



General Assembly

January Session, 2025

Raised Bill No. 7214

LCO No. 6212



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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) There is established a perinatal
2 mental health task force to study and make recommendations regarding
3 the improvement of perinatal mental health care services in the state.
4 Such study shall include, but need not be limited to, an examination of
5 the following:

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

8 (2) Evidence-based and promising treatment practices for persons at
9 risk of perinatal mood and anxiety disorders, including, but not limited
10 to, treatment practices involving peer support specialists and
11 community health workers, that promote (A) access to perinatal mood
12 and anxiety disorder screening, diagnosis, intervention, treatment,
13 recovery and prevention, and (B) improved care coordination, systems
14 navigation and case management services that address and eliminate
15 barriers to perinatal mood and anxiety disorder treatment;

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

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

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

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

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

34 (8) An analysis of (A) available perinatal mental health care
35 programs, treatments and services, (B) notable innovations in perinatal
36 mental health care treatment, and (C) gaps in the provision and
37 coordination of perinatal mental health care services that affect the
38 diverse perinatal experiences of unique populations, including, but not
39 limited to, black birthing people, pregnant and postpartum people of
40 color, perinatal immigrant populations, adolescents who are pregnant
41 and parenting, LGBTQIA+ birthing people, child welfare-involved
42 birthing people, disabled, justice-involved, incarcerated and homeless
43 birthing people and their nonbirthing partners.

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

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

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

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

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

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

74 (6) Two appointed by the minority leader of the Senate, one of whom
75 shall be a nurse-midwife licensed pursuant to chapter 377 of the general

76 statutes, and one of whom shall represent a home visiting program in
77 the state;

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

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

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

89 (c) Any member of the task force appointed under subdivision (1),
90 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
91 of the General Assembly.

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

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

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

103 (g) Not later than October 1, 2026, the task force shall submit a report
104 on its findings and recommendations to the joint standing committee of

105 the General Assembly having cognizance of matters relating to public
106 health, in accordance with the provisions of section 11-4a of the general
107 statutes. The task force shall terminate on the date that it submits such
108 report or October 1, 2026, whichever is later.

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

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

135 Sec. 3. (*Effective from passage*) (a) The Commissioner of Public Health
136 shall convene an advisory committee to conduct a study to evaluate the

137 benefits and challenges of making hospitals more doula-friendly and
138 develop legislative recommendations to make hospitals more doula-
139 friendly. The advisory committee shall include representatives of the
140 Department of Public Health, hospital administrators, practicing
141 doulas, including, but not limited to, community-based doulas,
142 maternal health advocates, obstetricians, midwives, Medicaid and
143 insurance policy experts and representatives from communities
144 disproportionately affected by lack of doula support. Such study shall
145 include, but need not be limited to, (1) an assessment of existing hospital
146 policies regarding doula access and the impact of doulas on birth
147 outcomes, (2) identification of systemic, financial and institutional
148 challenges that prevent doulas from being fully incorporated into
149 hospital maternity care, (3) an examination of successful doula-friendly
150 hospital policies implemented in other jurisdictions, (4) data analysis on
151 how doula support affects maternal mortality, caesarean section rates,
152 patient satisfaction and birth equity, (5) an examination of financial
153 models for reimbursement for doula services, including, but not limited
154 to, Medicaid and private insurance, and (6) consultations with (A)
155 hospitals, obstetric providers and doulas on collaboration and
156 implementation challenges relating to doula support in obstetric care,
157 and (B) birthing people, especially those from underserved populations,
158 on their experiences and needs regarding doula support.

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

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

Sec. 3	<i>from passage</i>	New section
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Statement of Purpose:

To (1) establish a task force to study perinatal mental health care, (2) establish a report card for birth centers and hospitals providing maternity care, and (3) require the Commissioner of Public Health to convene an advisory committee to study doula-friendly practices in hospitals.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]