bi3 supports

Senate Bill 352
House Bill 742

SENATE BILL 352 / HOUSE BILL 742:

Behavioral health screenings in the perinatal period

MATERNAL MENTAL HEALTH

#1 complication of pregnancy and childbirth, affecting 800,000 U.S. families each year

Affects 1 in 5 pregnant or postpartum women

Impacts a third of women in high-risk groups

Mental health conditions are a leading cause of maternal deaths

75% of women impacted by maternal mental health conditions remain untreated

Leaves long-term negative impacts on mom, baby, family, and society

$14 billion: The cost of untreated maternal mental health conditions in the U.S. each year

Sources:
- National Institute of Mental Health Centers for Disease Control
  - Ko et al, 2017
  - Davis et al, CDC, 2019

Goal: Ensure new and expectant mothers are screened for mental health concerns and connected to care if they need it. Catching disorders early and establishing preventative care saves lives, lowers costs, and helps the acute-care provider crisis

TWO-YEAR PERINATAL TIMEFRAME

Obstetric check Pediatric check

1st Trimester	2nd Trimester	3rd Trimester	Birth	Week 1	Week 3	Month 1	Month 2	Month 3	Month 4	Month 6	Month 9	Month 12

A third of those with postpartum depression start pregnancy with symptoms

Baby blues resolve by 2-3 weeks

Peak onset of postpartum psychosis

Peak onset of perinatal mental health disorders is 3-6 months postpartum

Peak incidence of suicide is 6-9 months postpartum

- Requires referral to a specialized provider or the statewide perinatal referral resource upon a positive screen and the immediate notification of emergency personnel if risk of harm to self or others
- Permits health insurers to cover perinatal behavioral health screenings but does not prohibit cost sharing
- Requires the Department of Behavioral Health to designate at least one statewide perinatal referral resource
- Appropriates $2 million in both FY 2026 and FY 2027 for the Department of Behavioral Health to partner with specialized perinatal behavioral health access to care organizations

WHY IT WORKS

- Addresses disparities by building a statewide, regionally organized access-to-care model supported by telehealth
- Divides Ohio into regions with staff trained with perinatal mental health professionals and peer supporters
- Direct referral to a regional team that can provide telehealth peer support and/or provide a warm handoff to clinical services
- Practices of the framework already exist in the community, and this bill allows us to scale these models statewide
- This is also a strategic investment in rural health as it strengthens coordination of obstetric and behavioral health providers, supporting telehealth delivery to ensure mothers have access