

February 19, 2025

Honorable Chairman David Rochefort
Senate Health and Human Services
Legislate Office Building Room 101
33 North State St., Concord, NH 03301

RE: NAMI NH Support for SB 246

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

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, reducing barriers to services is critical.

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. Additionally, the children of women who experience postpartum depression are also affected. Research has demonstrated an association between postpartum depression and delayed cognitive

¹ "It's Past Time To Provide Continuous Medicaid Coverage For One Year Postpartum", Health Affairs Blog, February 6, 2020.

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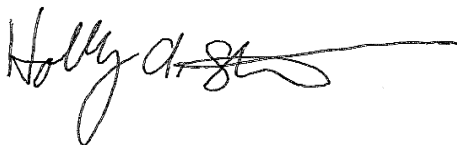
and language development, disorganized or insecure attachment, higher rates of behavioral problems, and lower grades. There is also a documented link between postpartum depression and higher rates of depression in children during the latter teen years.²

It is critical that moms receive mental health screening and treatment in the post-partum period to reduce maternal deaths and negative outcomes for themselves and their children. One way to encourage treatment is by reducing barriers such as co-payments. Families who are struggling to get by will put their children's needs above their own and may forego necessary treatment due to the cost. SB 246 would allow for the optional waiving of co-pays for maternal mental health visits, which could go a long way in reducing barriers to treatment.

Additionally, NAMI NH has seen firsthand the benefits of peers in the treatment on mental health disorders. Through the FAST Forward program, NAMI NH provides family peer support to parents of children experiencing a behavioral health crisis. Families who have gone through the program attest to the importance of having peers involved in the treatment. Likewise, peer support for moms experiencing post-partum mental health symptoms could be key in reducing maternal mortality rates in NH, as these moms would have the support of someone who has had a similar experience and can share that experience and how they were able to work through the symptoms.

The waiving of co-pays for maternal mental health visits and directing the Department of Health and Human Services to study how to operationalize a perinatal peer support certification program and determine best practices for perinatal peer support would greatly address the maternal mental health crisis we are currently facing. Therefore, NAMI NH urges the committee to vote ought to pass on SB 246.

Sincerely,



Holly A. Stevens, Esq.

² Association of persistent and severe postnatal depression with child outcomes. *JAMA Psychiatry*. 2018;75(3):247-253.

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