



# House of Representatives

## File No. 814

General Assembly

January Session, 2025

(Reprint of File No. 408)

Substitute House Bill No. 7102  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
April 30, 2025

### **AN ACT CONCERNING MATERNAL AND INFANT HEALTH CARE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective July 1, 2025*) (a) As used in this section, (1) "birth  
2 center" has the same meaning as provided in section 19a-490 of the  
3 general statutes, and (2) "birthing hospital" has the same meaning as  
4 provided in section 19a-490ee of the general statutes. The Commissioner  
5 of Health Strategy, in consultation with the Commissioners of Social  
6 Services and Public Health, shall develop a strategic plan to increase the  
7 number of birth centers and birthing hospitals located in areas of the  
8 state with a high percentage of Medicaid recipients and limited access  
9 to birth centers and birthing hospitals.

10 (b) The strategic plan developed pursuant to subsection (a) of this  
11 section shall include (1) identification of any barriers to opening birth  
12 centers and birthing hospitals, (2) incentives that may be offered by the  
13 state to facilitate the opening of more such centers and hospitals, and (3)  
14 an evaluation of best practices nation wide to facilitate the opening and

15 sustainability of such centers and hospitals.

16 (c) Not later than January 1, 2027, the Commissioner of Health  
17 Strategy shall file a report, in accordance with the provisions of section  
18 11-4a of the general statutes, with the joint standing committees of the  
19 General Assembly having cognizance of matters relating to  
20 appropriations and the budgets of state agencies, human services and  
21 public health. The report shall include recommendations and an  
22 estimate of any state appropriations that may be needed to facilitate the  
23 opening of more birth centers and birthing hospitals in underserved  
24 areas of the state.

25 Sec. 2. Section 17b-27c of the general statutes is repealed and the  
26 following is substituted in lieu thereof (*Effective July 1, 2025*):

27 (a) There is established a CFI Council to approve the work of the CFI,  
28 including, but not limited to, implementation of CFI objectives through  
29 a strategic plan developed by the CFI. The council shall actively  
30 participate in efforts that further CFI objectives, including, but not  
31 limited to: (1) Fostering collaboration between state agencies that  
32 provide services for fathers and families; (2) (A) coordinating  
33 comprehensive services, (B) ensuring the continuity of services, (C)  
34 heightening the impact of services, and (D) avoiding duplication of  
35 services; [and] (3) supporting fathers of children eligible or formerly  
36 eligible for services under the temporary assistance for needy families  
37 block grant; and (4) expanding the role of fathers in supporting maternal  
38 health.

39 (b) The membership of the council shall consist of:

40 (1) The Commissioner of Social Services, or the commissioner's  
41 designee;

42 (2) The Commissioner of Children and Families, or the  
43 commissioner's designee;

44 (3) The Commissioner of Correction, or the commissioner's designee;

- 45       (4) The Commissioner of Early Childhood, or the commissioner's  
46       designee;
- 47       (5) The Commissioner of Education, or the commissioner's designee;
- 48       (6) The Commissioner of Developmental Services, or the  
49       commissioner's designee;
- 50       (7) The Commissioner of Housing, or the commissioner's designee;
- 51       (8) The Labor Commissioner, or the commissioner's designee;
- 52       (9) The Commissioner of Mental Health and Addiction Services, or  
53       the commissioner's designee;
- 54       (10) The Commissioner of Public Health, or the commissioner's  
55       designee;
- 56       (11) The Commissioner of Veterans Affairs, or the commissioner's  
57       designee;
- 58       (12) The chairperson of the Board of Pardons and Parole, or the  
59       chairperson's designee;
- 60       (13) The director of the Support Enforcement Services Division and  
61       the executive director of the Court Support Services Division of the  
62       Judicial Branch, or their designees;
- 63       (14) The Chief Family Support Magistrate, or the Chief Family  
64       Support Magistrate's designee;
- 65       (15) The chancellor of the Connecticut State Colleges and  
66       Universities, or the chancellor's designee;
- 67       (16) The director of the Office of Child Support Services within the  
68       Department of Social Services, or the director's designee; and
- 69       (17) Eleven members appointed by the Commissioner of Social  
70       Services, including;

- 71 (A) One with expertise in the area of legal assistance to low-income  
72 populations;
- 73 (B) One representative of the Governor's Workforce Council;
- 74 (C) One representative of a regional workforce development board;
- 75 (D) One member with expertise in family relations;
- 76 (E) One or more representatives of a local fatherhood program;
- 77 (F) One member with expertise in male mental and physical health;
- 78 (G) One member representing the interests of custodial parents;
- 79 (H) One member representing the interests of noncustodial parents;
- 80 (I) One member representing the interests of children;
- 81 (J) One member with expertise in the area of domestic violence; and
- 82 (K) One member with expertise in child development.
- 83 (c) The Commissioner of Social Services shall serve as a chairperson  
84 of the council and shall designate a cochairperson from among the  
85 membership of the council. The commissioner shall convene the council  
86 not later than June 26, 2022, and the council shall meet at least quarterly  
87 thereafter. The commissioner shall fill any vacancy of seats under  
88 subdivision (17) of subsection (b) of this section.
- 89 (d) The Commissioner of Social Services may designate a working  
90 group from among the members of the council to carry out specific  
91 duties required under this section and section 17b-27b. The  
92 commissioner shall seek the advice and participation of any person,  
93 organization or state or federal agency the commissioner deems  
94 necessary to carry out the provisions of this section and section 17b-27b.
- 95 (e) The Commissioner of Social Services, in consultation with the  
96 council and within available resources, shall apply for any available

97 federal and private funds for programs that promote CFI objectives in  
 98 accordance with this section and section 17b-27b. The commissioner  
 99 shall award grants from any such available funds to entities that provide  
 100 (1) employment and training opportunities for low-income fathers to  
 101 increase the earning capacity of such fathers; (2) classes in parenting and  
 102 financial literacy; and (3) other support services and programs that  
 103 promote responsible parenting, expanding the role of fathers in  
 104 supporting maternal health, economic stability and communication and  
 105 interaction between fathers and their children.

106 (f) Applicants for grants provided pursuant to subsection (e) of this  
 107 section shall apply to the Commissioner of Social Services at such time  
 108 and in such manner as prescribed by the commissioner. The  
 109 commissioner shall, in consultation with the council, establish criteria  
 110 for eligibility for grants and for the awarding of grants. At a minimum,  
 111 the commissioner shall require grantees to (1) implement accountability  
 112 measures and results-based outcomes as a condition of being awarded  
 113 a grant; (2) leverage funds through existing resources and collaboration  
 114 with community-based and nonprofit organizations; and (3) consult  
 115 with experts in domestic violence to ensure that, when appropriate, the  
 116 programs and services provided to fathers and families pursuant to this  
 117 section and section 17b-27b address issues concerning domestic  
 118 violence.

119 (g) Not later than December 1, 2022, and annually thereafter, the  
 120 commissioner, in consultation with the council, shall report, in  
 121 accordance with section 11-4a, to the joint standing committees of the  
 122 General Assembly having cognizance of matters relating to  
 123 appropriations and the budgets of state agencies, human services and  
 124 children on the grant program's effectiveness in achieving CFI  
 125 objectives.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2025	New section

Sec. 2	July 1, 2025	17b-27c
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*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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### **OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

### **Explanation**

The bill requires the Office of Health Strategy to develop a plan to open more birth centers and birthing hospitals in underserved areas of the state, which does not result in a fiscal impact.

The bill also adds to the objectives supported by the Connecticut Fatherhood Initiative (CFI) Council to include programs that expand the role of fathers in supporting maternal health. DSS must apply for related funds and distribute to aligned programs, which the agency can do with existing staff.

House "A" removes provisions requiring Medicaid rate increases for doula services and eliminates the associated cost.

### **The Out Years**

**State Impact:** None

**Municipal Impact:** None

**OLR Bill Analysis****sHB 7102 (as amended by House "A")\******AN ACT CONCERNING MATERNAL AND INFANT HEALTH CARE.*****SUMMARY**

This bill requires the Office of Health Strategy (OHS) commissioner to develop a strategic plan to increase the number of birth centers and birthing hospitals in areas with high percentages of Medicaid recipients and limited access to these facilities. Under the bill, the OHS commissioner must report by January 1, 2027, to the Appropriations, Human Services, and Public Health committees on recommendations and estimated state appropriations needed to open more birth centers and birthing hospitals in underserved areas.

The bill also expands the Connecticut Fatherhood Initiative's (CFI) objectives to include expanding fathers' roles in supporting maternal health. Under existing law, the Department of Social Services (DSS) must apply for any available federal and private health funds that promote CFI's objectives and award grants from these funds to entities that provide programs that promote various goals (e.g., responsible parenting and economic stability). The bill adds programs that support fathers' roles in supporting maternal health to the types of programs this funding may support.

\*House Amendment "A" (1) eliminates a requirement in the underlying bill that DSS increase Medicaid reimbursement for doulas as part of the department's bundled maternity payments and report on any increase and (2) extends the due date for OHS's report from December 1, 2025, to January 1, 2027.

EFFECTIVE DATE: July 1, 2025



**STRATEGIC PLAN ON BIRTH CENTERS AND HOSPITALS**

The bill requires OHS to develop a strategic plan to increase the number of birth centers and birthing hospitals located in areas with a high percentage of Medicaid recipients and limited access to these facilities. A birth center is a freestanding facility licensed by the Department of Public Health (DPH) to provide perinatal, labor, delivery, and postpartum care during and immediately after delivery to people with low-risk pregnancies and healthy newborns, typically for less than 24 hours. (It does not include a hospital or facility attached to a hospital.) A birthing hospital is a health care facility that cares for patients during child delivery and postpartum patients and their newborns following birth.

The bill requires OHS to develop the strategic plan in consultation with the DSS and DPH commissioners and include the following:

1. barriers to opening birth centers and birthing hospitals,
2. incentives that the state may offer to facilitate opening these facilities, and
3. an evaluation of best practices nationwide to facilitate opening and sustaining these facilities.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea    17    Nay    5    (03/13/2025)