House of Representatives

General Assembly

File No. 689

January Session, 2025

Substitute House Bill No. 7214

House of Representatives, April 14, 2025

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MATERNAL HEALTH.

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

Section 1. (*Effective from passage*) (a) There is established a perinatal mental health task force to study and make recommendations regarding the improvement of perinatal mental health care services in the state. Such study shall include, but need not be limited to, an examination of the following:

(1) Populations vulnerable to and risk factors associated with perinatal mood and anxiety disorders;

(2) Evidence-based and promising treatment practices for persons at risk of perinatal mood and anxiety disorders, including, but not limited to, treatment practices involving peer support specialists and community health workers, that promote (A) access to perinatal mood and anxiety disorder screening, diagnosis, intervention, treatment, recovery and prevention, and (B) improved care coordination, systems

navigation and case management services that address and eliminate barriers to perinatal mood and anxiety disorder treatment;

(3) Evidence-informed practices that are culturally congruent and accessible that promote the elimination of racial and ethnic disparities in the prevention, screening, diagnosis and treatment of and the recovery from perinatal mood and anxiety disorders;

(4) National and global models that successfully promote access to perinatal mood and anxiety disorder screening, diagnosis, treatment, recovery and prevention for pregnant or postpartum persons and their partners;

(5) Community-based or multigenerational practices that support people affected by perinatal mood and anxiety disorders;

(6) Workforce development initiatives that have successfully promoted the hiring, training and retention of perinatal mental health care providers, including, but not limited to, initiatives that have focused on maximizing nontraditional mental health supports, including, but not limited to, peer support and community health services;

(7) Models for private and public funding of perinatal mental health care initiatives; and

(8) An analysis of (A) available perinatal mental health care programs, treatments and services, (B) notable innovations in perinatal mental health care treatment, and (C) gaps in the provision and coordination of perinatal mental health care services that affect the diverse perinatal experiences of unique populations, including, but not limited to, black persons and other persons of color, immigrants, adolescents who are pregnant and parenting, LGBTQIA+ persons, child welfare-involved persons, disabled persons, justice-involved persons, incarcerated persons and homeless persons and their partners.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, each of whom shall be (A) a person with current or past perinatal mood and anxiety disorders, (B) a caregiver or partner of a person with current or past perinatal mood and anxiety disorders, or (C) an advocate with expertise in perinatal mental health care in the state and who has received perinatal mood and anxiety disorder treatment;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall represent a managed care organization in the state and one of whom shall be a registered nurse with expertise in providing perinatal mental health care services in the state;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a pediatrician, licensed pursuant to chapter 370 of the general statutes, with expertise in providing perinatal mental health care services in the state and one of whom shall be an obstetrician, licensed pursuant to chapter 370 of the general statutes, with expertise in providing perinatal mental health care services in the state;

(4) Two appointed by the majority leader of the Senate, one of whom shall be a psychologist, licensed pursuant to chapter 383 of the general statutes, and one of whom shall be a psychiatrist, licensed pursuant to chapter 370 of the general statutes, who provide perinatal mental health care services;

(5) Two appointed by the minority leader of the House of Representatives, one of whom shall be a clinical social worker, licensed pursuant to chapter 383b of the general statutes, who specializes in treating perinatal mood and anxiety disorders and who has completed Postpartum Support International's Components of Care training program and one of whom shall be a certified doula, as defined in section 20-86aa of the general statutes;

(6) Two appointed by the minority leader of the Senate, one of whom shall be a nurse-midwife, licensed pursuant to chapter 377 of the general statutes, and one of whom shall represent a home visiting program in

the state;

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

(8) The Commissioner of Public Health, or the commissioner's designee; and

(9) Two persons appointed by the Governor, one of whom shall be a representative of an organization that seeks to increase support and provide resources for women and their families during pregnancy and the postpartum period, increase awareness of the mental health challenges related to childbearing and parenting and provide perinatal mental training for childbirth professionals and one of whom shall be an international board certified lactation consultant.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All initial appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the task force.

(g) Not later than October 1, 2026, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general

statutes. The task force shall terminate on the date that it submits such report or October 1, 2026, whichever is later.

Sec. 2. (NEW) (*Effective October 1, 2025*) (a) The Commissioner of Public Health shall establish an annual maternity care report card for birth centers, licensed pursuant to section 19a-566 of the general statutes, and hospitals, licensed pursuant to chapter 368v of the general statutes, that provide obstetric care that will evaluate maternity care provided at such birth centers and hospitals. The commissioner shall identify and collect any data necessary to complete such report card. Such report card shall include, but need not be limited to, quantitative metrics, qualitative measures based on patient-reported experiences and an equity score and grade for each birth center and hospital disaggregated by race, ethnicity and income level. The commissioner shall adjust report card scores based on the acuity level of obstetric patients served by each birth center and hospital to ensure fair comparisons between facilities. The commissioner shall post the report card not later than January 1, 2027, and annually thereafter, on the Department of Public Health's Internet web site. The commissioner shall revise the report card criteria at least once every three years and consult experts regarding the revision of any such criteria.

(b) The commissioner shall establish an advisory committee to establish quantitative metrics, qualitative measures and a grading methodology for the report card. Such grading methodology shall reflect disparities in obstetric care and outcomes across patient demographics. After the posting of each report card, such advisory committee shall conduct a critical analysis of the report card's data and develop and issue recommendations to birth centers and hospitals to improve maternal health outcomes and report card performance.

Sec. 3. (*Effective from passage*) (a) The Commissioner of Public Health shall convene an advisory committee to conduct a study to evaluate the benefits and challenges of making hospitals more doula-friendly and develop legislative recommendations to make hospitals more doula-friendly. The advisory committee shall include representatives of the

Department of Public Health, hospital administrators, practicing doulas, including, but not limited to, community-based doulas, maternal health advocates, obstetricians, midwives, Medicaid and insurance policy experts and representatives from communities disproportionately affected by lack of doula support. Such study shall include, but need not be limited to, (1) an assessment of existing hospital policies regarding doula access and the impact of doulas on birth outcomes, (2) identification of systemic, financial and institutional challenges that prevent doulas from being fully incorporated into hospital maternity care, (3) an examination of successful doula-friendly hospital policies implemented in other jurisdictions, (4) data analysis on how doula support affects maternal mortality, caesarean section rates, patient satisfaction and birth equity, (5) an examination of financial models for reimbursement for doula services, including, but not limited to, Medicaid and private insurance, and (6) consultations with (A) hospitals, obstetric providers and doulas on collaboration and implementation challenges relating to doula support in obstetric care, and (B) pregnant and postpartum persons, especially those from underserved populations, on their experiences and needs regarding doula support.

(b) Not later than February 1, 2026, the commissioner shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the findings and recommendations of the study conducted by the advisory committee pursuant to subsection (a) of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	New section
Sec. 2	*October 1, 2025*	New section
Sec. 3	*from passage*	New section

Statement of Legislative Commissioners:
In Section 1(a)(6), "Successful" was deleted to eliminate redundant language.

PH *Joint Favorable Subst.*

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.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 $	FY 27 $
Public Health, Dept.	GF - Cost	66,400	79,700
State Comptroller - Fringe Benefits[1]	GF - Cost	23,600	32,300
Public Health, Dept.	GF - Potential Cost	26,200	None
State Comptroller - Fringe Benefits	GF - Potential Cost	10,700	None

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill, which includes various provisions regarding maternal health, results in a total cost to the General Fund of $90,000 in FY 26 and $112,000 in FY 27 and annually thereafter, and a potential cost of $36,900 in FY 26 as described below. These fiscal impacts are associated with personnel needs in the Department of Public Health (DPH) related to Sections 2 and 3 as described below.

Section 1 establishes a Perinatal Mental Health Task Force to study and make recommendations on improving perinatal mental health care services, which results in no fiscal impact. The task force has the expertise needed to meet the requirements of the bill.

Section 2 requires the DPH commissioner to create an annual

[1]The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

maternity care report card[2] for birth centers and hospitals that provide obstetric care, as well as establish an advisory committee to support this work. This results in a cost to DPH of $66,400 in FY 26 and $79,700 in FY 27 (and annually thereafter), with an estimated cost to the Office of the State Comptroller for associated fringe benefits of $23,600 in FY 26 and $32,300 in FY 27 (and annually thereafter). FY 26 costs reflect an October 1 start date for all staff.[3]

To develop the report card, DPH requires two half-time positions: (1) a Health Program Associate, at an annualized salary of $35,800 (plus $14,600 annualized fringe benefits) to coordinate the advisory committee and perform related administrative duties; and (2) an Epidemiologist 3, at an annualized cost of $43,500 (plus $17,700 annualized fringe benefits) to identify, collect and analyze data necessary to complete the report card.

Other expenses include a one-time total cost of $8,400 in FY 26 for laptops and related hardware, and ongoing annual costs of $400 for software and general office supplies.

Section 3, which requires the DPH commissioner to convene an advisory committee to study and report by February 1, 2026, on making hospitals more doula-friendly, results in a potential cost to the agency of $26,200 in FY 26, with an estimated potential cost to the Office of the State Comptroller for associated fringe benefits of $10,700 in FY 26. It is anticipated that this work may be facilitated by the assistance of an existing advisory body having expertise on doula matters.[4] However, if the existing advisory body lacks the authority or administrative capacity to meet the responsibilities of this bill, then an additional part-time (0.5 FTE) Health Program Associate would be needed to coordinate the

[2] The report card must include: (1) quantitative metrics; (2) qualitative measures based on patient-reported experiences; and (3) an equity score and grade for each facility, disaggregated by race, ethnicity, and income level.
[3] FY 26 staff costs total $58,000 with $23,600 in associated fringe benefits.
[4] PA 22-58 created a Doula Advisory Committee within DPH, as well as a related Doula Training Program Review Committee.

study and perform related administrative duties.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 7214

AN ACT CONCERNING MATERNAL HEALTH.

SUMMARY

This bill makes several changes affecting maternal health. Principally, it:

1. establishes a 16-member Perinatal Mental Health Task Force and requires it to report to the Public Health Committee by October 1, 2026 (§ 1);

2. requires the Department of Public Health (DPH) commissioner to establish an annual maternity care report card for birth centers and hospitals that provide obstetric care (§ 2);

3. requires the commissioner to establish an advisory committee to create the report card's quantitative metrics, qualitative measures, and grading methodology (§ 2);

4. requires the commissioner to adjust a facility's report card score based on obstetric patients' acuity levels to ensure a fair comparison between facilities (§ 2); and

5. requires the (a) commissioner to convene an advisory committee to study making hospitals more doula-friendly and make related legislative recommendations and (b) advisory committee to report to the Public Health Committee by February 1, 2026 (§ 3).

EFFECTIVE DATE: Upon passage, except the provision on the mental health report card takes effect October 1, 2025.

§ 1 — PERINATAL MENTAL HEALTH TASK FORCE

Duties

The bill establishes a 16-member Perinatal Mental Health Task Force to study and make recommendations on improving perinatal mental health care services in Connecticut. The study must examine the following:

1. populations vulnerable to perinatal mood and anxiety disorders and these disorders' associated risk factors;

2. evidence-based and promising treatment practices for people at risk of these disorders, including treatment involving peer support specialists and community health workers that promote (a) access to screening, diagnosis, intervention, treatment, recovery, and prevention and (b) improved care coordination, systems navigation, and case management services addressing and eliminating barriers to treatment;

3. evidenced-informed practices that are culturally congruent and accessible that promote eliminating racial and ethnic disparities in preventing, screening, diagnosing, treating, and recovering from these conditions;

4. national and global models that successfully promote access to screening, diagnosis, treatment, recovery, and prevention for pregnant and postpartum people and their partners;

5. community-based or multigenerational practices that support people affected by these disorders;

6. workforce development initiatives that have successfully promoted the hiring, training, and retention or perinatal mental health care providers, including those focusing on maximizing nontraditional mental health supports (e.g., peer support and community health services); and

7. public and private funding models for perinatal mental health care initiatives.

Under the bill, the study must also analyze:

1. available perinatal mental health care programs, treatments, and services;

2. notable innovations in perinatal mental health care treatment; and

3. gaps in perinatal mental health care service delivery and coordination that affect diverse experiences of unique populations (e.g., black and other people of color, immigrants, adolescents who are pregnant and parenting, LGBTQIA+ people, people involved in the child welfare or justice systems, people with disabilities, incarcerated and homeless people, and their partners).

Membership

The task force membership includes the commissioners of children and families and public health, or their designees, and the following appointed members:

1. two appointed by the House speaker, one of whom must be (a) someone with current or past perinatal mood and anxiety disorders, (b) a caregiver or partner of someone with these disorders, or (c) an advocate with expertise in perinatal mental health care in Connecticut who has received treatment for these conditions;

2. two appointed by the Senate president pro tempore, one who represents a managed care organization in the state and one who is a registered nurse with expertise in providing perinatal mental health services in the state;

3. two appointed by the House majority leader, one who is a pediatrician and one who is an obstetrician, each with expertise in providing perinatal mental health services in the state;

4. two appointed by the Senate majority leader, one who is a psychologist and one who is a psychiatrist that provides

perinatal mental health care services;

5. two appointed by the House minority leader, one clinical social worker specializing in treating perinatal mood and anxiety disorders who has completed Postpartum Support International's Components of Care training program and one who is a certified doula;

6. two appointed by the Senate minority leader, one who is a nurse midwife and one who represents a Connecticut home visiting program; and

7. two appointed by the governor, one who represents an organization seeking to increase support and provide resources for women and their families during pregnancy and the postpartum period, increase awareness of the mental health challenges related to childbearing and parenting, and provide perinatal mental training for childbirth professionals, and one who is an international board-certified lactation consultant.

Under the bill, appointing authorities must make their initial appointments within 30 days after the bill's passage and fill any vacancy. Legislatively appointed members may be legislators.

The House speaker and Senate president pro tempore must select the task force chairpersons from among its members. The chairpersons must schedule and hold the task force's first meeting within 60 days after the bill takes effect.

The bill requires the Public Health Committee's administrative staff to serve in this capacity for the task force.

Report

The bill requires the task force to submit its findings and recommendations to the Public Health Committee by October 1, 2026. The task force ends on this date or when it submits the report, whichever is later.

§ 2 — MENTAL HEALTH REPORT CARD

The bill requires the DPH commissioner to establish an annual maternity care report card that evaluates maternity care provided at birth centers and hospitals that provide obstetric care.

Under the bill, the report card must include (1) quantitative metrics; (2) qualitative measures based on patient-reported experiences; and (3) an equity score and grade for each facility, disaggregated by race, ethnicity, and income level. The commissioner must identify and collect any data needed to complete the report card.

The bill requires the commissioner to adjust report card scores based on obstetric patients' acuity level to ensure a fair comparison between facilities. She must also (1) post the report card on the DPH website annually, starting by January 1, 2027, and (2) revise the report card criteria at least once every three years and consult experts when doing so.

Additionally, the bill requires the commissioner to establish an advisory committee to establish the report card's quantitative metrics, qualitative measures, and grading methodology. This methodology must reflect disparities in obstetrics care and outcomes across patient demographics.

The bill also requires the advisory committee, after each report card is posted, to conduct a critical analysis of its data and develop and issue recommendations to birth centers and hospitals to improve maternal health outcomes and report card performance.

§ 3 — STUDY ON DOULA-FRIENDLY HOSPITALS

The bill requires the DPH commissioner to convene an advisory committee to study the benefits and challenges of making hospitals more doula-friendly and make related legislative recommendations.

The study must at least:

1. assess existing hospital policies on doula access and doulas'

impact on birth outcomes;

2. identify systemic, financial, and institutional challenges that prevent doulas from fully incorporating into hospital maternity care;

3. examine successful doula-friendly hospital policies implemented outside of Connecticut;

4. analyze data on how doula support affects maternal mortality, caesarean section rates, patient satisfaction, and birth equity;

5. examine financial reimbursement models for doula services, including Medicaid and private insurance; and

6. consult with (a) hospitals, obstetric providers, and doulas on collaboration and implementation challenges related to doula support in obstetric care and (b) pregnant and postpartum people, especially those from underserved populations, on their experiences and needs regarding doula support.

Under the bill, the advisory committee membership includes representatives of DPH, hospital administrators, practicing doulas (including community-based doulas), maternal health advocates, obstetricians, midwives, Medicaid and insurance policy experts, and communities disproportionately affected by lack of doula support.

The bill requires the commissioner to report the study findings and recommendations to the Public Health Committee by February 1, 2026.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 21 Nay 9 (03/27/2025)