
OLR Bill Analysis

HB 7102

AN ACT CONCERNING MATERNAL AND INFANT HEALTH CARE.

SUMMARY

This bill requires the Office of Health Strategy (OHS) commissioner to develop a strategic plan to increase the number of birth centers and birthing hospitals in areas with high percentages of Medicaid recipients and limited access to these facilities. It also requires the Department of Social Services (DSS) commissioner to increase Medicaid reimbursement rates for doulas as part of its bundled payment for maternity services and report on this increase.

The bill also expands the Connecticut Fatherhood Initiative's (CFI) objectives to include expanding fathers' role in supporting maternal health. Under existing law, DSS must apply for any available federal and private health funds that promote CFI's objectives and award grants from these funds to entities that provide programs that promote various goals (e.g., responsible parenting and economic stability). The bill adds programs that support fathers' roles in supporting maternal health to the types of programs this funding may support.

EFFECTIVE DATE: July 1, 2025

STRATEGIC PLAN ON BIRTH CENTERS AND HOSPITALS

The bill requires OHS to develop a strategic plan to increase the number of birth centers and birthing hospitals located in areas with a high percentage of Medicaid recipients and limited access to these facilities. A birth center is a freestanding facility licensed by the Department of Public Health (DPH) to provide perinatal, labor, delivery, and postpartum care during and immediately after delivery to people with low-risk pregnancies and healthy newborns, typically for less than 24 hours. (It does not include a hospital or facility attached to a hospital.) A birthing hospital is a health care facility that cares for

patients during child delivery and postpartum patients and their newborns following birth.

The bill requires OHS to develop the strategic plan in consultation with the DSS and DPH commissioners and include the following:

1. barriers to opening birth centers and birthing hospitals,
2. incentives that the state may offer to facilitate opening these facilities, and
3. an evaluation of best practices nationwide to facilitate opening and sustaining these facilities.

Under the bill, the OHS commissioner must report by December 1, 2025, to the Appropriations, Human Services, and Public Health committees on recommendations and estimated appropriations needed to open more birth centers and birthing hospitals in underserved areas.

MEDICAID REIMBURSEMENT FOR DOULAS

The bill requires the DSS commissioner to increase Medicaid reimbursement for doulas, within available appropriations, as part of DSS's bundled payment for maternity services. Existing law authorizes DSS to implement a bundled payment for maternity services and an associated alternative payment methodology if the department determines they are designed to improve health quality, equity, member experience, cost containment, or care coordination. The law allows the bundled payment to include payments to physicians and other providers for services from doulas. In practice, DSS has implemented a bundled payment for maternity services that includes coverage for doula services.

Under the bill, the DSS commissioner must report to the Appropriations, Human Services, and Public Health committees by December 1, 2025, on any increase in Medicaid reimbursement for doulas and the impact on the number of doulas providing care to Medicaid recipients.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 17 Nay 5 (03/13/2025)