



Substitute House Bill No. 7214

Special Act No. 25-7

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

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

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

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(C) 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;

(D) 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;

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

(F) 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;

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

(H) (i) Available perinatal mental health care programs, treatments and services, (ii) notable innovations in perinatal mental health care treatment, and (iii) 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;

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

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

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

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

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

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

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

(1) Two who 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) One representative of a managed care organization in the state;

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

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

(5) One obstetrician, licensed pursuant to chapter 370 of the general

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statutes, with expertise in providing perinatal mental health care services in the state;

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

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

(8) One 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;

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

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

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

(12) One representative of an organization in the state 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;

(13) One international board certified lactation consultant;

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

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

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

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

(c) The commissioner shall (1) not later than February 1, 2026, submit an initial report, and (2) not later than January 1, 2027, submit a final 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.

Governor's Action:
Approved June 10, 2025