

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-7214

**Title:** AN ACT CONCERNING MATERNAL HEALTH.

**Vote Date:** 3/27/2025

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/17/2025

**File No.:**

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## SPONSORS OF BILL:

The Public Health Committee.

## REASONS FOR BILL:

The bill would establish a sixteen-member Perinatal Mental Health Task Force to study and make recommendations to improve perinatal mental health care services in Connecticut. The Task Force must report its findings and recommendations to the Public Health Committee by October 1, 2026. The bill also requires the commissioner of the Department of Public Health (DPH) to establish an annual maternity care report card regarding birth centers and hospitals that provide obstetric care. The purpose of the report card is to evaluate the maternity care provided at these facilities. The DPH commissioner will also convene an advisory committee to study the benefits and challenges of making hospitals more doula-friendly and must report the findings and recommendations of the study to the Public Health Committee by February 1, 2026.

The substitute language makes technical revisions to the terminology used in the bill, replacing “birthing people” with “pregnant and postpartum persons” in section 3 and removing references to “birthing people” in section 1.

## RESPONSE FROM ADMINISTRATION/AGENCY:

### **Manish Juthani, Commissioner, Department of Public Health (DPH):**

The commissioner shared that DPH was awarded the Maternal Health Innovation grant which allowed DPH to work on improving maternal care throughout the state including the establishment of the Maternal Health Task Force. DPH believes that section 1 of the bill which establishes a Perinatal Mental Health Task Force duplicates the effort of this existing Task Force and believes that the work could be assigned to the Maternal Health Task Force.

DPH appreciates the intent of sections 2 and 3, but the implementation of the report card would require resources which are not included in the Governor's proposed budget, and therefore the Department cannot support the requirement at this time. DPH also believes that the report card advisory group can be absorbed into the Maternal Health Task Force as well.

**Nancy Navarretta, Commissioner, Department of Mental Health and Addiction Services (DMHAS):**

Commissioner Navarretta commented that DMHAS has dedicated significant resources to advancing improvements in the mental health of individuals during the perinatal period and applauds the committee's recognition of this issue. They see an incredible opportunity for collaboration and would like to invite the proponents of the newly proposed task force to meet with their agency to share the agency's current efforts in this area.

**Sean Scanlon, State Comptroller, Office of the State Comptroller:**

Mr. Scanlon shared studies that show the various aspects of maternal health and the widespread disparities of that experience. He pointed out that doulas are an excellent resource to help counter those inequities. Throughout 2023 and 2024, his office convened a Healthcare Cabinet which had several subcommittees. The subcommittee on Urban Equity and Disparities provided recommendations to address maternal health disparities. They recommended the state devote more resources to address maternal health and to study maternal morbidity. He believes that the report card requirement would be an excellent tool to hold healthcare providers accountable. He added that the subcommittee recognized the importance of doulas throughout pregnancy, and he believes that by making hospitals more doula-friendly would help to alleviate stress on our state's maternal healthcare system.

**The Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO):**

The Commission pointed out the racial disparities that the state faces with regard to health care and especially maternal health care. The Commission supports the creation of the Task Force and believes it would help identify barriers and develop strategies to ensure access to mental health services for all our mothers. The Commission believes that the report card requirement has the potential to provide ways to improve maternity services and reduce racial disparities by holding healthcare facilities accountable. They commented that doulas provide essential support during pregnancy and childbirth which can lead to better outcomes. They added that barriers to integrating doulas into hospital settings persist, and having DPH convene an advisory group on doulas will ensure that they are recognized as essential members of the maternity care team.

**Gretchen Shugarts, Commission Analyst, Commission on Racial Equity:**

Ms. Shugarts shared data that highlighted several issues of the healthcare system especially maternal healthcare. She believes that the data shows racism, not classism, is the driving force behind the disparities seen in maternal healthcare. She shared that studies have shown there are other events that disproportionately impact women of color, and these include preeclampsia, preterm birth, and low birth weight. She added that women of color often report providers who fail to take their concerns seriously which ultimately impacts their quality of care. The commission created a report that showed significant racial inequities in the

numbers of pregnancy-associated deaths. They support section 2 of the bill, and hope that DPH will engage a variety of key players from different agencies and non-profits adding that the commission would be happy to serve if called upon. She believes the bill would be strengthened by adding language to the data metrics being collected, and recommends that the legislature consider possible next steps, if any, should a facility earn a poor or failing grade on their report card.

## **NATURE AND SOURCES OF SUPPORT:**

### **The Connecticut Hospital Association (CHA):**

CHA supports the establishment of the Perinatal Mental Health Task Force and would like hospital representatives added to the membership of the task force. They would like to note that the specificity of the inclusion of only an international board-certified lactation consultant on the task force excludes participation of other lactation professionals. They also support the establishment of the Hospital Doula-friendly Policies Advisory Committee and are pleased to see representation from hospitals on the committee. CHA opposes the maternity care report card requirement as they believe that there are several existing sources of data and information available to the state on maternity care. CHA's issues with the report card are about data availability and validity, data privacy, and they believe that the bill fails to acknowledge current maternal health models of care and statewide efforts to improve maternal health. They also have issues with the report card advisory committee as they are unclear how this advisory committee would be distinct from current DPH maternal health advisory groups.

### **Javieska Acosta, eCID, ENT Birth Care:**

Ms. Acosta shared that being of prime childbearing age she was shocked to realize that other options such as home birth might be the only alternative and safer option for her to consider due to the lack of fair treatment and care that is provided to her in standard hospital settings. She added that she doesn't think any woman of any color should take the gamble of a hospital birth considering the statistics. She stated that data showed that discrimination alone contributed to 30% of pregnancy related deaths in 2020.

### **Andy Beltran, Chief Medical Officer, Hispanic Health Council:**

Mr. Beltran commented that he has seen firsthand how disparities have affected healthcare. He shared the story of he and his wife, who is a registered nurse, having to constantly fight to get their voices heard when his wife was going through labor. He believes that his experience is not isolated and is a sign of systemic issues as healthcare was built without fully accounting for the cultural preferences and lived experiences of people of color.

### **Matthew Blinstrubas, Executive Director, Equality Connecticut:**

Mr. Blinstrubas stated that this bill would be a continuation of the efforts of the legislature in passing Public Act 23-147 which allowed for a licensure category for birth centers in our state and established a voluntary certification for doulas.

**Brenda Buchbinder, LCSW, Windham United to Save our Healthcare:**

Ms. Buchbinder shared that Willimantic has suffered the outsourcing of both their Intensive Care Unit (ICU) and their maternity unit. She pointed out that Willimantic is made up of over 50 % women and families of color. She shared the story of how Willimantic closed their maternity ward and highlighted the long arduous journey that residents have faced to access health care services. She asked if the report card will cover maternity deserts like Johnson Memorial and Windham Hospitals. She believes that the doula advisory committee may be enhanced by a doula enactment law that has all insurances cover doula services.

**Liz Diehl, Associate Director, CCAG:**

Ms. Diehl believes that DPH should appoint a committee to determine what qualitative and quantitative measures will be included in the report card.

**Paula Espana, Snap-Ed Nutritionist, Hispanic Health Council:**

Ms. Espana supports the report card requirement and shared data regarding vaginal and cesarean deliveries, US maternal mortality and Connecticut maternal mortality.

**Esther Alcantara, Hispanic Health Council:**

She shared her story of how she had to travel to three different hospitals regarding her labor and delivery because of her immigration and insurance status.

**Allison Logan, Lead Consultant, CT 359 at CT Data Collaborative**

Ms. Logan shared multiple studies that report on perinatal health and mental health in Connecticut and that clients are seeking midwifery-led and community-based models of care, because they have been proven to contribute to better outcomes and reduce disparities.

**Hilary Hahn, Yale Child Study Center:**

Ms. Hahn shared that maternal mental health conditions, including perinatal depression and anxiety, affect up to one in five mothers. She believes that too many women in Connecticut face barriers to screening and treatment due to stigma, lack of provider training, and inadequate integration of mental health services within routine maternal care. She added that screening, followed by access to mental health support, enables mothers to engage in job training, maintain employment, and build stability.

**Renato Muguerza:**

Ms. Muguerza believes that the continued legislative inaction around maternal mental health sends a perceived message that the state of Connecticut does not care about this issue.

**Amy Rodriguez, Licensed Clinical Social Worker (LCSW):**

Ms. Rodriguez believes that the Perinatal Task Force would address the gaps in available resources and supports services for Connecticut mothers and mothers to be, as well as the need for enhanced screening protocols, and provider education to ensure mothers have the mental health support they need and deserve. She also highlighted the persistent reimbursement issues that create barriers to life-saving mental health care.

**Jennifer Vendetti, Social Worker, PSI CT:**

Ms. Vendetti shared that Connecticut has two perinatal specialized outpatient treatment programs but no acute care services in Connecticut for pregnant, postpartum, and early parenting people. She also shared that DMHAS funds and implements the CT ACCESS Mental Health for Moms program, a reproductive psychiatry consultation service for prescribers when they need guidance on medication treatment for pregnant, birthing, lactating and postpartum people.

**Andrea Contreras, MD:**

Ms. Contreras shared data that nationally, over eighty percent of pregnancy-related deaths were deemed to be preventable and mental health conditions were one of the leading causes accounting for twenty-two percent of all maternal deaths per the Center for Disease Control (CDC) reports from 2020. The Connecticut Maternal Mortality Review Committee reported mental health conditions, other than substance use, contributed to twenty-two percent of pregnancy associated deaths from 2015 to 2020 and probably contributed to an additional fourteen percent of pregnancy-associated deaths.

**Katherine Roberts:**

Ms. Roberts shared data that black people make up only 13% of live births but make up 27% of all pregnancy related deaths and that black women also had a higher number of cesarean deliveries when compared to Hispanic and white women while for most women vaginal delivery is safer and healthier than a cesarean delivery.

**Iyanna Liles, MD:**

Ms. Liles stated that she was a member of the Connecticut Maternal Mortality Review Committee and shared the committee's report and recommendations.

**Gretchen Raffa, Chief Policy and Advocacy Officer, Planned Parenthood of Southern New England:**

Ms. Raffa states that increasing equitable access to doula care services has been shown to improve outcomes for both mothers and newborns and that the US maternal death rate exceeds almost every other developed, high-income country. She also shared that black women are three to four times more likely to die from pregnancy-related causes as their white counterparts, according to the CDC.

**Kimberly Sandor, Executive Director, Connecticut Nurses Association:**

Ms. Sandor appreciates the inclusion of a Certified Nurse Midwife and a registered nurse as members of the Perinatal Task Force and would like to see labor and delivery nurses added to the advisory committee regarding doulas.

**Ken Barela, CEO, Hispanic Health Council:**

Mr. Barela stated that the report card was not developed in an arbitrary manner. He pointed out that the research conducted included Hartford HealthCare (HHC), Yale and others, as well as a maternal health conference being hosted by HHC where over 300 maternal health professionals attended, and a white paper was developed. The report card also includes feedback from over 200 women of color, and he added that Maryland adopted the report card last year. He believes that the report card will encourage hospitals to do a better job of coordinating with other agencies on a pre-and post-basis subsequently improving outcome. He shared that they have spoken with, and gained the support of multiple agencies and are requesting that hospitals and birthing centers produce and aggregate qualitative and quantitative data information that they are currently not producing or sharing. He believes that the status quo is the problem and is an example of self-reporting.

**77 additional individuals offered testimony in support of the bill which included various personal stories and studies regarding the topic.**

**NATURE AND SOURCES OF OPPOSITION:**

None Expressed

**Reported by: Piotr Kolakowski**

**Date: 4/7/25**