General Assembly

Amendment

January Session, 2025

LCO No. **8569**

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Offered by:

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

To: Subst. House Bill No. **7214** File No. 689 Cal. No. 429

"AN ACT CONCERNING MATERNAL HEALTH."

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

"Section 1. (*Effective from passage*) (a) The Commissioner of Public Health shall 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;

(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;

(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 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;

(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) Not later than February 1, 2026, the commissioner shall submit a 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.

Sec. 2. (NEW) (*Effective from passage*) (a) The Commissioner of Public Health shall convene an advisory committee to establish quantitative metrics, qualitative measures and an assessment methodology for an annual maternity care report card for birth centers, licensed pursuant to section 19a-566 of the general statutes, and hospitals, licensed pursuant to chapter 368v of the general statutes, that provide obstetric care that will evaluate maternity care provided at such birth centers and hospitals. Such assessment methodology shall reflect disparities in obstetric care and outcomes across patient demographics using valid statistical principles and other widely accepted data science methodologies to ensure data sufficiency. The advisory committee shall include (1) at least one representative of (A) an association of hospitals in the state, (B) a medical society of physicians in the state, (C) a

professional membership organization for obstetrician-gynecologists, (D) a hospital in the state that has a significant percentage of high-risk births, (E) an independent hospital in the state that is not part of a multihospital health care system, (F) birth centers, and (G) an organization in the state established to promote equity and address health disparities for vulnerable communities through research, advocacy and culturally resonant services, and (2) a person with expertise in the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191. Not later than February 1, 2026, the commissioner shall submit a 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 quantitative metrics, qualitative measures and an assessment methodology established by the advisory committee.

(b) On or after July 1, 2026, the commissioner shall establish an annual maternity care report card based on the quantitative metrics, qualitative measures and an assessment methodology established by the advisory committee. The commissioner shall identify and collect any available data necessary to complete such report card. Such report card shall include, but need not be limited to, quantitative metrics, qualitative measures based on patient-reported experiences and, to the extent recommended by the advisory committee, an assessment of care received by patients at each birth center and hospital disaggregated by race, ethnicity and income level. The commissioner shall adjust the report card based on factors identified by the advisory committee and the acuity level of obstetric patients served by each birth center and hospital to ensure fair comparisons between facilities. The commissioner shall post the report card not later than January 1, 2027, and annually thereafter, on the Department of Public Health's Internet web site. The commissioner shall, in consultation with the advisory committee, revise the report card criteria at least once every three years and may consult experts regarding the revision of any such criteria. The report card shall comply with the Health Insurance and Portability Act of 1996, P.L. 104-191, as amended from time to time, and the Centers for

Medicare and Medicaid Services' cell suppression policy, or a stricter policy, with respect to any data made available to the public."

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	New section
Sec. 2	*from passage*	New section