



General Assembly

Substitute Bill No. 7214

January Session, 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) 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 their
23 partners;

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

26 (6) Workforce development initiatives that have successfully
27 promoted the hiring, training and retention of perinatal mental health
28 care providers, including, but not limited to, initiatives that have
29 focused on maximizing nontraditional mental health supports,
30 including, but not limited to, peer support and community health
31 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 persons and other persons of color, immigrants,
40 adolescents who are pregnant and parenting, LGBTQIA+ persons, child
41 welfare-involved persons, disabled persons, justice-involved persons,
42 incarcerated persons and homeless persons and their partners.

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

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

49 received perinatal mood and anxiety disorder treatment;

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

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

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

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

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

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

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

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

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

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

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

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

102 (g) Not later than October 1, 2026, the task force shall submit a report
103 on its findings and recommendations to the joint standing committee of
104 the General Assembly having cognizance of matters relating to public
105 health, in accordance with the provisions of section 11-4a of the general
106 statutes. The task force shall terminate on the date that it submits such
107 report or October 1, 2026, whichever is later.

108 Sec. 2. (NEW) (*Effective October 1, 2025*) (a) The Commissioner of

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

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

134 Sec. 3. (*Effective from passage*) (a) The Commissioner of Public Health
135 shall convene an advisory committee to conduct a study to evaluate the
136 benefits and challenges of making hospitals more doula-friendly and
137 develop legislative recommendations to make hospitals more doula-
138 friendly. The advisory committee shall include representatives of the
139 Department of Public Health, hospital administrators, practicing
140 doulas, including, but not limited to, community-based doulas,
141 maternal health advocates, obstetricians, midwives, Medicaid and
142 insurance policy experts and representatives from communities

143 disproportionately affected by lack of doula support. Such study shall
 144 include, but need not be limited to, (1) an assessment of existing hospital
 145 policies regarding doula access and the impact of doulas on birth
 146 outcomes, (2) identification of systemic, financial and institutional
 147 challenges that prevent doulas from being fully incorporated into
 148 hospital maternity care, (3) an examination of successful doula-friendly
 149 hospital policies implemented in other jurisdictions, (4) data analysis on
 150 how doula support affects maternal mortality, caesarean section rates,
 151 patient satisfaction and birth equity, (5) an examination of financial
 152 models for reimbursement for doula services, including, but not limited
 153 to, Medicaid and private insurance, and (6) consultations with (A)
 154 hospitals, obstetric providers and doulas on collaboration and
 155 implementation challenges relating to doula support in obstetric care,
 156 and (B) pregnant and postpartum persons, especially those from
 157 underserved populations, on their experiences and needs regarding
 158 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:		
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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

PH Joint Favorable Subst.

APP Joint Favorable