 03801-6030 mhugener@yahoo.com

Cameron Lapine

From: LukeFGagne@everyactioncustom.com on behalf of Luke Gagne
<LukeFGagne@everyactioncustom.com>
Sent: Monday, February 6, 2023 9:25 AM
To: Cameron Lapine
Subject: [BULK] Vote OTP on SB 175!

Dear Committee Aide Cameron Lapine,

Maternal deaths are preventable and maternal mental health conditions are treatable, yet the United States has the highest maternal death rate in the developed world and a national maternal mental health crisis occurring.

SB 175 is a great step in providing critical supports for the roughly 3,800 women who receive maternity services under Medicaid each year. The supports included in the bill, like extended health coverage, doulas, lactation services and donor breast milk will result in healthier outcomes for both the mom and the child and will ensure that Granite State families start healthy and stay healthy.

I ask you to vote OTP on SB 175 to support postpartum mothers in New Hampshire.

Sincerely,
Luke Gagne
23 Hall St Manchester, NH 03103-4517
LukeFGagne@gmail.com

Cameron Lapine

From: Ella A. Damiano <Ella.A.Damiano@hitchcock.org>
Sent: Monday, February 6, 2023 5:01 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Support for SB175

Caution! This message was sent from outside your organization.

I am an Obstetrician / Gynecologist writing in support of the SB175. Doula services offer important labor support for birthing people including preparation and postpartum care. Additionally, outpatient lactation services should be reimbursed as important medical care. Please support this bill.

Ella A. Damiano
(she/her)
Staff Obstetrician / Gynecologist
Assistant Professor of Ob/Gyn, Geisel School of Medicine

Tel (603) 653-9256 (direct line)
Dartmouth-Health.org

Dartmouth Hitchcock Medical Center



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Cameron Lapine

From: Anne C. Cooper <Anne.C.Cooper@hitchcock.org>
Sent: Tuesday, February 7, 2023 10:17 AM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Support for SB 175

Caution! This message was sent from outside your organization.

Dear Committee Members,

I am an OB/GYN physician here in New Hampshire, and am thrilled to support SB 175.

Postpartum moms are in a vulnerable state – as is the health of the new babies for whom they care. Women of every socioeconomic background stand to benefit greatly from increased support for postpartum visits, provision of donor breast milk, and lactation services. Also, the potential provision of universal home visits would help shed a light on the home life of our newest citizens, bring care to postpartum families, and enable intervention when needed. The value of breastfeeding for both mom and baby is well-established, and extends to reduction in risk of long-term chronic disease for both mom and baby.

I hope you will support this important legislation.

Sincere regards,
Anne cooper

Anne C. Cooper, MD MA
she/hers
Assistant Professor, Geisel School of Medicine
Obstetrics and Gynecology

Tel (603) 653-9312 | Fax (603) 640-1918 | Pager 2590
Dartmouth-Health.org

Dartmouth Hitchcock Medical Center



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Cameron Lapine

From: Tia Middleton <tsparkz42@gmail.com>
Sent: Tuesday, February 7, 2023 1:07 PM
To: Cameron Lapine
Subject: Support of SB 175

Caution! This message was sent from outside your organization.

Dear Senator,

My name is Tia Middleton and I reside in Manchester, NH. I am writing in support of SB 175 known as MOMNIBUS.

This bill is important to me and the families in my community because it would help provide more equitable access to essential health care services for pregnant and parenting families.

When this legislation is made into law, NH families will be able to access more birthing and post parts services to keep families healthy, safe and secure.

1. Have access to doula services that I myself would have never been able to afford
2. Have access to doula services which would have made a difference for me in knowing the different ways I could give birth and different ways I could have received support during and after my birth to make my transition into motherhood easier relieving some of my postpartum depression.
3. Have access to advanced lactation support to cope with problems that arise with breastfeeding. This helps more babies nurse for longer which improves their own health and the health of the mother.
4. Have resources needed to cope with behavioral health issues such as postpartum depression.

Thank you for your service to the people of the state of NH.

I believe fully in the things that birth workers and lactation support services provide and truly believe we need easier access to such services. I firmly believe that our postpartum depression rate would decline with more access to these services. I also believe more mothers and families would benefit to easier access in order to raise healthy happy thriving children.

Sincerely,
Tia Middleton

Cameron Lapine

From: Lipman, Henry <Henry.D.Lipman@dhhs.nh.gov>
Sent: Tuesday, February 7, 2023 3:34 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Cc: Williams, John
Subject: SB 175 relative to Medicaid Coverage for Women (Postpartum Coverage)
Attachments: Medicaid Postpartom Coverage Extension Map.pdf

Caution! This message was sent from outside your organization.

Good Afternoon Chairman Birdsell and Committee Members:

Ahead of the hearing tomorrow morning, I thought you might like to have the attached map of coverage for the postpartum period for Women under the eligibility category of Pregnant.

The coverage extends the period of eligibility from sixty days postpartum to twelve months.

In the Consolidated Appropriations Act (CCA) of 2023, Congress extended this from a five-year program to a permanent one.

The CCA relatedly extended effective January 1, 2024 twelve months of continuous coverage to children under 19. This is not at a state's option as is postpartum coverage.

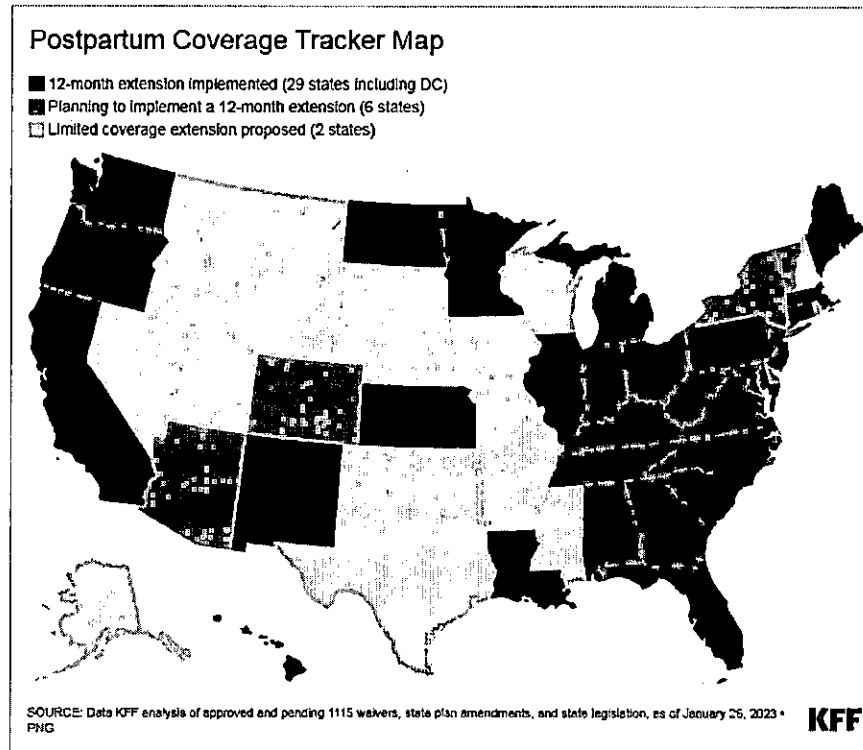
The map attached provides the status in other states as of January 26, 2023.

Best regards,

Henry

Henry D. Lipman, FACHE
Medicaid Director
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857
603-271-9434 Office
603-931-2478 Work Cell
603-455-1145 Travel/Car
Henry.Lipman@dhhs.nh.gov

Medicaid Postpartum Coverage Extensions: Approved and Pending State Action as of January 26, 2023





ALPP
THE ACADEMY OF
**Lactation Policy
and Practice**

February 7, 2023

Dear Chair Birdsell, Vice Chair Avard and Members of the Committee,

My name is Ellie Mulpeter and I am the Director of the Academy of Lactation Policy and Practice (ALPP), a division of the Healthy Children Project, Inc. ALPP operates the Certified Lactation Counselor® (CLC®) certification program. I am testifying to express our support the underlying intent of SB175 relating to Medicaid coverage for mothers, but also a request to amend the current legislation to expand the coverage of lactation service providers to CLCs.

The CLC certification program “identifies a professional in lactation counseling who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical breastfeeding counseling and management support to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation”.¹ CLCs play an important role in providing lactation care and services in New Hampshire. As of today, there are 199 CLCs certified by ALPP providing vital lactation care and services in New Hampshire, including in rural and underserved counties. As of March 25, 2022, there are 95 IBCLCs providing the same services in New Hampshire.²

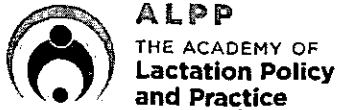
Knowledgeable and competent lactation support - provided by qualified lactation support providers such as IBCLCs and CLCs - is needed to increase rates of breastfeeding. It is well known that having access to qualified lactation care - regardless of the credential the provider holds - increases breastfeeding rates. Currently, 84.1% of women initiate breastfeeding, but many don't continue for as long or as exclusively as they'd hoped. In fact, by 6 months postpartum, only 58.3% were breastfeeding, and at 1 year postpartum, only 35.3% were breastfeeding.³ Breastfeeding support interventions using *both* IBCLCs and CLCs result in an increase in the number of women initiating breastfeeding, improved any breastfeeding rates, and improved exclusive breastfeeding rates.⁴ The Centers for Disease Control and

¹ Academy of Lactation Policy and Practice. *Certifications*. Available at: <https://www.alpp.org/certifications/certifications-clc>

² International Board of Lactation Consultant Examiners. *Statistical Report: Breakdown of Certified IBCLCs in the U.S. & Territories for 2022 (By State)*. Available at: https://iblce.org/wp-content/uploads/2022/03/2022_March_25_IBCLCs_US_Territories.pdf

³ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. *National Immunization Surveys 2018-2019, among children born in 2017*. (2019). Available at: <https://www.cdc.gov/breastfeeding/data/facts.html>.

⁴ Patel S, Patel S. The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes. *Journal of Human Lactation*. 2016;32(3): 530-541.



Prevention (CDC) and the United States Breastfeeding Committee (USBC) recognize the IBCLC and CLC credentials as qualified lactation care professionals.⁵⁻⁶

ALPP believes that expectant and breastfeeding families are best served when lactation care options are expanded, rather than restricted. To increase access to care, ALPP supports reimbursement for all qualified providers of lactation care and services based on certification by an accredited agency. Both the CLC and IBCLC certification programs are accredited by nationally recognized accreditation agencies. The CLC certification program is accredited by the American National Standards Institute (ANSI), while the IBCLC certification program is accredited by the National Commission for Certifying Agencies (NCCA). Our approach is consistent with the *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services* (“*Model Policy*”) issued by the United States Breastfeeding Committee (“USBC”) and the National Breastfeeding Center (“NBfc”). The *Model Policy* recommends that “approved lactation care providers” be eligible for reimbursement and defines “approved lactation care providers” to include:

those who ... have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and American National Standards Institute (ANSI).⁷

Under this definition, both CLCs and IBCLCs would be eligible for reimbursement as approved lactation care providers.

We support the efforts of the New Hampshire legislature, Senator Whitley and other co-sponsors to expand Medicaid support for breastfeeding families. However, our concern with Proposed Bill SB175 is that the Bill limits licensure and Medicaid reimbursement to IBCLCs only. We request that the Committee consider the expansion of the scope of licensure and Medicaid reimbursement to include CLCs. Doing so will increase access to care and provide New Hampshire families with options to choose the lactation care and services most appropriate to their circumstances.

We appreciate your consideration of our concerns and would welcome the opportunity to speak with you regarding this legislation further. Thank you for your time.

⁵ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion (2016). 2016 Breastfeeding Report Card. Retrieved from www.cdc.gov/breastfeeding/data/reportcard.htm

⁶ United States Breastfeeding Committee. “Lactation Support Provider Training Directory.” Retrieved from: <http://www.usbreastfeeding.org/page/trainingdirectory>

⁷ *Id.* *Model Policy* at 8, n8.



ALPP
THE ACADEMY OF
**Lactation Policy
and Practice**

Sincerely,

Ellie Mulpeter

Ellie Mulpeter, MPH, CLC

Director, Academy of Lactation Policy and Practice

P: (508) 833-1500

E: ellie@alpp.org

February 8, 2023

Dear Senator,

I am a doula and childbirth educator that works directly with expectant and new parents in New Hampshire. I am also an experienced biomedical researcher with a PhD and Masters in Public Health (MPH). From my work in supporting families in New Hampshire, I know the tremendous impact that doula care can have on the physical and emotional well-being of birthing people before, during, and after childbirth.

I am writing in support of bill SB-175. This bill would increase access to important maternal health services, including doula care and lactation support.

Doulas are professional, trained practitioners who are essential members of the maternity care team. They provide culturally appropriate and continuous social, informational and physical support during labor, birth, and early postpartum. Birthing families hire doulas to provide emotional, physical, and informational support before during, and after birth. Each of our clients hire us for their own personal reasons, which vary widely. Many have a history of anxiety, trauma, negative birth experiences, concern with the medical system, fear of powerlessness, or discrimination. Many hire us because they are also very informed on the clear evidence supporting the benefits of doula support. Without Medicaid-supported coverage of doula care, some of our most vulnerable populations are left without this essential care, exacerbating existing inequities.

As acknowledged by American Academy of Obstetricians and Gynecologists, "Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor."ⁱ There is well-established evidence on the benefits of doula care as well as its potential impact on improving health equity for at-risk populations.^{iiiiiiv} With the country's alarmingly high rates of maternal mortality, and the undeniable health disparities affecting Black, Native American and other minority populations,^v we need to do everything we can to address these inequities and support affected populations. During the pandemic, birth outcomes continued to be drastically impacted, and inequities have only been exacerbated.^{vi} In a time of heightened anxiety and increasing disparities, the security and support doulas provide is critical and should be support via Medicaid coverage, and introduced in this bill.

Therefore, I urge you to vote in favor of SB-175.

Sincerely,

Mary Etna Haac, MPH, PhD, ICCE, CD(DONA)

Respectfully submitted, February 8, 2023.

ⁱ ACOG Committee Opinion. Approaches to Limit Intervention During Labor and Birth, Committee Opinion (February, 2019). Accessed September 5, 2021. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/02/approaches-to-limit-intervention-during-labor-and-birth>

ⁱⁱ Wint K, Elias TI, Mendez G, Mendez DD, Gary-Webb TL. Experiences of Community Doulas Working with Low-Income, African American Mothers. *Health Equity*. 2019 Apr 8;3(1):109-116. DOI: 10.1089/heap.2018.0045. PMID: 31289769; PMCID: PMC6608698.

ⁱⁱⁱ Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *J Perinat Educ*. 2013 Winter;22(1):49-58. doi: 10.1891/1058-1243.22.1.49. PMID: 24381478; PMCID: PMC3647727.

^{iv} Thomas MP, Ammann G, Brazier E, Noyes P, Maybank A. Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Matern Child Health J*. 2017 Dec;21(Suppl 1):59-64. doi: 10.1007/s10995-017-2402-0. PMID: 29198051; PMCID: PMC5736765.

^v Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765. DOI: <http://dx.doi.org/10.15585/mmwr.mm6835a3external icon>

^{vi} CDC. COVID19: Health Equity Considerations and Racial and Ethnic Minority Groups Updated Apr. 19, 2021. Accessed Sept. 2, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

Cameron Lapine

From: Ellen M. Joyce <Ellen.M.Joyce@hitchcock.org>
Sent: Tuesday, February 7, 2023 10:17 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Cc: ejoyce1961@gmail.com
Subject: SB 175

Caution! This message was sent from outside your organization.

Senators,

SB 175 is an amazing bill. It is a great step forward for our New Hampshire moms. The American College of Obstetricians and Gynecologists (ACOG) has made extending Medicaid coverage for post-partum patients to 12 months instead of 40 days a high priority. This is from data from Maternal Mortality Committees which shows that 30% of maternal deaths happen in the post-partum period. The continuation of medical care after pregnancy especially for high risk patients is key to bringing down these numbers. I applaud the sponsors of this bill for not only including 12 months postpartum Medicaid coverage but also lactation services, doula care and I love the commission to study home visits for all postpartum patients and their newborns. The provision of increased care for our maternity patients and their newborns will improve our states maternal mortality and morbidity cases and will improve the outcomes of our moms and newborns.

As an obstetrician and gynecologist for 35 years I wholeheartedly approve of this bill and these steps to help improve the health of our moms and babies. I hope we can make this bill a reality.

Ellen M Joyce, MD, FACOG
Assistant Professor Dartmouth's Geisel School of Medicine
ACOG District 1 Secretary

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Cameron Lapine

From: Jane Duggan <jduggan05@gmail.com>
Sent: Wednesday, February 8, 2023 6:44 AM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB 175

Caution! This message was sent from outside your organization.

Good morning,

I am writing to express my support for SB 175, the New Hampshire MOMnibus which will improve maternal and infant health outcomes. The journey of pregnancy and early motherhood, while joyful, can also be an economic and emotional stressor. Every mother and child deserves access to adequate physical and mental health services. Please support SB 175.

Thank you,
Jane E. Duggan
750 E. Penacook Rd.
Contoocook, NH 03229
603-387-6262



February 8, 2023

Chairwoman Regina Birdsell
Senate Health and Human Services

Re: SB 175 – relative to Medicaid coverage for mothers

Dear Chair Birdsell and members of Senate Health and Human Services committee,

I am writing in support of SB 175.

I am a nurse-midwife and Doctor of Nursing Practice, with 20 years of frontline experience providing health care for pregnant and postpartum patients on Medicaid. I also lead two projects funded by the US Health Resources and Services Administration (HRSA) which aim to improve the care of pregnant and postpartum women with opioid and methamphetamine use disorders. Among this medically high-risk population, more than 90% of pregnancies are insured by Medicaid, which is more than double the rate of Medicaid insured births for our state overall.

Currently, the eligibility limits for Medicaid coverage during pregnancy in New Hampshire is set at 185% of the Federal Poverty Guideline (FPG). This coverage allows many pregnant people working at low-wage jobs our state to access prenatal care. However, at 60 days postpartum, Medicaid eligibility limits drop to 133% of the FPG. Postpartum mothers who are struggling to return to the workforce, often as essential workers, frequently lose eligibility. This group is also likely to work part time, in low wage jobs, and therefore not be able to afford to purchase health care insurance. Sadly, many go without adequate coverage and forego necessary healthcare due to cost.

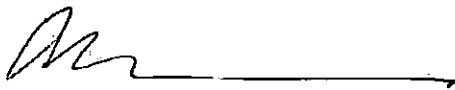
The postpartum period is usually a time of celebration. However, it can also be a time of life-threatening medical complications, ranging from pregnancy-related cardiac conditions through severe postpartum depression and relapse to substance use. For each of these conditions, having healthcare is critically important to prevent mortality. Unfortunately, these negative outcomes frequently occur *after* the 60 day period when eligibility for Medicaid has decreased in our state and vulnerable mothers may no longer be able to see a doctor, nurse-midwife, or mental health provider.

For the past several years, I have had the privilege and responsibility of serving on New Hampshire's Maternal Mortality Review Committee (MMRC). The majority of maternal deaths in our state occur postpartum, and most result from untreated mental health or substance use conditions. The loss of a parent is a traumatic adverse childhood event with lifelong consequences for a child. Every one of these deaths also had a devastating impact on the family and community surrounding the mother who died. The cases the MMRC reviews are tragic, all the more because they could have been prevented by improving access to substance use treatment, mental health care, and medical care.

For postpartum moms with substance use disorders, continuing mental health and substance use treatment after giving birth is especially important, as this is a time when overdose is most likely to happen. Maintaining postpartum Medicaid coverage for 12 months, at the same level as applied during pregnancy, would make the difference between having health care and not having healthcare for many of these mothers.

SB407 will ensure that every postpartum mother in New Hampshire who was eligible for Medicaid during her pregnancy has the ability to get the care that she needs during one of the most vulnerable times of her life. I respectfully urge the Senate Health and Human Services Committee and the full Senate to pass this life-saving legislation.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be 'Daisy Goodman', followed by a horizontal line extending to the right.

Daisy Goodman, DNP, CNM, MPH, CARN-AP
Assistant Professor of Obstetrics and Gynecology
Dartmouth-Hitchcock Medical Center
Lebanon, NH 03756

(603)653-9300

February 8, 2023

Chairwoman Regina Birdsell
Senate Health and Human Services

Re: SB 175 – relative to Medicaid coverage for mothers

Dear Chair Birdsell and members of Senate Health and Human Services committee,

I am writing in support of SB 175.

I am the Chief Medical Officer of Dartmouth-Hitchcock's Community Group Practices, located in Concord, Manchester, and Nashua. As the CMO, I am charged with oversight of our clinical departments and the physicians within those departments, including Obstetrics & Gynecology. I am also writing to you as a practicing OB-GYN physician.

Providing workplace accommodations for nursing mothers

Breastfeeding is beneficial to the mothers and babies. Scientific studies have demonstrated the neonatal benefits of breastfeeding to mothers and babies. The skin-to-skin contact that occurs between a mother and her baby when breastfeeding has been demonstrated to provide greater cardiorespiratory stability in late pre-term babies; reduce stress in newborns; provide a greater sense of security in infants; reduce infant crying and maintain glucose balance.

In both resource rich and resource poor nations, human milk, compared to formula, decreases the risk of acute illnesses during the time period in which the infant is fed. Most of these benefits are related to protection from infectious diseases such as gastroenteritis and diarrhea, respiratory disease, ear infections, urinary tract infections, and noninfectious events such as sudden infant death syndrome. In fact, exclusive breastfeeding and longer duration of breastfeeding has been shown to offer the greatest protection against sudden infant death. Further, studies in low and middle income resource countries have demonstrated that children exclusively breastfed through 5 months had lower risk of all-cause infections and decreased mortality.

Breastfeeding also has benefits that extend to the mother and the family. Breastfeeding and longer duration of breastfeeding are associated with lower rates of breast cancer, ovarian cancer, hypertension and diabetes.

Breastfeeding also positively impacts our society. The rate of hospitalizations and outpatient visits is lower among breast-fed infants, which reduce the cost of health care for our employees and for employers. The economic cost of not breastfeeding come from a combination of sources, including direct health care cost to treat maternal and child morbidity, less economic productivity due to premature mortality and cost associated with

cognitive development. For example, families are able to save an estimated \$1,200 to \$2,000 annually per infant, the cost of formula.¹

Expanding Medicaid coverage for postpartum population

SB 175 is good for our communities and for our economy. Many women want to return to work. However, in order to return to work women must be healthy, both physically and mentally. Losing access to health coverage 60 days after delivering a baby does not afford mothers the opportunity they need to access necessary healthcare for her health. Ensuring access to health coverage for twelve months postpartum will allow women to receive the services they need and return to our workforce.

Further, we believe this bill would ease our uncompensated care for all health systems in NH. 1 in 3 births in NH are covered by Medicaid. In 2019, 761 women lost coverage at the 60 day mark in their postpartum period. Our estimates are approximately \$1m in gross charges.

Thank you for your consideration,

Maria Padin, MD, FACOG
Chief Medical Officer
D-H Southern Region/Community Group Practice

¹ Breastfeeding: Surgeon General's Call to Action Fact Sheet. www.hhs.gov/surgeongeneral/report-and-publications.breastfeeding/factsheet/index.html. 2011

TO: Chairwoman Birdsell and members of the Senate Health and Human Services Committee

FROM: MacKenzie Nicholson, NH Senior Director, MomsRising

DATE: Wednesday, February 8, 2023



Thank you Chairwoman Birdsell and members of the Senate Health and Human Services and Committee for allowing me to submit this testimony in favor of SB175, The New Hampshire Mom-nibus. My name is MacKenzie Nicholson and I am the New Hampshire Senior Director of MomsRising, an on-the-ground grassroots organization representing thousands of moms and their families across the Granite State.

Right now, the United States is the most dangerous place to give birth in the developed world,¹ with major racial disparities persisting and Black women losing their lives at 3 to 4 times more than the rate of white women due to maternity-related causes, independent of age, economic background, or education.² This is a fact that has not changed for several decades and to make matters worse, last fall, the CDC released a report showing that **80% of maternal deaths are preventable.**

The New Hampshire Mom-nibus is a historic piece of legislation aimed at saving moms' lives, ending racial & ethnic maternal health disparities, advancing birth equity and includes critical investments aimed at addressing our maternal health crisis. The legislation will:

- Invest in reducing maternal mortality and require Medicaid to cover full benefits for one year for pregnant and postpartum women;
- Ensure Medicaid coverage of donor breast milk, lactation services and doula services;
- Establish minimum workplace supports for nursing mothers;
- Invest in family resource centers that are working to improve maternal and child health outcomes; and
- Support initiatives aimed at supporting healthy outcomes for caregivers and children.

Pregnant and birthing people are directly impacted by Medicaid, with **1 in 4 births in New Hampshire being covered by Medicaid.**³ Women and birthing people often experience pregnancy-related complications and morbidities up to one-year postpartum, including gestational diabetes, hypertension, mental health struggles and more. However, current state law allows postpartum Medicaid coverage to extend for only 60 days after birth.

¹ NBC News. (July 2018). *U.S. is the most dangerous place to give birth in the developed world.* <https://www.nbcnews.com/nightly-news/video/u-s-is-the-most-dangerous-place-to-give-birth-in-the-developed-world-1286312515541?v=raia9%2E163599%2EEGI-j3>

² Tucker, M. J., Berg, C. J., Callaghan, W. M., & Hsia, J. (2007). The Black-White disparity in pregnancy-related mortality from 5 conditions: differences in prevalence and case-fatality rates. *American journal of public health, 97*(2), 247–251. <https://doi.org/10.2105/AJPH.2005.072975>

³ Kaiser Family Foundation. (2022). *Births Financed by Medicaid.* <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid>

When I had my first child, the first few months after we came home from the hospital were some of the most challenging that I have ever experienced. There is a steep learning curve to becoming a mom - not to mention the added financial stresses! Luckily, I was covered by New Hampshire's Medicaid program because we fit the eligibility criteria for the program.

As a mom that struggled with postpartum depression, it would have deeply benefitted me and my family if my postpartum coverage had extended beyond the 60 days after my son's birth. Looking back, if I had known I was going to have access to continuous healthcare coverage, I would have been able to focus on recovering from a c-section and taking care of my new baby. Instead, I was struggling to find new insurance coverage while worrying about whether I was going to be able to afford to take us to the doctor or pay for our prescriptions - all while dealing with a very colicky baby who was allergic to just about every formula we tried!

Extending Medicaid coverage from 60 days to one year will keep families healthy, set them up for success and save lives - especially since recent data from the CDC shows that **53% of pregnancy-related deaths occurred between 7 days to 1 year after pregnancy.**⁴ To date, 29 states have already extended their postpartum Medicaid coverage, and there are six others who are planning to implement the change. New Hampshire is the only state in the northeast that isn't on the path towards better postpartum healthcare coverage for low-income pregnant people.⁵

In a report for the Texas legislature, researchers in the state showed that the coverage extension provided to pregnant women due to the Families First Coronavirus Response Act, a federal law requiring that states provide continuous coverage to Medicaid enrollees during the COVID-19 pandemic, hugely benefited maternal health.⁶ According to their research, after implementation of the coverage extension, women used twice as many postpartum services, between 2 and 10 times as many preventive, contraceptive, and mental/behavioral health services, and 37% fewer services related to short interval pregnancies within the first-year postpartum.⁷

Like me, our New Hampshire MomsRising members are not immune to the crippling effects of postpartum depression. Recent tragedies in the Northeast have proved that the devastating consequences of inadequate and inappropriate maternal mental health care are close to home. We want moms to go home with their babies, watch their children and families thrive and receive care that is culturally responsive and relevant to them. We urge you to vote Ought to Pass on SB175, The New Hampshire Mom-nibus, to save moms' lives, end racial & ethnic maternal health disparities, and advance birth equity for all.

⁴ CDC. (September 2022). *Four in 5 pregnancy-related deaths in the U.S. are preventable.*
<https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html#print>

⁵ Kaiser Family Foundation. (January 2023). *Medicaid Postpartum Coverage Extension Tracker.*
<https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

⁶ Wang X, Pengetnze YM, Eckert E, Keever G and Chowdhry V (2022) *Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization.* Front. Public Health 10:841832. doi: 10.3389/fpubh.2022.841832

⁷ Ibid.

Good morning Chairwoman Birdsell and the Senate Health and Human Services Committee,

My name is Rachelle Enes. I am a member of MomsRising and I live in Hampstead NH. I am a mother of 3 children. I have a 22 year old son, a 6 year old daughter and a 3 year old son. I am writing this testimony to ask the Senate Committee to support the MOMnibus legislation SB 175 as it would make such an impact for so many mothers in NH. I have breastfed and pumped for a total of 5 years. With my first child, I was a stay at home mom. However, with my second and third, I had to work full time to provide for my family. At this time, I worked in a small office in a corporate office building. When I had approached my boss while I was pregnant to discuss my need to pump to feed my baby when I was back to work, she immediately became short with me and was clearly annoyed. The layout of our office had offices with doors for the management and executive employees and then there was an open area with desks which is where I worked. My supervisor told me I could pump in the closet. The closet was a complete mess, there were shelves of paperwork, computers parts and other stuff thrown all over the room. It was essentially a catchall closet. They had me clean a small area that had a chair and table with a phone on it. I was allowed to pump three times a day, two times for 15 minutes each day and one for 30 minutes. I worked 8.5 hours a day. When I would pump, I was still required to answer the phone and my lunch break was rolled into one of my pump sessions. There were times I would get asked in front of the whole office by my boss, "When are you stopping this?" I also was told by other co-workers "It's gross". Now imagine all I am doing here is pumping food and PROVIDING for my baby. I was made to feel bad and was so embarrassed that I only pumped for the first year for both my babies, when I had nursed for two years each. I was afraid to ask for the time to pump. As a full time working mom, there needs to be more support for us. Being a working mom who needs to pump does not make us less of an employee, if anything it shows how well we can multitask and still get our jobs done. I can not tell you how many times I would walk in that room and shut the door and the tears would start pouring down. I did not have an easy time pumping it hurt and made me very uncomfortable, but I did it because I wanted to give my babies what was best for them. In addition to the hurtful comments, I overheard my boss and coworkers also gossiping about me and my need to pump. I ended up leaving that job from the stress it caused me and took a job with less pay as a childcare worker but at least there I was able to provide for my baby without being made to feel like what I was doing was wrong. WE NEED TO DO BETTER FOR WORKING MOMS. We should be supporting them, being a parent is hard. Why are we making it harder?

I ask you today to please support SB 175 the MOMnibus legislation.

Thank you for your time,

-Rachelle Enes

Health and Human Services Committee, Senate Bill 175 Testimony, February 8, 2023

My name is Paula Oliveira and I am a long standing nurse and International Board Certified Lactation Consultant from New Hampshire with vast experience in the field of lactation as well as donor milk.

I am heartened to see the inclusion of coverage of donor milk in this important bill focused on maternal and infant health. Thank you to all the sponsors of this bill for your dedication to families in NH. As a lactation consultant, I am committed to the healthiest outcomes for mothers and babies and the use of donor milk when a mother's own milk is not available in the medical circumstances listed in this bill leading to the best outcomes for infants. Here is what extensive medical research agrees upon:

- The use of donor milk instead of formula reduces the risk of necrotizing enterocolitis by 79% in pre-term babies who are most at risk for this debilitating and potentially fatal intestinal condition
- The use reduces the risk of an intraventricular brain hemorrhage by 85%
- Using reduces the risk of sepsis by 77%

For these reasons and more, it has become the standard of care in 87% of NICU's nationwide for very low birth weight infants when nutritional supplementation is required. Hospitals rely extensively on nonprofit milk banks, accredited by Human Milk Banking Association of North America (HMBANA) and regulated under the FDA, to provide this limited medical resource. HMBANA advances the field of nonprofit milk banking through member accreditation, development of evidence based practices and advocacy of breastfeeding and human lactation to ensure an ethically sourced and equitably distributed supply of donor milk. HMBANA provides accreditation to nonprofit milk banks in the US (28) and Canada (3) by setting international guidelines for pasteurized donor human milk ensuring that the process is evidence based and clinically sound. In addition, all American milk banks must comply with the Food Safety Modernization Act (FSMA) and register with the FDA as a food manufacturer bi-annually.

Outside of the hospital setting, access to donor milk is more limited. Donor milk is a limited medical resource and in order for more babies who would benefit from it to receive it, nonprofit milk banks will require additional support to expand their operations and raise awareness to encourage milk donations. This support would have a huge return on public health investment. According to the American Academy of Pediatrics, all children who receive breastmilk have significantly improved neurodevelopmental outcomes. Additionally, they have decreased the risk of many medical conditions including SIDS, asthma, celiac disease, Crohn's disease, diabetes, leukemia, childhood obesity, and better dental health. Promoting equitable access to safe, pasteurized donor milk when a mother's own milk is not available is critically important. Additionally, the use of donor milk rather than formula as a supplement when needed as a mother's milk supply is established has been demonstrated to show better breastfeeding outcomes overall. Breastfeeding itself contributes to maternal health benefits including decreased risk of certain cancers, type 2 diabetes, and hypertension. This bill takes us a big step in the right direction to providing equitable access to this resource.

I hope you will consider these important medical outcomes when evaluating this bill that would go a long way in improving maternal and infant outcomes in our state and potentially lead the way for other states to follow.

Thank you for the opportunity to speak on behalf of SB 175. I can take any questions you may have at this time as well as any questions you may have in the future. (pjolc@comcast.net, 603-770-0089)

respectfully Submitted,
Paula Oliveira RN, IBCLC



February 8, 2023

Good morning Chairwoman Birdsell and Committee members:

- My name is Joyce Kelly, and I am a resident of Laconia NH, a Registered Nurse and Co-Chair of the NH Breastfeeding Task Force. The NH Breastfeeding Task Force is in support of SB 175. This comprehensive bill provides health promotion & support to families specifically for lactation, breastfeeding and the importance of human milk. The NH Breastfeeding task force is an educational nonprofit and is the recognized state breastfeeding coalition of the United States breastfeeding committee. Our mission is to- promote, protect and support breastfeeding through education, outreach and advocacy. We work as an organization to educate and advocate for policies that support breastfeeding families and the professionals that assist those families. We have members throughout the state, many of whom work in our NH hospitals but also community settings, public health settings and higher education. Breastfeeding is a factor that can reduce childhood illness, infections and even maternal conditions such as heart disease and breast cancer. It is worth noting that while commercial infant formula is a safe alternative to breast milk and thankfully, we have it, the benefits of breastfeeding across the population is an important piece in public health and healthy outcomes for our children. Breastfeeding support is even more important for children living in poverty or affected by other social determinants of health because the research tells us those moms have lower breastfeeding rates.
- SB175 includes language for coverage of doula services and reimbursement for visits by a lactation consultant who is internationally board certified (IBCLC) as well as workplace protections for moms wishing to pump after returning to work. Coverage of donor human milk for families is important for achievement of successful breastfeeding in some instances, and the health of the infant. All of the bill components will support vulnerable families in achieving improved breastfeeding and improved health long term.
- Many parents struggle with achieving their breastfeeding goals after they go home. Support after discharge can be sparse or nonexistent. Reimbursement for lactation visits with a board-certified lactation consultant will improve access to care and is money well spent upfront to avoid early weaning or more complex medical conditions for vulnerable families.
- The Task Force has been involved in the NH legislative process for the past several years specifically regarding workplace protections for breastfeeding employees. We have collaborated with stakeholder groups including the Department of Labor as well as the NH Business and Industry Association in order to include language that was supportive and addresses the needs related to workplace breastfeeding support. We believe the language is responsive to the need, as well as being comprehensive and a value add for both employers and employees. As you probably know the Federal PUMP Act was passed recently which expanded workplace protections to cover all breastfeeding employees regardless of worker category as previously hourly workers were covered. While this is an important step, we chose to define reasonable break time of approximately 30 minutes every three hours in a workday because #1 it is physiologically what a woman's body needs to maintain milk supply when expressing milk while away from their baby, and #2 because we have received many inquiries over the years from NH businesses and human resource professionals asking, "What is reasonable for a new mom to express milk during the workday?" Please note, the bill includes language that allows an employer and employee to agree to different terms, such we believe allows the flexibility NH employers want. While

we have chosen to define reasonable break time, there is variability from mother to mother and often based on age of the infant, with the need for milk expression often becoming less over time as the baby gets older. This bill does not necessarily require an employer to undertake the construction of a room solely for the purposes of milk expression. It may be a temporary space. The NH bill requires employers to develop a workplace breastfeeding policy. This reduces employee barriers to them expressing milk at work as something is already established. The NH bill also goes a bit further stating that the space must be available a reasonable distance away and suggests an outlet and a chair be available.

- The NH Breastfeeding Task Force has received funding in the past several years to work with businesses to implement workplace breastfeeding programs for employees. We have set up workplace lactation programs in over 45 NH small businesses and believe that the further definitions in this bill can support families more and clarify some components for employers.

I am happy to take any questions or clarify any of my testimony. Thank you very much for allowing me to speak in support of SB175.



Joyce Kelly MPH, BSN, RN
New Hampshire Breastfeeding Task Force Co-Chair
PO Box 9314
Concord, NH 03302
nhbreastfeeding@gmail.com



DIOCESE OF MANCHESTER

February 8, 2023

Senator Regina Birdsell, Chair
And Members of the Senate HHS Committee
Legislative Office Building
Concord, NH 03301

Re: **SB 175 (Medicaid for Mothers)**

Dear Senator Birdsell and Members of the Committee:

As the Director of the Office of Public Policy of the Roman Catholic Diocese of Manchester, and on behalf of Bishop Peter Libasci, I write to respectfully register our **support for SB 175**, which would provide needed Medicaid assistance to new mothers. In particular, I would like to address the provisions of the bill that would extend postpartum Medicaid benefits to 12 months – something which is supported by Catholic Bishops around the country precisely because it is a pro-life policy.

When the Diocese of Manchester reviews a piece of legislation, our inquiry begins with a look at how the bill affects human dignity and the common good, the two principles which are at the heart of Catholic Social Teaching, and which of course are also the foundation stones of the body politic established by the state and federal constitutions. *See* NH Const. Part 1 Art.1 (government is “instituted for the general good”). We think that SB 175 unquestionably advances those principles.

Anyone who has been a parent or who simply knows a new mother can testify to the challenges of the first year of motherhood, and those challenges obviously are all the greater for mothers who are in financial need. SB 175 is an important way to support these new mothers (and indirectly their babies) at an especially critical juncture in their lives. As I think the proponents of this postpartum policy proposal have shown, the extending of postpartum Medicaid coverage will provide critical public health benefits to this cohort of new mothers, especially in areas like behavioral health and substance misuse.



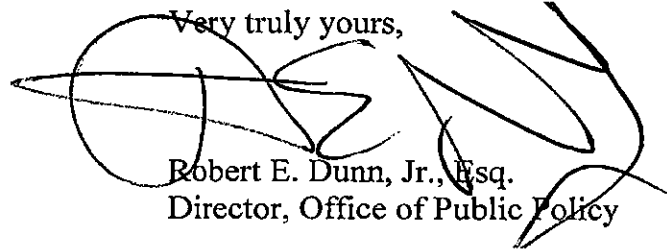
DIOCESE OF MANCHESTER

The family is the keystone of our society, and there are few ways that we can better serve the common good than by prioritizing the needs of mothers and their babies. Each mother whose health and well-being can be impacted by the postpartum and other provisions of this bill translates into at least one more mother and at least one more child with prospects for a better future than what otherwise would have been in store for them.

Therefore, I respectfully ask that you recommend ought to pass on SB 175.

Thank you as always for your kind consideration of our views.

Very truly yours,



Robert E. Dunn, Jr., Esq.
Director, Office of Public Policy



new hampshire
WOMEN'S FOUNDATION

To: Chair Birdsell and the Senate Health and Human Services Committee

Re: Testimony in Support of SB 175, (relative to Medicaid coverage for mothers, or MOMnibus)

Date: February 8, 2023

Position: OUGHT TO PASS

The New Hampshire Women's Foundation invests in equality and opportunity for New Hampshire women and girls through research, education, advocacy and grantmaking.

New Hampshire moms deserve access to safe, healthy, and equitable maternal and postpartum care. Prenatal, postnatal and the year after birth are crucial times for physical and mental health care, and investment in care for Granite State families during this time period will save lives and dollars in uncompensated care and increase health among both mothers and their children. Therefore, the New Hampshire Women's Foundation respectfully encourages the Committee to recommend this bill Ought to Pass.

Postpartum is a Crucial Time for Women to Have Access to Health Care

New Hampshire has long recognized the importance of providing preventive, acute and birth care for pregnant women. But women and birthing people need access to postpartum care longer than two months, and need access to maternal health services that meet their needs. There is an increasing rate of maternal mortality in the US with disparities by race and ethnicity.¹ Access to care would reduce maternal mortality.² Low-income and uninsured women are less likely to be treated for maternal depression.³ Providing Medicaid 12 months postpartum would save lives and have meaningful impact on this population as well as their families and communities.

A 2019 CDC Review of 14 U.S. Maternal Mortality Review Committees⁴ over 10 years found:

- 66% of pregnancy-related deaths were preventable
- 24% of pregnancy-related deaths were 43–365 days postpartum
- 9% of pregnancy-related deaths had an underlying cause of mental health condition (15% for Non-Hispanic White Women)

¹ "Preventing Pregnancy-Related Deaths." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 20 Sept. 2021, <https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html>.

² Searing, Adam, et al. "Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies." *Center For Children and Families*, 17 June 2019, <https://bit.ly/2JPfa9N>.

³ Schmit, Stephanie, and Anitha Mohan. "Maternal Depression and Medicaid - Clasp." *Medicaid Changes Would Spell Trouble for Maternal Depression Screening, Treatment*, CLASP, Apr. 2017, <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/Maternal-Depression-and-Medicaid.pdf>.

⁴ Davis NL, Smoots AN, Goodman DA. *Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019.

A 2018 MA academic journal article found:

- Of women who had overdoses in the year before delivery, relapse overdoses we were most likely to occur 7–12 months after delivery⁵

Maternal Health Care is a Wise Investment

Preventive care is much less expensive than emergency care. Low-income women who qualify for Medicaid during pregnancy may work in lower-wage jobs that do not offer health insurance at an affordable price, and they may not be able to afford marketplace insurance in addition to the new expenses of caring for an infant. When women face an emergency situation postpartum, and are uninsured, it leads to uncompensated emergency care at our community hospitals. In addition, when women are given access to preventive and supportive care during pregnancy and postpartum, they are less likely to have emergent health needs in the first place. The benefits of investing in women's maternal health care are felt by the entire health system of our communities.⁶

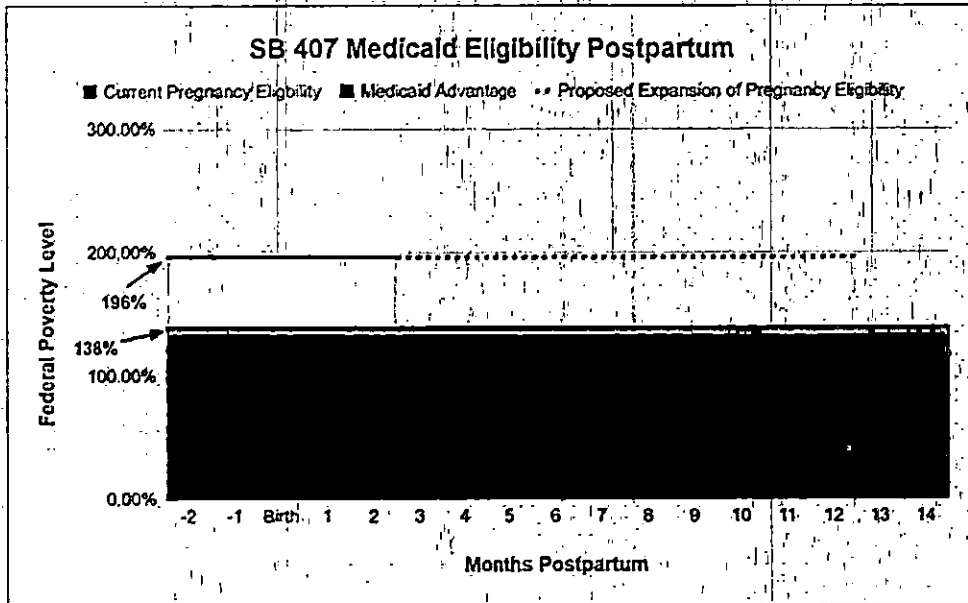
Conclusion

The MOMnibus bill provides crucial access to maternal health care and services that meet the real needs of New Hampshire women and mothers. These investments will lead to better health outcomes for women, mothers and families, and smarter investments for Granite State communities. We urge you to recommend this bill Ought to Pass.

⁵ Schiff DM, Nielsen T, Terplan M, Hood M, Bemson D, Diop H, Bharel M, Wilens TE, LaRochelle M, Walley AY, Land T. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet Gynecol*. 2018 Aug;132(2):466-474. doi: 10.1097/AOG.0000000000002734. PMID: 29995730; PMCID: PMC6060005.

⁶ Haley, Jennifer, and Emily Johnston. "Closing Gaps in Maternal Health Coverage: Assessing the Potential of a Postpartum Medicaid/Chip Extension." *Closing Gaps in Maternal Health Coverage: Medicaid/CHIP Extension | Commonwealth Fund*, The Commonwealth Fund, 29 Jan. 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/jan/closing-gaps-maternal-health-postpartum-medicaid-chip>.

Understanding the CMS Option to Extend the Coverage Time for this Eligibility Group



Who Does This Provide Care For?

Household Size	2022 Federal Poverty Level	
	138% (Medicaid Advantage)	196% (Pregnancy Elig.)
Family of 2	\$25,267	\$35,887
Family of 3	\$31,781	\$45,138
Family of 4	\$38,295	\$54,390
Family of 5	\$44,808	\$63,651

Occupation	Entry Level Median Salary	Total Median Salary
Food Preparation and Servers	\$19,160	\$26,000
Childcare Workers	\$19,900	\$25,780
Retail Sales Workers	\$21,560	\$27,640
Emergency Medical Technicians and Paramedics	\$25,180	\$36,020
Office and Administrative Support Workers	\$29,040	\$40,260
Substance Use and Mental Health Counselors	\$32,540	\$42,120

Source: New Hampshire Employment Security, Economic and Labor Market Information Bureau, "New Hampshire Occupational Employment and Wages," June 2021.
<https://www.nhes.nh.gov/elmi/products/documents/wages-state.pdf>

February 1, 2023

The Honorable Regina Birdsell, Chair
Senate Health and Human Services Committee
Legislative Office Building, Room 101
Concord, NH 03301

RE: New Futures' Support for SB 175 ~~_____~~

Dear Chair Birdsell, and Honorable Members of the Committee:

New Futures appreciates the opportunity to offer support of SB 175. New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. As New Hampshire's authorized Kids Count organization, New Futures also advocates for data-based policies that support Granite State families.

New Futures stands in strong support of SB 175 because it aims to provide critical supports for moms and children in New Hampshire. Specifically, SB 175 proposes to extend Medicaid coverage for pregnant women to one year postpartum. It also would cover supports such as doulas, lactation services, donor breast milk, services through family resource centers and children's behavioral health supports for an estimated 3,800 women a year who receive maternity services under Medicaid annually. In addition to the Medicaid provisions, SB 175 also includes workplace protections for nursing mothers, creates advisory boards and certification processes for doulas and lactation service providers, and establishes a commission to study universal home visits for newborns and young children.

The family resource centers to which this bill refers applies to a specific network of community-based, non-profit organizations located throughout the state; all of which provides an array of family strengthening programs and supports such as home visiting, parent education, Kinship Navigation, Resource Navigation, youth programs, play groups, early supports and services, developmental screening, childcare, and concrete supports among others. The interventions, resources, and community found at FRC's are a critical part of the infrastructure necessary to support healthy maternal, child and ultimately – family outcomes.

Mental health problems can and do occur in young children. Toxic stress that is introduced during early childhood can increase the likelihood of mental health problems later in life. One way to mitigate the impact of toxic stress and lay a healthy foundation for mental health during early childhood is to utilize the expertise of Infant and Early Childhood Mental Health (IECMH) Consultants. IECMH consultants use a prevention-based approach to develop relationships with adults and caregivers in young children's lives to strengthen skills to support healthy social and emotional development of children. Research suggests that introduction of an IECMH consultant to a family has significant impacts including missing less work and school, improved parent-child interactions, and improved social-emotional wellbeing for children. Ensuring that Granite State families have access to this important resource will give them the best possible opportunity for stable mental health foundations.

SB 175 is an important step in creating a strong foundation and a bright future for all New Hampshire's children and families. For these reasons, New Futures urges the committee to vote SB 175 Ought to Pass.

Respectfully submitted,



Rebecca Woitkowski, Esq. Kids Count Policy Director



NAMI
National Alliance on Mental Illness

NAMI New Hampshire

February 8, 2023

Honorable Chair Regina Birdsell
Senate Health and Human Services Committee
Legislate Office Building Room 101
North Main St., Concord, NH 03301

RE: NAMI NH Support of SB175

Dear Chair Birdsell and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in support of SB 175, relative to Medicaid coverage for mothers.

The United States is the only industrialized nation with a maternal mortality rate that is on the rise, increasing 26 percent between 2000 and 2014. An increasing number of maternal deaths, defined as deaths during pregnancy and up to 365 days after, are occurring in the postpartum period. Data from the Centers for Disease Control and Prevention show that about one-third of all pregnancy-related deaths happen one week to one year after a pregnancy ends.¹ According to the NH 2021 Annual Report on Maternal Mortality, half of the state's maternal deaths occurred six to twelve months postpartum. With a growing number of maternal deaths occurring in the postpartum period, keeping women covered through Medicaid is critically important. Research concludes that extending coverage improves health outcomes. Specifically, postpartum women who have continued coverage through Medicaid experience 1.6 fewer maternal deaths per 100,000.² It is critical that during this time all moms have insurance coverage for any necessary physical and mental health treatment, including low-income moms who are on Medicaid during their pregnancy.

One of the most prevalent illnesses facing postpartum moms is depression. According to America's Health Rankings, 11.2 percent of New Hampshire women with a recent live birth reported experiencing depressive symptoms. In 2020, nearly one-quarter of all births in New Hampshire were billed to Medicaid. Therefore, many women in New Hampshire would benefit greatly if Medicaid coverage was extended through the first-year post birth.

The children of women who experience postpartum depression are also affected. Research has demonstrated an association between postpartum depression and delayed cognitive and language development, disorganized or insecure attachment, higher rates of behavioral problems, and

¹ "It's Past Time To Provide Continuous Medicaid Coverage For One Year Postpartum", Health Affairs Blog, February 6, 2020.

² Ibid.

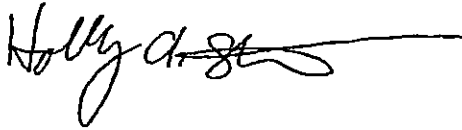
Find Help, Find Hope.

NAMI New Hampshire • 85 North State Street • Concord, NH 03301
InfoLine: 800-242-6264 • Tel. 603-225-5359 • Fax 603-228-8848 • info@naminh.org / www.NAMINH.org

lower grades. There is also a documented link between postpartum depression and higher rates of depression in children during the latter teen years.³

Since both post-partum women and their children would benefit from continuing Medicaid coverage through the first year after birth, NAMI NH urges the committee recommend ought to pass for SB175.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.

³ Association of persistent and severe postnatal depression with child outcomes. *JAMA Psychiatry*. 2018;75(3):247-253.

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American Heart Association.
You're the Cure

American Heart Association
2 Wall Street | Manchester, NH 03101

February 8, 2023

Senate Health and Human Services Committee
Re: SB 175, relative to Medicaid coverage for mothers

Chairwoman Birdsell and Members of the Committee;

On behalf of the American Heart Association, the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, I am providing testimony in support of **SB 175 relative to Medicaid coverage for mothers.**

Cardiovascular disease (CVD) is the leading cause of death among women in the U.S. accounting for about 1 in every 3 deaths, as well as the leading cause of maternal death, posing a threat to women's heart health during pregnancy and later in life. Maternal mortality has been a growing health crisis in the United States for decades. Two of every three pregnancy-related deaths are preventable, and these deaths are increasing at an alarming rate, with major inequities for people of color and those in rural areas.

Medicaid plays an important role in improving maternal and perinatal outcomes. Timely postpartum visits provide an opportunity to address chronic and pregnancy-related health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; and substance use disorders.

Extending Medicaid coverage from 60 days postpartum to 12-months of continuous coverage after the end of pregnancy ensures that pregnant individuals with low incomes and those at high-risk of continued morbidity in the postpartum period will have continued access to needed medical care.

- More than one-third of maternal deaths occur in the postpartum period and cause-specific mortality from CVD is highest in the 42-365 days postpartum¹
- Individuals with chronic medical conditions and those that develop adverse pregnancy outcomes, particularly those with hypertensive disorders of pregnancy (HDP), need close clinical monitoring as new diagnosis of chronic hypertension after pregnancy often cannot be made until far beyond the typical 6 weeks postpartum follow-up period.
 - 10% of all pregnancies are affected by HDP which includes gestational hypertension and pre-eclampsia, and women who experience HDP are on average twice as likely to develop CVD later in life.

¹ Petersen EE, Davis NL, Goodman D, Cox S, Mayes N, Johnston E, Syverson C, Seed K, Shapiro-Mendoza CK, Callaghan WM and Barfield W. Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. *MMWY Morb Mortal Wkly Rep.* 2019;68:423-429.

- Multiple visits and extended monitoring may be required for women recovering from c-sections, those with lactation difficulties, and those with CVD and co-morbidities including substance use disorders, and postpartum depression.²

Policies should ensure access to comprehensive postpartum care that includes a full assessment of physical, social and psychological well-being³ including the following domains:

- Mood and emotional well-being;
- Infant care and feeding;
- Sexuality, contraception, and birth-spacing
- Sleep and fatigue;
- Physical recovery from birth;
- Chronic disease management;
- Health maintenance in patients with cardiometabolic risk factors

The American Heart Association is working to empower women during their reproductive years to reduce their cardiovascular risk resulting in healthier moms and healthier families. We are working to decrease the maternal mortality rate, ultimately improving health and reducing cardiovascular risks for women, while addressing the underlying issues that contribute to an inequitable system of care. In September 2021, the Association issued a Policy Statement: "Call to Action: Maternal Health and Saving Mothers".⁴ SB 175 addresses important steps within this Call to Action by advocating for the extension of Medicaid coverage to 12 months postpartum.

Thank you for your consideration of my testimony on SB 175. Please do not hesitate to reach out to me at nancy.vaughan@heart.org with any questions.

Submitted by,

Nancy Vaughan
Director of Government Relations
American Heart Association
603-566-5658

² Committee on Obstetric P. The American College of Obstetricians and Gynecologists Committee Opinion no. 630. Screening for perinatal depression. *Obstet Gynecol.* 2015;125:1268-71.

³ ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol.* 2018;131:e140-e150.

⁴ *Circulation.* 2021;144:e251-e269. DOI: 10.1161/CIR.0000000000001000. www.ahajournals.org/journal/circ



Cardiovascular Disease and Maternal Health

CARDIOVASCULAR DISEASE AND MATERNAL HEALTH

Despite the decrease in maternal mortality worldwide, the maternal mortality rate continues to rise in the United States. The U.S. has the highest maternal mortality rate in the developed world, with an estimated 700 women dying each year from pregnancy-related complications and three in five pregnancy-related deaths being preventable.¹ Cardiovascular disease (CVD) is the leading cause of death among women in the U.S. accounting for about 1 in every 3 female deaths, as well as the leading cause of maternal death in the U.S., posing a threat to women's heart health during pregnancy and later in life.^{1,2}

An estimated 30% - 40% of pregnant women have at least 1 factor that can lead to long-term health problems, and 20% - 30% carry a predictor of CVD disease risk.³ It is estimated that CVD is present in 1% - 4% of the nearly 4 million pregnancies in the U.S. each year, with heart disease and stroke accounting for more than 1 in 3 (34%) of pregnancy related deaths.^{1,4} The metabolic demands on the mother's heart during pregnancy can often expose underlying or silent cardiac issues, which is why pregnancy is often referred to as nature's stress test. The early identification of CVD could prevent at least a quarter of maternal deaths.⁵ Moreover, significant disparities in maternal care and outcomes persist across race, ethnicity, geography, income, and other sociodemographic factors, in addition to systemic inequities that pose access barriers to care and exacerbate poor maternal health outcomes in the U.S.



As the nation's oldest and largest voluntary health care organization dedicated to reducing death and disability from CVD, the American Heart Association (AHA) has an obligation to be part of the dialogue and solutions that support equitable improvements in cardiovascular and maternal health.

CARDIOVASCULAR DISEASE RISK FACTORS

- 10% of all pregnancies are affected by hypertensive disorders of pregnancy (HDP) which includes gestational hypertension and pre-eclampsia, and women who experience HDP are on average twice as likely to developing cardiovascular disease later in life.⁶
- Pregnant women who experience gestational hypertension are at greater risk for developing hypertension, stroke, CVD, and type 2 diabetes later in life.⁷
- Women who experience pre-eclampsia during pregnancy are four times more likely to develop hypertension and three times more likely to develop type 2 diabetes mellitus later in life.⁸
- Research suggests that women who enter pregnancy obese have more than six times greater odds of developing gestational hypertension compared to women who enter pregnancy at an ideal weight.⁹
- Women who suffer from gestational diabetes have a 7-fold increased risk for future cardiovascular disease later in life.¹⁰

DISPARITIES IN MATERNAL HEALTH OUTCOMES

- Black and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications in comparison to their white counterparts.¹¹
- Among Black women, cardiomyopathy and other cardiovascular conditions are among the two leading underlying causes of maternal mortality.¹¹
- An estimated 40% of all U.S. counties, mainly rural, lack a qualified childbirth provider (obstetrician, midwife, or family physician).¹²

FACT SHEET: Maternal Health

- Rural women face higher maternal mortality rates (29.4 maternal deaths per 100,000) in comparison to urban women (18.2 maternal deaths per 100,000).¹³
- An estimated 42.3% of all births in the U.S relied on Medicaid in 2018.¹⁴
- Women over the age of 35 have 1.2 times the risk of developing pre-eclampsia.¹⁵ Women aged 40 or older are 30 times more at risk of heart-disease related maternal death compared to women younger than 20 years.⁵
- Incarcerated pregnant women are more likely to face barriers to access to regular and immediate quality care, as there is a lack of standardization and requirements for OB/GYN services.¹⁶
- The most common substances used during pregnancy are tobacco, alcohol, and other illicit substances (marijuana, opioids, and cocaine). According to the 2017 National Survey on Drug Use and Health, 14.7% of pregnant women use tobacco products, 11.5% of pregnant women use alcohol, and 8.5% of pregnant women use illicit drugs.¹⁷
- A recent CDC study found that from 1999 to 2014 the number of pregnant women suffering from opioid use disorder at the time of delivery has quadrupled.¹⁸

AHA ADVOCATES

In 2021, AHA published a policy statement offering several recommendations for policy approaches to improve maternal health outcomes and ultimately save mothers' lives. The causes and contributors to maternal morbidity and mortality are multifactorial and complex, requiring broad, innovative, and sustainable solutions that prioritize health equity, and support the provision of quality, affordable, patient-centered care before, during, and after pregnancy, regardless of race, ethnicity, income, or geography.

- Extend Medicaid coverage for birthing parents to 12-months postpartum and continue to support the advancement of Medicaid expansion in all 50 states.
- Enhance care coordination among members of the cardio-obstetrics team, including primary care providers, OB/GYNs, cardiologists, and other specialists to facilitate better assessment of patient risks and needs, and prompt intervention where necessary.
- Awareness of heart disease and cardiovascular disease risk factors among all women, particularly those of reproductive age, should be improved.
- Efforts to promote cultural awareness and reduce bias within the health system should be supported.
- Strengthen public health infrastructure and improve the health system's ability to research and respond to social and structural determinants of health.
- Leverage technology to better track and report patient data, including data regarding sex, race, ethnicity, SDOH, and maternal outcomes.
- Transform payment for maternal care in a way that prioritizes quality improvement and the provision of underutilized, high value-services such as maternal health education and home visits, and mitigates the overuse of certain pregnancy and delivery related services such as elective c-sections for low-risk pregnancies.
- Explore the implementation of evidence-based models of care like pregnancy medical homes and other value-based payment models, and support adequate reimbursement for providers, services, and facilities that have been proven to contribute to positive maternal health outcomes such as licensed and accredited birth centers, midwifery care, and doulas.¹⁹

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February 8, 2023

Dear Chairperson Birdsell and members of the Health and Human Services Committee,

My name is Dellie Champagne and I am a mom. One can be born with a mental illness or one can acquire a mental illness at any time during their life. My son was born with his mental illness. We knew early on that something wasn't right.

I was an award winning teacher who could not go back to work after his birth – my husband and I knew our local child care centers would not be able to meet his needs for 40 plus hours a week. We did send him to a private preschool for five hours a week and the teachers struggled to help him. We moved to another preschool. It became evident that our child care providers/teachers were not trained or equipped to help my son. Today, the numbers are growing. I sit on the Oversight Commission for Children's Services and have listened to many professionals share staggering numbers of how many infants and young children are affected by mental illness – many experiencing trauma. The information Dr. Cassie Yackley shared with us turned my stomach. It was hard to hear how many NH children are experiencing trauma.

I am so thankful to you all for strengthening the Children's System of Care in 2019 with the passage of SB 14. But we need to keep improving the system. We need more trained professionals who understand the needs of infants and children with mental health challenges. The provision in this bill that addresses children's behavioral health will help to strengthen this poorly supported part of the system. Additionally, I am the children's subcommittee chair of the Behavioral Health Planning and Advisory Council. The council is responsible for helping to direct the block grant dollars that come into the state usually every other year. When I took over as chair, I learned that only 10% of the dollars go toward children's programs. The average around the country is 36% going to children. My committee and I are working hard to change this equation, but because there is such great need in the adult system, we are fearful that the 10% number will continue, or lessen. We need support for our young children and the people that provide for them. I urge you to vote for SB 175 so that our children can have their mental health needs addressed and treated at an early age.

Sincerely,

Dellie Champagne

Bubblyfam@gmail.com

603 496-8660

February 8, 2023

Dear Senator,

I am a doula and childbirth educator that works directly with expectant and new parents in New Hampshire. I am also an experienced biomedical researcher with a PhD and Masters in Public Health (MPH). From my work in supporting families in New Hampshire, I know the tremendous impact that doula care can have on the physical and emotional well-being of birthing people before, during, and after childbirth.

I am writing in support of bill SB-175. This bill would increase access to important maternal health services, including doula care and lactation support.

Doulas are professional, trained practitioners who are essential members of the maternity care team. They provide culturally appropriate and continuous social, informational and physical support during labor, birth, and early postpartum. Birthing families hire doulas to provide emotional, physical, and informational support before during, and after birth. Each of our clients hire us for their own personal reasons, which vary widely. Many have a history of anxiety, trauma, negative birth experiences, concern with the medical system, fear of powerlessness, or discrimination. Many hire us because they are also very informed on the clear evidence supporting the benefits of doula support. Without Medicaid-supported coverage of doula care, some of our most vulnerable populations are left without this essential care, exacerbating existing inequities.

As acknowledged by American Academy of Obstetricians and Gynecologists, "Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor."ⁱ There is well-established evidence on the benefits of doula care as well as its potential impact on improving health equity for at-risk populations.^{iiiiiv} With the country's alarmingly high rates of maternal mortality, and the undeniable health disparities affecting Black, Native American and other minority populations,^v we need to do everything we can to address these inequities and support affected populations. During the pandemic, birth outcomes continued to be drastically impacted, and inequities have only been exacerbated.^{vi} In a time of heightened anxiety and increasing disparities, the security and support doulas provide is critical and should be support via Medicaid coverage, and introduced in this bill.

Therefore, I urge you to vote in favor of SB-175.

Sincerely,

Mary Etna Haac, MPH, PhD, ICCE, CD(DONA)

Respectfully submitted, February 8, 2023.

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SB 175

THE NH MOMNIBUS

A bill to improve maternal and infant health outcomes, expand the perinatal workforce, and help support New Hampshire working mothers and their families.

- **Extending Medicaid Postpartum Coverage from 60 days to 12 months**
 - Appropriation: \$300,000 for each fiscal year in the biennium
- **Medicaid Coverage of Doula Care**
 - OPLC certification
 - Doula Advisory Board
 - Appropriation: \$300,000 for each fiscal year in the biennium
- **Medicaid Coverage of Lactation Services**
 - OPLC Certification
 - Lactation Service Provider Advisory Board
 - Appropriation: \$300,000 for each fiscal year in the biennium
- **Medicaid Coverage of Donor Breast Milk**
 - Appropriation: \$250,000 for each fiscal year in the biennium
- **Workplace Protections for Nursing Mothers**
 - Senate Bill 69 from 2021
- **Funding for Family Resource Centers**
 - NH's network of Family Resource Centers are the frontline agencies supporting vulnerable families by connecting them to their communities and resources, and empowering them to be successful and resilient.
 - Appropriation: \$2,000,000 for each fiscal year in the biennium
- **Commission on Home Visiting**
 - To study how NH can reduce barriers, improve access, and create a system of voluntary home visiting programs for parents of newborns to improve maternal and child health wellness.
- **Early Childhood Mental Health Consultation**
 - To support trauma-informed early childhood mental health consultation to caregivers and child care settings, allowing children to remain in childcare and families in the workforce.
 - Appropriation: \$1,000,000 for each fiscal year in the biennium



Thank you, Madam Chairwoman and good morning members of the committee. For the record, my name is Rebecca Perkins Kwoka of district 21.

As a mom of two wonderful daughters, I know the unique challenges that face working families, especially those who recently welcomed a new member into their lives. Mothers disproportionately face barriers to re-enter the workforce post-pregnancy, and a chief one being able to nurse and care for their child.

Workplace lactation programs have been shown to increase breastfeeding among working mothers who are planning to breastfeed, which benefits both the mother and the baby. Breastfeeding protects babies and children from a host of acute and chronic diseases and has been shown to lower healthcare costs for mothers and their infants when compared to non-breastfeeding mothers. But not only that - it provides a real opportunity for employers to build loyalty, trust, and productivity with their employees, by enabling them to provide something so important to their child.

SB 175 would be crucial to addressing this by requiring certain employers, in a flexible manner, to provide access to a sufficient space and a reasonable break period for nursing mothers to express milk during working hours. This bill builds on years of work by my predecessor, Senator Martha Fuller Clark, and an incredibly strong and responsive coalition of stakeholders.

The bill ensures that employers provide reasonable break time and private, non-bathroom space for breastfeeding employees to pump during the work day, up to 1 year. A bathroom, even if private, is not a permissible location under the act—it must be shielded from view and free from intrusion from coworkers and the public.

In formulating this bill, we were also responsive to the needs of NH's small businesses. We added a definition for "undue hardship" at their request to ensure that small businesses under 50 employees can find a solution that's right for them. We also defined "reasonable break period" at the request of businesses and the language in the bill is consistent with the biological needs of a nursing woman—an "unpaid break of approximately 30 minutes for every 3 hours of work."

This bill is a WIN-WIN solution for the Granite State because it benefits babies, working mothers, businesses, and our economy. This bill helps keep mothers in the workforce, crucial given women make up a large majority of our civilian workforce and comprise more than two thirds of the essential workforce during the pandemic.

This is a reasonable bill with a uniquely NH solution. It's about creating access, not mandating space.

Thank you and I'm happy to take any questions.



ALPP
THE ACADEMY OF
**Lactation Policy
and Practice**

February 7, 2023

Dear Chair Birdsell, Vice Chair Avard and Members of the Committee,

My name is Ellie Mulpeter and I am the Director of the Academy of Lactation Policy and Practice (ALPP), a division of the Healthy Children Project, Inc. ALPP operates the Certified Lactation Counselor® (CLC®) certification program. I am testifying to express our support the underlying intent of SB175 relating to Medicaid coverage for mothers, but also a request to amend the current legislation to expand the coverage of lactation service providers to CLCs.

The CLC certification program “identifies a professional in lactation counseling who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical breastfeeding counseling and management support to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation”.¹ CLCs play an important role in providing lactation care and services in New Hampshire. As of today, there are 199 CLCs certified by ALPP providing vital lactation care and services in New Hampshire, including in rural and underserved counties. As of March 25, 2022, there are 95 IBCLCs providing the same services in New Hampshire.²

Knowledgeable and competent lactation support - provided by qualified lactation support providers such as IBCLCs and CLCs - is needed to increase rates of breastfeeding. It is well known that having access to qualified lactation care - regardless of the credential the provider holds - increases breastfeeding rates. Currently, 84.1% of women initiate breastfeeding, but many don't continue for as long or as exclusively as they'd hoped. In fact, by 6 months postpartum, only 58.3% were breastfeeding, and at 1 year postpartum, only 35.3% were breastfeeding.³ Breastfeeding support interventions using *both* IBCLCs and CLCs result in an increase in the number of women initiating breastfeeding, improved any breastfeeding rates, and improved exclusive breastfeeding rates.⁴ The Centers for Disease Control and

¹ Academy of Lactation Policy and Practice. *Certifications*. Available at: <https://www.alpp.org/certifications/certifications-clc>

² International Board of Lactation Consultant Examiners. *Statistical Report: Breakdown of Certified IBCLCs in the U.S. & Territories for 2022 (By State)*. Available at: https://ibclce.org/wp-content/uploads/2022/03/2022_March_25_IBCLCs_US_Territories.pdf

³ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. *National Immunization Surveys 2018-2019, among children born in 2017*. (2019). Available at: <https://www.cdc.gov/breastfeeding/data/facts.html>.

⁴ Patel S, Patel S. The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes. *Journal of Human Lactation*. 2016;32(3): 530-541.



ALPP
THE ACADEMY OF
Lactation Policy
and Practice

Prevention (CDC) and the United States Breastfeeding Committee (USBC) recognize the IBCLC and CLC credentials as qualified lactation care professionals.⁵⁻⁶

ALPP believes that expectant and breastfeeding families are best served when lactation care options are expanded, rather than restricted. To increase access to care, ALPP supports reimbursement for all qualified providers of lactation care and services based on certification by an accredited agency. Both the CLC and IBCLC certification programs are accredited by nationally recognized accreditation agencies. The CLC certification program is accredited by the American National Standards Institute (ANSI), while the IBCLC certification program is accredited by the National Commission for Certifying Agencies (NCCA). Our approach is consistent with the *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services* ("Model Policy") issued by the United States Breastfeeding Committee ("USBC") and the National Breastfeeding Center ("NBfc"). The *Model Policy* recommends that "approved lactation care providers" be eligible for reimbursement and defines "approved lactation care providers" to include:

those who ... have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and American National Standards Institute (ANSI).⁷

Under this definition, both CLCs and IBCLCs would be eligible for reimbursement as approved lactation care providers.

We support the efforts of the New Hampshire legislature, Senator Whitley and other co-sponsors to expand Medicaid support for breastfeeding families. However, our concern with Proposed Bill SB175 is that the Bill limits licensure and Medicaid reimbursement to IBCLCs only. We request that the Committee consider the expansion of the scope of licensure and Medicaid reimbursement to include CLCs. Doing so will increase access to care and provide New Hampshire families with options to choose the lactation care and services most appropriate to their circumstances.

We appreciate your consideration of our concerns and would welcome the opportunity to speak with you regarding this legislation further. Thank you for your time.

⁵ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion (2016). 2016 Breastfeeding Report Card. Retrieved from www.cdc.gov/breastfeeding/data/reportcard.htm

⁶ United States Breastfeeding Committee. "Lactation Support Provider Training Directory." Retrieved from: <http://www.usbreastfeeding.org/page/trainingdirectory>

⁷ *Id.* Model Policy at 8, n8.



ALPP
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**Lactation Policy
and Practice**

Sincerely,

Ellie Mulpeter

Ellie Mulpeter, MPH, CLC

Director, Academy of Lactation Policy and Practice

P: (508) 833-1500

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2/6/23

SB 175

Christine Arsnow, MD

My name is Christine Arsnow, MD. I am a pediatrician and mother of 3 children and secretary of the NH chapter of the AAP. I support SB 175-FN relative to Medicaid coverage for mothers. This bill supports mothers. My testimony focuses on the aspects of postpartum doula services, breastfeeding and acquisition of donor breast milk for infants who qualify.

Doula services surrounding childbirth help support new mother-infant dyads. A few small randomized trials of doula versus non-doula care have been performed and reported favorable effects on various aspects of labor, birth, and newborn care. A meta-analysis of randomized trials that compared continuous one-on-one labor support with usual care reported numerous improvements in pregnancy outcome (such as increased number of vaginal births compared to c sections and improved 5 minutes Apgar scores) and no harms. These benefits are particularly helpful to individuals who have less support from family and friends.

Breastfeeding is beneficial to society for many reasons. Evidence suggests that infants breast fed for the first 6 months of life have lower rates of gastrointestinal and respiratory disease. Women who have breast fed have lower rates of breast, ovarian and endometrial cancer. Breastfeeding mothers delay ovulation and are less likely to become unexpectedly pregnant. Breastmilk is less expensive than formula. Not every parent is able to breast feed. For those who can, breastfeeding is a privilege available only to those with the means to fit breaks into their schedule. This bill would empower mothers in hourly or service based jobs to take breaks as well.

Donor breast milk has been shown to reduce rates of necrotizing enterocolitis (a potentially fatal intestinal infection) in premature babies and help establish healthy intestinal flora. For these reasons, the American Academy of Pediatrics (AAP) recommends human milk, either mother's own or pasteurized donor milk, for all premature infants born weighing less than 1500 grams.

For all of these reasons I support SB 175 FN and the expansion of Medicaid coverage for mothers. Thank you.

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State Medicaid Approaches to Doula Service Benefits

Maternal mortality rates continue to increase in the United States, with significant racial, ethnic, and socioeconomic disparities in birth outcomes. States are using a variety of approaches to provide doula services within their Medicaid programs to address inequities.

Doulas provide continuous physical, emotional, and information support to people before, during, and shortly after childbirth. Current evidence suggests that pregnant people who receive doula care are more likely to have a healthy birth outcome and a positive birth experience. Because of these improved outcomes there is the potential for cost-savings over time for state Medicaid programs. States are increasingly seeking federal authorization to provide doula services as an optional benefit under their state Medicaid programs to pregnant beneficiaries.

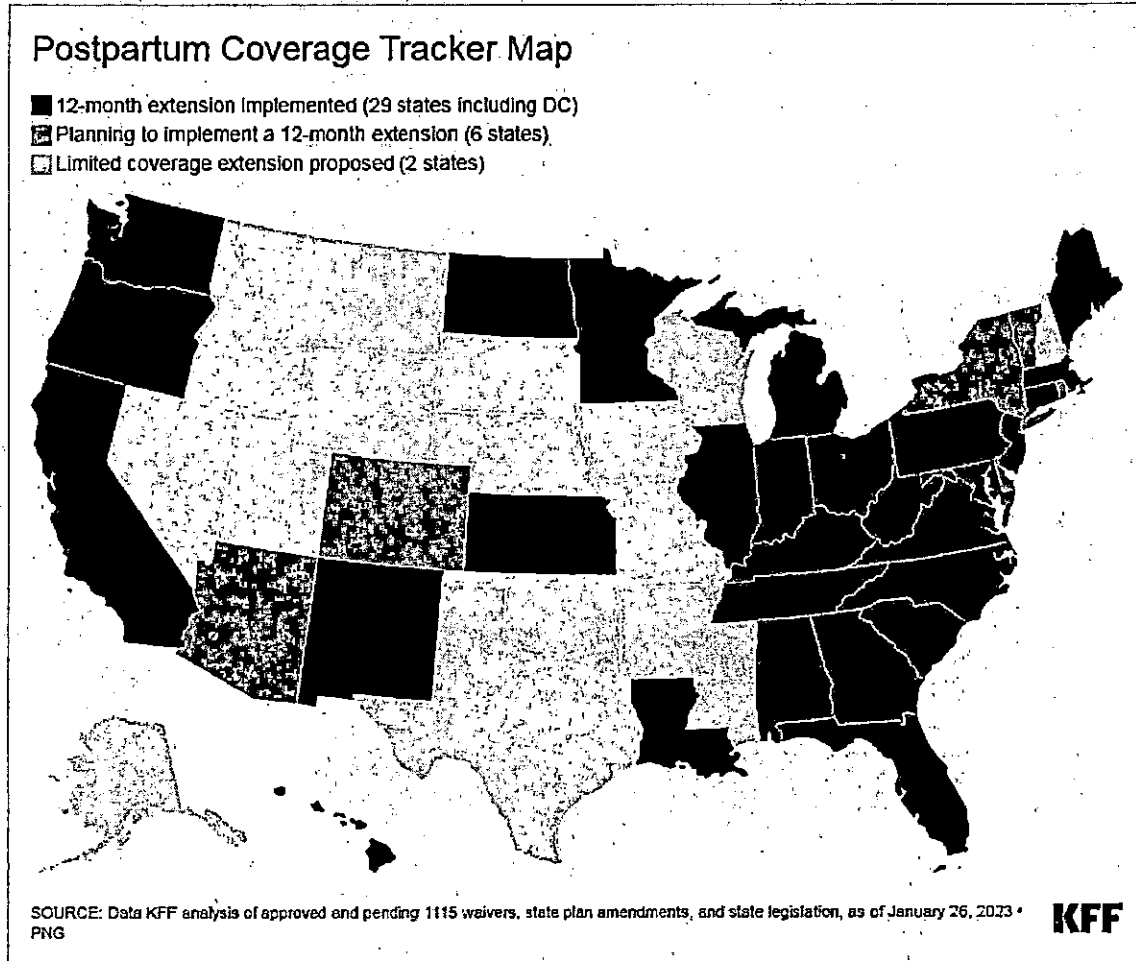
This chart highlights key components and features of states' Medicaid doula benefits as of January 3, 2022. Please contact Taylor Platt (tplatt@nashp.org) with updates or questions.

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
Minnesota	<ul style="list-style-type: none"> State Plan Amendment Effective Date: July 1, 2014 Benefit Category: Extended Service 	<ul style="list-style-type: none"> Complete a <u>state-approved doula training</u> <u>Register</u> on the state's doula registry (requires an application and fee) 	<ul style="list-style-type: none"> Fee-for-service (FFS) The reimbursement rate is: <ul style="list-style-type: none"> \$47 per prenatal or postpartum visit and \$488 for labor and delivery; and Covers up to <u>seven sessions</u>, including labor and delivery 	<ul style="list-style-type: none"> Doulas may not practice or bill independently A supervising physician, nurse practitioner, or certified nurse midwife must <u>bill and supervise</u> all doula services
New Jersey	<ul style="list-style-type: none"> State Plan Amendment Effective Date: January 1, 2021 Benefit Category: Preventive Service 	<ul style="list-style-type: none"> Complete a <u>state-approved doula training and requirements</u> Enroll as a Medicaid provider 	<ul style="list-style-type: none"> FFS The reimbursement rate is: <ul style="list-style-type: none"> \$900 for up to eight visits and labor support (standard doula care); \$1,166 for up to 12 service visits and labor support (enhanced doula care for pregnant beneficiaries age 19 or younger); and Includes \$235 flat rate for attendance during delivery \$100 value-based incentive payment if specific postpartum services provided within six weeks of delivery 	<ul style="list-style-type: none"> Doulas may: <ul style="list-style-type: none"> Practice and bill independently; OR Join a provider agency or clinic and bill independently; OR Enroll as a managed care organization (MCO) provider
Oregon	<ul style="list-style-type: none"> State Plan Amendment Effective Date: May 1, 2017 Benefit Category: Preventive Service 	<ul style="list-style-type: none"> Complete a <u>state-approved doula training and requirements</u> <u>Register</u> on the state's doula registry (requires an <u>application</u>) Obtain certification as a <u>Traditional Health Worker</u> (requires an application) Enroll as a Medicaid provider 	<ul style="list-style-type: none"> Global payment (except in extenuating circumstances) The reimbursement rate is either: <ul style="list-style-type: none"> A \$350 global payment for a package including at least two prenatal visits and two postnatal visits and labor support; OR \$50 per visit for up to four maternity visits and \$150 for labor support, if the doula cannot complete the global package. 	<ul style="list-style-type: none"> Doulas may: <ul style="list-style-type: none"> Practice and bill independently; OR Work with an organization or clinic that bills on their behalf A licensed obstetric provider must request the services

<p>Virginia</p>	<ul style="list-style-type: none"> • <u>State Plan Amendment</u> • Effective Date: January 1, 2022 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Complete doula training, which must include core competencies (perinatal support services, labor support), community-based/cultural competency training, and care coordination. Doula trainings must be <u>approved</u> by the Virginia Department of Health (VDH) • Be certified by an entity designated by VDH • Enroll as a Medicaid provider 	<ul style="list-style-type: none"> • FFS • The <u>reimbursement rate</u> is: <ul style="list-style-type: none"> ○ \$859 for up to 8 prenatal/postpartum visits and labor support • \$50 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim • \$50 value-based incentive payment will be made if the doula performs at least one postpartum service visit (this may be the same postpartum visit used for the first value-based payment) and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim 	<ul style="list-style-type: none"> • Doulas may: <ul style="list-style-type: none"> ○ Practice and bill independently; OR ○ Join a provider agency or clinic and bill independently; OR ○ Enroll as a MCO provider
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Acknowledgments: This project is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under the Supporting Maternal and Child Health Innovation in States Grant No. U1XMC31658; \$398,953. This information, content, and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the US Government.

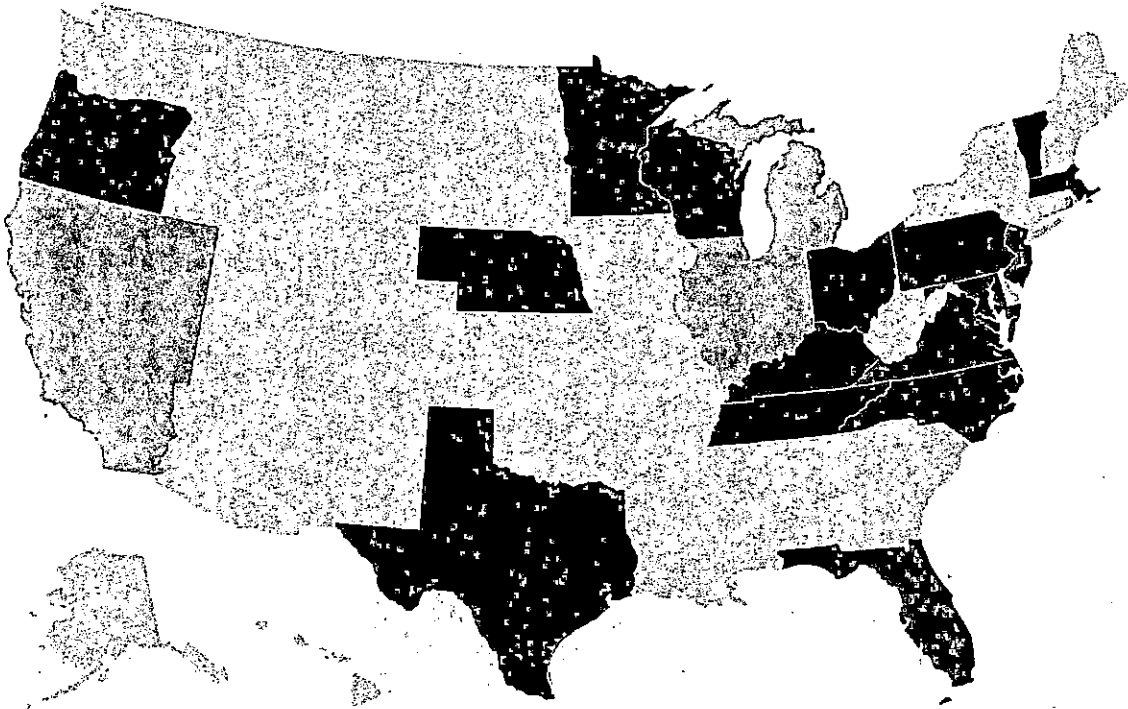
Medicaid Postpartum Coverage Extensions: Approved and Pending State Action as of January 26, 2023



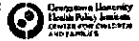
Doula 2022 Medicaid Efforts

Hover over the map below to see what actions have been taken in your state!

■ Actively Reimbursing ■ Implementation in Progress ■ Action Proposed - Not Taken ■ No Direct Actions or Current Efforts Undetermined



Source: This graphic was made using NHeLP's tracking "Current State Doula Medicaid Efforts." For more information including implementation timeline and strategy, summary of implementation efforts, available resources, and training, credentialing, and/or certification requirements please visit: <https://healthlaw.org/doulamedicaidproject/> • [Download image](#)



Cameron Lapine

From: Linda Mattlage <l.mattlage@gmail.com>
Sent: Thursday, February 9, 2023 12:24 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB 175

Caution! This message was sent from outside your organization.

Please support and vote OTP on SB 175. As a retired Pediatric APRN and CASA volunteer, I cannot stress enough how important this bill is for promoting healthy families and preventing long- term maternal and child health problems. The first year if a child's life is so crucial for optimal growth and development and all mothers need the resources to provide for themselves and their children.

Thank you.

Linda Mattlage
Concord

Cameron Lapine

From: lsmacgregor <lsmacgregor@gmail.com>
Sent: Monday, February 20, 2023 3:09 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB 175/from a constituent

Caution! This message was sent from outside your organization.

To the Honorable members of the Health and Human Services Committee:

As a Nurse Practitioner and a former Nurse-Midwife, with over 30 years providing care for women, I can say this bill is a positive investment in the health of our state. We know the social determinants of health for an individual start during that person's fetal development, infancy and early childhood. Investment in these phases of life support individual well being forever.

Please support this legislation.

Thank you very much.

Leslie S. MacGregor
Grantham, NH

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2023-2024 Session

Bill # SB 175-FN

Hearing date: 2-8-23

Executive Session date: 2-16-23

Motion of: 0496s + Committee Amendment Vote: 4-1

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sen. Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: OTPA Vote: 4-1

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sen. Bradley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: Reconsideration Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Bradley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reported out by: _____

Notes: _____

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2023-2024 Session

Bill # SB175-FN

Hearing date: _____

Executive Session date: _____

Motion of: OTPA + Committee Amendment Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: OTPA Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Bradley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Whitley

Notes: _____

Senate Finance Committee

EXECUTIVE SESSION

Bill # SB 175-FN

Hearing date: N/A

Executive session date: 03/15/23

Motion of: OTP

VOTE: _____

<u>Made by</u> Gray <input type="checkbox"/>	<u>Seconded</u> Gray <input type="checkbox"/>	<u>Reported</u> Gray <input type="checkbox"/>
<u>Senator:</u> Innis <input type="checkbox"/>	<u>by Senator:</u> Innis <input checked="" type="checkbox"/>	<u>by Senator:</u> Innis <input type="checkbox"/>
Bradley <input checked="" type="checkbox"/>	Bradley <input type="checkbox"/>	Bradley <input type="checkbox"/>
Birdsell <input type="checkbox"/>	Birdsell <input type="checkbox"/>	Birdsell <input type="checkbox"/>
Pearl <input type="checkbox"/>	Pearl <input type="checkbox"/>	Pearl <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>

Motion of: Move 0844s & Comm. Fee change VOTE: 7-0

<u>Made by</u> Gray <input type="checkbox"/>	<u>Seconded</u> Gray <input type="checkbox"/>	<u>Reported</u> Gray <input type="checkbox"/>
<u>Senator:</u> Innis <input type="checkbox"/>	<u>by Senator:</u> Innis <input type="checkbox"/>	<u>by Senator:</u> Innis <input type="checkbox"/>
Bradley <input type="checkbox"/>	Bradley <input type="checkbox"/>	Bradley <input type="checkbox"/>
Birdsell <input checked="" type="checkbox"/>	Birdsell <input type="checkbox"/>	Birdsell <input type="checkbox"/>
Pearl <input type="checkbox"/>	Pearl <input type="checkbox"/>	Pearl <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input checked="" type="checkbox"/>	Rosenwald <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Gray, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Innis, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Birdsell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Pearl	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator D'Allesandro	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amendments: OTPA 7-0

Notes: _____

Committee Report

HEALTH AND HUMAN SERVICES

SB 175-FN, relative to Medicaid coverage for mothers.

Ought to Pass with Amendment, Vote 5-0.

Senator Rebecca Whitley for the committee.

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Thursday, March 16, 2023

THE COMMITTEE ON Finance

to which was referred **SB 175-FN**

AN ACT relative to Medicaid coverage for mothers.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 7-0

AMENDMENT # 1030s

Senator Regina Birdsell
For the Committee

Deb Martone 271-4980

General Court of New Hampshire - Bill Status System

Docket of SB175

Docket Abbreviations

Bill Title: relative to Medicaid coverage for mothers.*Official Docket of SB175.:*

Date	Body	Description
1/20/2023	S	Introduced 01/19/2023 and Referred to Health and Human Services; SJ 5
2/1/2023	S	Hearing: 02/08/2023, Room 101, LOB, 09:45 am; SC 9
2/17/2023	S	Committee Report: Ought to Pass with Amendment #2023-0593s , 02/22/2023; SC 11
2/22/2023	S	Committee Amendment #2023-0593s , AA, VV; 02/22/2023; SJ 8
2/22/2023	S	Ought to Pass with Amendment 2023-0593s, RC 24Y-0N, MA; Refer to Finance Rule 4-5; 02/22/2023; SJ 8
3/16/2023	S	Committee Report: Ought to Pass with Amendment #2023-1030s , 03/23/2023; SC 14
3/23/2023	S	Committee Amendment #2023-1030s , AA, VV; 03/23/2023; SJ 11
3/23/2023	S	Ought to Pass with Amendment 2023-1030s, MA, VV; 03/23/2023; SJ 11
3/23/2023	S	Sen. Gray Moved Laid on Table, MA, VV; 03/23/2023; SJ 11
3/23/2023	S	Pending Motion OT3rdg; 03/23/2023; SJ 11

NH House

NH Senate

General Court of New Hampshire - Bill Status System

Docket of SB175

Docket Abbreviations

Bill Title: relative to Medicaid coverage for mothers.*Official Docket of SB175.:*

Date	Body	Description
1/20/2023	S	Introduced 01/19/2023 and Referred to Health and Human Services; SJ 5
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2/17/2023	S	Committee Report: Ought to Pass with Amendment #2023-0593s , 02/22/2023; SC 11
2/22/2023	S	Committee Amendment #2023-0593s , AA, VV; 02/22/2023; SJ 8
2/22/2023	S	Ought to Pass with Amendment 2023-0593s, RC 24Y-0N, MA; Refer to Finance Rule 4-5; 02/22/2023; SJ 8
3/16/2023	S	Committee Report: Ought to Pass with Amendment #2023-1030s , 03/23/2023; SC 14
3/23/2023	S	Committee Amendment #2023-1030s , AA, VV; 03/23/2023; SJ 11
3/23/2023	S	Ought to Pass with Amendment 2023-1030s, MA, VV; 03/23/2023; SJ 11
3/23/2023	S	Sen. Gray Moved Laid on Table, MA, VV; 03/23/2023; SJ 11
3/23/2023	S	Pending Motion OT3rdg; 03/23/2023; SJ 11

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 175-FN

Senate Committee: FINANCE - 2ND Com
BILL

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # 08445 - amendment # _____
- amendment # 10305 - amendment # _____
- Executive Session Sheet
- Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____ - amendment # _____
- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

- Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- Enrolled Bill Amendment(s)
- Governor's Veto Message

All available versions of the bill: {Clerk's Office}

- as amended by the senate as amended by the house
- final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Debra A. Martore
Committee Aide

07/20/23
Date

Senate Clerk's Office AK

Senate Inventory Checklist for Archives

Bill Number: SB 175-FN

Senate Committee: HAS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # 0496s - amendment # _____
- amendment # 0593s - amendment # _____
- Executive Session Sheet
- Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____ - amendment # _____
- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

- Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- Enrolled Bill Amendment(s)
- Governor's Veto Message

All available versions of the bill: {Clerk's Office}

- as amended by the senate as amended by the house
- final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Fojtke
Committee Aide

8/18/13
Date

Senate Clerk's Office AK