



House of Representatives

File No. 950

General Assembly

January Session, 2025

(Reprint of File No. 689)

Substitute House Bill No. 7214
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 22, 2025

AN ACT CONCERNING MATERNAL HEALTH.

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

1 Section 1. (*Effective from passage*) (a) The Commissioner of Public
2 Health shall, within available appropriations, convene an advisory
3 committee to conduct a study and make recommendations regarding
4 the (1) improvement of perinatal mental health care services in the state,
5 and (2) benefits and challenges of making hospitals more doula-
6 friendly. Such study shall include, but need not be limited to, an
7 examination of the following:

8 (A) Populations vulnerable to and risk factors associated with
9 perinatal mood and anxiety disorders;

10 (B) Evidence-based and promising treatment practices for persons at
11 risk of perinatal mood and anxiety disorders, including, but not limited
12 to, treatment practices involving peer support specialists and
13 community health workers, that promote (i) access to perinatal mood

14 and anxiety disorder screening, diagnosis, intervention, treatment,
15 recovery and prevention, and (ii) improved care coordination, systems
16 navigation and case management services that address and eliminate
17 barriers to perinatal mood and anxiety disorder treatment;

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

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

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

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

34 (G) Models for private and public funding of perinatal mental health
35 care initiatives;

36 (H) (i) Available perinatal mental health care programs, treatments
37 and services, (ii) notable innovations in perinatal mental health care
38 treatment, and (iii) gaps in the provision and coordination of perinatal
39 mental health care services that affect the diverse perinatal experiences
40 of unique populations, including, but not limited to, black persons and
41 other persons of color, immigrants, adolescents who are pregnant and
42 parenting, LGBTQIA+ persons, child welfare-involved persons,
43 disabled persons, justice-involved persons, incarcerated persons and
44 homeless persons and their partners;

45 (I) Existing hospital policies regarding doula access and the impact of
46 doulas on birth outcomes;

47 (J) Systemic, financial and institutional challenges that prevent
48 doulas from being fully incorporated into hospital maternity care;

49 (K) Successful doula-friendly hospital policies implemented in other
50 jurisdictions;

51 (L) Data reflecting how doula support affects maternal mortality,
52 caesarean section rates, patient satisfaction and birth equity;

53 (M) Financial models for reimbursement for doula services,
54 including, but not limited to, Medicaid and private insurance; and

55 (N) The experiences of (i) hospitals, obstetric providers and doulas
56 regarding collaboration and implementation challenges relating to
57 doula support in obstetric care, and (ii) pregnant and postpartum
58 persons, especially those from underserved populations, regarding
59 doula support.

60 (b) Such advisory committee shall consist of the following members:

61 (1) Two who shall be (A) a person with current or past perinatal mood
62 and anxiety disorders, (B) a caregiver or partner of a person with current
63 or past perinatal mood and anxiety disorders, or (C) an advocate with
64 expertise in perinatal mental health care in the state and who has
65 received perinatal mood and anxiety disorder treatment;

66 (2) One representative of a managed care organization in the state;

67 (3) One registered nurse with expertise in providing perinatal mental
68 health care services in the state;

69 (4) One pediatrician, licensed pursuant to chapter 370 of the general
70 statutes, with expertise in providing perinatal mental health care
71 services in the state;

72 (5) One obstetrician, licensed pursuant to chapter 370 of the general
73 statutes, with expertise in providing perinatal mental health care
74 services in the state;

75 (6) One psychologist, licensed pursuant to chapter 383 of the general
76 statutes, with expertise in providing perinatal mental health care
77 services in the state;

78 (7) One psychiatrist, licensed pursuant to chapter 370 of the general
79 statutes, with expertise in providing perinatal mental health care
80 services in the state;

81 (8) One clinical social worker, licensed pursuant to chapter 383b of
82 the general statutes, who specializes in treating perinatal mood and
83 anxiety disorders and who has completed Postpartum Support
84 International's Components of Care training program;

85 (9) One certified doula, as defined in section 20-86aa of the general
86 statutes;

87 (10) One nurse-midwife, licensed pursuant to chapter 377 of the
88 general statutes;

89 (11) One representative of a home visiting program in the state;

90 (12) One representative of an organization in the state that seeks to
91 increase support and provide resources for women and their families
92 during pregnancy and the postpartum period, increase awareness of the
93 mental health challenges related to childbearing and parenting and
94 provide perinatal mental training for childbirth professionals;

95 (13) One international board certified lactation consultant;

96 (14) One representative of an association of hospitals in the state;

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

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

101 (17) The Commissioner of Mental Health and Addiction Services, or
102 the commissioner's designee.

103 (c) The commissioner shall (1) not later than February 1, 2026, submit
104 an initial report, and (2) not later than January 1, 2027, submit a final
105 report, in accordance with the provisions of section 11-4a of the general
106 statutes, to the joint standing committee of the General Assembly
107 having cognizance of matters relating to public health regarding the
108 findings and recommendations of the study conducted by the advisory
109 committee pursuant to subsection (a) of this section.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>from passage</i>	New section
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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.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill requires the Department of Public Health commissioner to convene an advisory committee to study and make recommendations on (1) improving perinatal mental health care services, and (2) making hospitals more doula-friendly, which results in no fiscal impact. The advisory committee has the expertise needed to meet the requirements of the bill.

House "A" eliminates the original bill and its associated fiscal impact, and results in the impact described above.

OLR Bill Analysis**sHB 7214 (as amended by House "A")******AN ACT CONCERNING MATERNAL HEALTH.*****SUMMARY**

The Office of Legislative Research does not analyze Special Acts.

*House Amendment "A" replaces the underlying bill (File 689) and eliminates provisions (1) establishing a 16-member Perinatal Mental Health Task force and (2) requiring the public health commissioner to establish an annual maternity care report card for certain birth centers and hospitals. It also requires the commissioner to convene the advisory committee to study making hospitals more doula friendly within available appropriations and expands the study's scope to include improving the state's perinatal mental health services.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 21 Nay 9 (03/27/2025)

Appropriations Committee

Joint Favorable

Yea 40 Nay 9 (05/16/2025)