

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 struckthrough]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty 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.

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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:

Policies Relating to Nursing Mothers

31
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.

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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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Doulas and Lactation Service
2 Providers. Amend RSA 310-A by inserting after section 221 the following new subdivisions:

3 Medicaid Reimbursement-Eligible Doulas 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
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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