



General Assembly

Amendment

January Session, 2025

LCO No. 8879



Offered by:

REP. BELTON, 100 th Dist.	REP. BUMGARDNER, 41 st Dist.
REP. MCCARTHY VAHEY, 133 rd Dist.	REP. SWEET, 91 st Dist.
REP. KEITT, 134 th Dist.	REP. FELIPE, 130 th Dist.
REP. MCGEE T., 116 th Dist.	REP. PARIS, 145 th Dist.
REP. BUTLER, 72 nd Dist.	REP. MARTINEZ, 22 nd Dist.
REP. EXUM, 19 th Dist.	REP. ROBERTS, 137 th Dist.
REP. KHAN, 5 th Dist.	REP. BIGGINS, 11 th Dist.
REP. WILSON, 46 th Dist.	REP. BAKER, 124 th Dist.
REP. SANCHEZ E., 24 th Dist.	REP. NOLAN, 39 th Dist.
REP. BERGER-GIRVALO, 111 th Dist.	SEN. ANWAR, 3 rd Dist.
REP. DILLON, 92 nd Dist.	SEN. MCCRORY, 2 nd Dist.
REP. MENAPACE, 37 th Dist.	SEN. MILLER P., 27 th Dist.
REP. ROCHELLE, 104 th Dist.	SEN. GORDON, 35 th Dist.

To: Subst. House Bill No. 7214

File No. 689

Cal. No. 429

"AN ACT CONCERNING MATERNAL HEALTH."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (*Effective from passage*) (a) The Commissioner of Public
4 Health shall, within available appropriations, convene an advisory
5 committee to conduct a study and make recommendations regarding
6 the (1) improvement of perinatal mental health care services in the state,

7 and (2) benefits and challenges of making hospitals more doula-
8 friendly. Such study shall include, but need not be limited to, an
9 examination of the following:

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

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

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

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

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

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

36 (G) Models for private and public funding of perinatal mental health

37 care initiatives;

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

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

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

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

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

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

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

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

63 (1) Two who shall be (A) a person with current or past perinatal mood
64 and anxiety disorders, (B) a caregiver or partner of a person with current
65 or past perinatal mood and anxiety disorders, or (C) an advocate with

66 expertise in perinatal mental health care in the state and who has
67 received perinatal mood and anxiety disorder treatment;

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

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

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

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

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

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

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

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

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

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

92 (12) One representative of an organization in the state that seeks to

93 increase support and provide resources for women and their families
94 during pregnancy and the postpartum period, increase awareness of the
95 mental health challenges related to childbearing and parenting and
96 provide perinatal mental training for childbirth professionals;

97 (13) One international board certified lactation consultant;

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

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

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

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

105 (c) The commissioner shall (1) not later than February 1, 2026, submit
106 an initial report, and (2) not later than January 1, 2027, submit a final
107 report, in accordance with the provisions of section 11-4a of the general
108 statutes, to the joint standing committee of the General Assembly
109 having cognizance of matters relating to public health regarding the
110 findings and recommendations of the study conducted by the advisory
111 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