



September 14, 2021

Senator John Arch, Chair

Members of the Health and Human Services Committee

Nebraska Legislature

Re: LR 142

Chairman Arch and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard, spelled S-A-R-A H-O-W-A-R-D and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. First Five Nebraska's interest in issues pertaining to maternal and infant health policy are centered around the fact that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify on Senator Cavanaugh's interim study LR 142.

First, I want to thank Senator Cavanaugh for her commitment to maternal and infant health in Nebraska. This is critical work for an often vulnerable population, and I appreciate her willingness to dig into the issue of maternal depression over the interim. Maternal depression is the most common pregnancy and postpartum complication our country, impacting one in every seven women who cease to be pregnant in America.¹ Even with those statistics, many provider groups agree that this condition remains underdiagnosed, which means that even more mothers may be suffering from depression than we realize. Equally critical is the impact of maternal depression on baby. Postpartum depression is often linked to issues with infants that range from failure to thrive, attachment disorders and developmental delays.² In short, when mothers struggle with their mental health, the impact on their children can be long lasting.

There are several policy options that other states have adopted that Nebraska should consider:

1. Recommending a screening for maternal depression occur at every well-child visit – Nebraska is one of only seven states that does not recommend or mandate a screen at the well child visit at one, two, four and six months;

¹ Susan Kendig, et al., "Consensus Bundle on Maternal Mental Health," *Obstetrics & Gynecology*, (March 2017).

² Kuntz, L. (2020). *Pregnancy and Postpartum Suicide Risk: The New Numbers*.

<https://www.psychiatrytimes.com/view/pregnancy-and-postpartum-suicide-risk-the-new-numbers>.

2. Requiring that a validated maternal depression screening tool be utilized – Utilizing a standard tool will help streamline the process for maternal depression screenings and allow for improved monitoring;
3. Allowing a primary caregiver other than a mother to be screened for depression during a well-child visit – Fourteen states allow for screening of fathers, partners and other primary caregivers other than a mother to be screened for depression at the well-child visit;
4. Extending postpartum coverage for mothers who receive coverage through Medicaid – Currently, Medicaid coverage in the pregnant women category stops at 60 days. The federal government is offering a state plan amendment for an extension of that coverage for a year. This would allow new mothers to be screened and have coverage for needed services during the first year of her child's life.

Thank you for allowing me to testify today and again, I want to thank Senator Cavanaugh for her work in this very critical area of law for moms and babies in Nebraska.

Sincerely,

A handwritten signature in black ink that reads "Sara Howard". The signature is written in a cursive, flowing style.

Sara Howard
Policy Advisor
First Five Nebraska