OLR Bill Analysis

sHB 7214

AN ACT CONCERNING MATERNAL HEALTH.

SUMMARY

This bill makes several changes affecting maternal health. Principally, it:

1. establishes a 16-member Perinatal Mental Health Task Force and requires it to report to the Public Health Committee by October 1, 2026 (§ 1);

2. requires the Department of Public Health (DPH) commissioner to establish an annual maternity care report card for birth centers and hospitals that provide obstetric care (§ 2);

3. requires the commissioner to establish an advisory committee to create the report card's quantitative metrics, qualitative measures, and grading methodology (§ 2);

4. requires the commissioner to adjust a facility's report card score based on obstetric patients' acuity levels to ensure a fair comparison between facilities (§ 2); and

5. requires the (a) commissioner to convene an advisory committee to study making hospitals more doula-friendly and make related legislative recommendations and (b) advisory committee to report to the Public Health Committee by February 1, 2026 (§ 3).

EFFECTIVE DATE: Upon passage, except the provision on the mental health report card takes effect October 1, 2025.

§ 1 — PERINATAL MENTAL HEALTH TASK FORCE

Duties

The bill establishes a 16-member Perinatal Mental Health Task Force

to study and make recommendations on improving perinatal mental health care services in Connecticut. The study must examine the following:

1. populations vulnerable to perinatal mood and anxiety disorders and these disorders' associated risk factors;

2. evidence-based and promising treatment practices for people at risk of these disorders, including treatment involving peer support specialists and community health workers that promote (a) access to screening, diagnosis, intervention, treatment, recovery, and prevention and (b) improved care coordination, systems navigation, and case management services addressing and eliminating barriers to treatment;

3. evidenced-informed practices that are culturally congruent and accessible that promote eliminating racial and ethnic disparities in preventing, screening, diagnosing, treating, and recovering from these conditions;

4. national and global models that successfully promote access to screening, diagnosis, treatment, recovery, and prevention for pregnant and postpartum people and their partners;

5. community-based or multigenerational practices that support people affected by these disorders;

6. workforce development initiatives that have successfully promoted the hiring, training, and retention or perinatal mental health care providers, including those focusing on maximizing nontraditional mental health supports (e.g., peer support and community health services); and

7. public and private funding models for perinatal mental health care initiatives.

Under the bill, the study must also analyze:

1. available perinatal mental health care programs, treatments, and

services;

2. notable innovations in perinatal mental health care treatment; and

3. gaps in perinatal mental health care service delivery and coordination that affect diverse experiences of unique populations (e.g., black and other people of color, immigrants, adolescents who are pregnant and parenting, LGBTQIA+ people, people involved in the child welfare or justice systems, people with disabilities, incarcerated and homeless people, and their partners).

Membership

The task force membership includes the commissioners of children and families and public health, or their designees, and the following appointed members:

1. two appointed by the House speaker, one of whom must be (a) someone with current or past perinatal mood and anxiety disorders, (b) a caregiver or partner of someone with these disorders, or (c) an advocate with expertise in perinatal mental health care in Connecticut who has received treatment for these conditions;

2. two appointed by the Senate president pro tempore, one who represents a managed care organization in the state and one who is a registered nurse with expertise in providing perinatal mental health services in the state;

3. two appointed by the House majority leader, one who is a pediatrician and one who is an obstetrician, each with expertise in providing perinatal mental health services in the state;

4. two appointed by the Senate majority leader, one who is a psychologist and one who is a psychiatrist that provides perinatal mental health care services;

5. two appointed by the House minority leader, one clinical social worker specializing in treating perinatal mood and anxiety disorders who has completed Postpartum Support International's Components of Care training program and one who is a certified doula;

6. two appointed by the Senate minority leader, one who is a nurse midwife and one who represents a Connecticut home visiting program; and

7. two appointed by the governor, one who represents an organization seeking 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, and one who is an international board-certified lactation consultant.

Under the bill, appointing authorities must make their initial appointments within 30 days after the bill's passage and fill any vacancy. Legislatively appointed members may be legislators.

The House speaker and Senate president pro tempore must select the task force chairpersons from among its members. The chairpersons must schedule and hold the task force's first meeting within 60 days after the bill takes effect.

The bill requires the Public Health Committee's administrative staff to serve in this capacity for the task force.

Report

The bill requires the task force to submit its findings and recommendations to the Public Health Committee by October 1, 2026. The task force ends on this date or when it submits the report, whichever is later.

§ 2 — MENTAL HEALTH REPORT CARD

The bill requires the DPH commissioner to establish an annual

maternity care report card that evaluates maternity care provided at birth centers and hospitals that provide obstetric care.

Under the bill, the report card must include (1) quantitative metrics; (2) qualitative measures based on patient-reported experiences; and (3) an equity score and grade for each facility, disaggregated by race, ethnicity, and income level. The commissioner must identify and collect any data needed to complete the report card.

The bill requires the commissioner to adjust report card scores based on obstetric patients' acuity level to ensure a fair comparison between facilities. She must also (1) post the report card on the DPH website annually, starting by January 1, 2027, and (2) revise the report card criteria at least once every three years and consult experts when doing so.

Additionally, the bill requires the commissioner to establish an advisory committee to establish the report card's quantitative metrics, qualitative measures, and grading methodology. This methodology must reflect disparities in obstetrics care and outcomes across patient demographics.

The bill also requires the advisory committee, after each report card is posted, to conduct a critical analysis of its data and develop and issue recommendations to birth centers and hospitals to improve maternal health outcomes and report card performance.

§ 3 — STUDY ON DOULA-FRIENDLY HOSPITALS

The bill requires the DPH commissioner to convene an advisory committee to study the benefits and challenges of making hospitals more doula-friendly and make related legislative recommendations.

The study must at least:

1. assess existing hospital policies on doula access and doulas' impact on birth outcomes;

2. identify systemic, financial, and institutional challenges that

prevent doulas from fully incorporating into hospital maternity care;

3. examine successful doula-friendly hospital policies implemented outside of Connecticut;

4. analyze data on how doula support affects maternal mortality, caesarean section rates, patient satisfaction, and birth equity;

5. examine financial reimbursement models for doula services, including Medicaid and private insurance; and

6. consult with (a) hospitals, obstetric providers, and doulas on collaboration and implementation challenges related to doula support in obstetric care and (b) pregnant and postpartum people, especially those from underserved populations, on their experiences and needs regarding doula support.

Under the bill, the advisory committee membership includes representatives of DPH, hospital administrators, practicing doulas (including community-based doulas), maternal health advocates, obstetricians, midwives, Medicaid and insurance policy experts, and communities disproportionately affected by lack of doula support.

The bill requires the commissioner to report the study findings and recommendations to the Public Health Committee by February 1, 2026.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 21 Nay 9 (03/27/2025)