



General Assembly

January Session, 2023

Governor's Bill No. 986

LCO No. 4012



Referred to Committee on PUBLIC HEALTH

Introduced by:

Request of the Governor Pursuant
to Joint Rule 9

AN ACT PROTECTING MATERNAL HEALTH.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-490 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2024*):

3 As used in this chapter, unless the context otherwise requires:

4 (a) "Institution" means a hospital, short-term hospital special hospice,
5 hospice inpatient facility, residential care home, nursing home facility,
6 home health care agency, home health aide agency, behavioral health
7 facility, assisted living services agency, substance abuse treatment
8 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,
9 birth center, an infirmary operated by an educational institution for the
10 care of students enrolled in, and faculty and employees of, such
11 institution; a facility engaged in providing services for the prevention,
12 diagnosis, treatment or care of human health conditions, including
13 facilities operated and maintained by any state agency; and a residential
14 facility for persons with intellectual disability licensed pursuant to

15 section 17a-227 and certified to participate in the Title XIX Medicaid
16 program as an intermediate care facility for individuals with intellectual
17 disability. "Institution" does not include any facility for the care and
18 treatment of persons with mental illness or substance use disorder
19 operated or maintained by any state agency, except Whiting Forensic
20 Hospital and the hospital and psychiatric residential treatment facility
21 units of the Albert J. Solnit Children's Center;

22 (b) "Hospital" means an establishment for the lodging, care and
23 treatment of persons suffering from disease or other abnormal physical
24 or mental conditions and includes inpatient psychiatric services in
25 general hospitals;

26 (c) "Residential care home" or "rest home" means a community
27 residence that furnishes, in single or multiple facilities, food and shelter
28 to two or more persons unrelated to the proprietor and, in addition,
29 provides services that meet a need beyond the basic provisions of food,
30 shelter and laundry and may qualify as a setting that allows residents to
31 receive home and community-based services funded by state and
32 federal programs;

33 (d) "Home health care agency" means a public or private
34 organization, or a subdivision thereof, engaged in providing
35 professional nursing services and the following services, available
36 twenty-four hours per day, in the patient's home or a substantially
37 equivalent environment: Home health aide services as defined in this
38 section, physical therapy, speech therapy, occupational therapy or
39 medical social services. The agency shall provide professional nursing
40 services and at least one additional service directly and all others
41 directly or through contract. An agency shall be available to enroll new
42 patients seven days a week, twenty-four hours per day;

43 (e) "Home health aide agency" means a public or private
44 organization, except a home health care agency, which provides in the
45 patient's home or a substantially equivalent environment supportive
46 services which may include, but are not limited to, assistance with

47 personal hygiene, dressing, feeding and incidental household tasks
48 essential to achieving adequate household and family management.
49 Such supportive services shall be provided under the supervision of a
50 registered nurse and, if such nurse determines appropriate, shall be
51 provided by a social worker, physical therapist, speech therapist or
52 occupational therapist. Such supervision may be provided directly or
53 through contract;

54 (f) "Home health aide services" as defined in this section shall not
55 include services provided to assist individuals with activities of daily
56 living when such individuals have a disease or condition that is chronic
57 and stable as determined by a physician licensed in the state;

58 (g) "Behavioral health facility" means any facility that provides
59 mental health services to persons eighteen years of age or older or
60 substance use disorder services to persons of any age in an outpatient
61 treatment or residential setting to ameliorate mental, emotional,
62 behavioral or substance use disorder issues;

63 (h) "Clinical laboratory" means any facility or other area used for
64 microbiological, serological, chemical, hematological,
65 immunohematological, biophysical, cytological, pathological or other
66 examinations of human body fluids, secretions, excretions or excised or
67 exfoliated tissues for the purpose of providing information for the (1)
68 diagnosis, prevention or treatment of any human disease or
69 impairment, (2) assessment of human health, or (3) assessment of the
70 presence of drugs, poisons or other toxicological substances;

71 (i) "Person" means any individual, firm, partnership, corporation,
72 limited liability company or association;

73 (j) "Commissioner" means the Commissioner of Public Health or the
74 commissioner's designee;

75 (k) "Home health agency" means an agency licensed as a home health
76 care agency or a home health aide agency;

77 (l) "Assisted living services agency" means an agency that provides,
78 among other things, nursing services and assistance with activities of
79 daily living to a population that is chronic and stable and may have a
80 dementia special care unit or program as defined in section 19a-562;

81 (m) "Outpatient clinic" means an organization operated by a
82 municipality or a corporation, other than a hospital, that provides (1)
83 ambulatory medical care, including preventive and health promotion
84 services, (2) dental care, or (3) mental health services in conjunction with
85 medical or dental care for the purpose of diagnosing or treating a health
86 condition that does not require the patient's overnight care;

87 (n) "Multicare institution" means a hospital that provides outpatient
88 behavioral health services or other health care services, psychiatric
89 outpatient clinic for adults, free-standing facility for the care or
90 treatment of substance abusive or dependent persons, hospital for
91 psychiatric disabilities, as defined in section 17a-495, or a general acute
92 care hospital that provides outpatient behavioral health services that (1)
93 is licensed in accordance with this chapter, (2) has more than one facility
94 or one or more satellite units owned and operated by a single licensee,
95 and (3) offers complex patient health care services at each facility or
96 satellite unit. For purposes of this subsection, "satellite unit" means a
97 location where a segregated unit of services is provided by the multicare
98 institution;

99 (o) "Nursing home" or "nursing home facility" means (1) any chronic
100 and convalescent nursing home or any rest home with nursing
101 supervision that provides nursing supervision under a medical director
102 twenty-four hours per day, or (2) any chronic and convalescent nursing
103 home that provides skilled nursing care under medical supervision and
104 direction to carry out nonsurgical treatment and dietary procedures for
105 chronic diseases, convalescent stages, acute diseases or injuries;

106 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient
107 dialysis unit that is licensed by the department to provide (A) services
108 on an out-patient basis to persons requiring dialysis on a short-term

109 basis or for a chronic condition, or (B) training for home dialysis, or (2)
110 an in-hospital dialysis unit that is a special unit of a licensed hospital
111 designed, equipped and staffed to (A) offer dialysis therapy on an out-
112 patient basis, (B) provide training for home dialysis, and (C) perform
113 renal transplantations;

114 (q) "Hospice agency" means a public or private organization that
115 provides home care and hospice services to terminally ill patients;

116 (r) "Psychiatric residential treatment facility" means a nonhospital
117 facility with a provider agreement with the Department of Social
118 Services to provide inpatient services to Medicaid-eligible individuals
119 under the age of twenty-one; [and]

120 (s) "Chronic disease hospital" means a long-term hospital having
121 facilities, medical staff and all necessary personnel for the diagnosis,
122 care and treatment of chronic diseases; and

123 (t) "Birth center" means a freestanding facility that is licensed by the
124 department (1) to provide prenatal, labor, delivery and postpartum care
125 during and immediately after delivery to persons presenting with a low-
126 risk pregnancy and healthy newborns for a period typically less than
127 twenty-four hours, and (2) that is not a hospital licensed pursuant to the
128 provisions of this chapter, or attached to or located in such a hospital.
129 For the purposes of this subsection, "low-risk pregnancy" means an
130 uncomplicated, singleton pregnancy that has vertex presentation and is
131 at low risk for developing complications during labor and birth, as
132 determined by an evaluation and examination conducted by a licensed
133 physician or other licensed practitioner acting within the scope of such
134 practitioner's practice.

135 Sec. 2. (NEW) (*Effective October 1, 2023*) (a) On and after January 1,
136 2024, no person, entity, firm, partnership, corporation, limited liability
137 company or association shall establish, conduct, operate or maintain a
138 birth center, as defined in section 19a-490 of the general statutes, as
139 amended by this act, in this state without obtaining a license in
140 accordance with the provisions of chapter 368v of the general statutes.

141 An outpatient clinic shall not provide any birth center services without
142 being licensed as a birth center pursuant to the provisions of chapter
143 368v of the general statutes. For the purposes of this subsection, "birth
144 center services" means prenatal, labor, delivery and postpartum care
145 during and immediately after delivery to persons presenting with a low-
146 risk pregnancy and healthy newborns for a period typically less than
147 twenty-four hours and "low-risk pregnancy" has the same meaning as
148 provided in subsection (t) of section 19a-490 of the general statutes, as
149 amended by this act.

150 (b) Each applicant for licensure as a birth center shall be accredited
151 by the Commission for the Accreditation of Birth Centers at the time it
152 submits an application for licensure to the Department of Public Health
153 and maintain such accreditation during the time it is licensed. If a birth
154 center loses its accreditation, the birth center shall immediately notify
155 the Commissioner of Public Health and cease providing birth center
156 services to patients until authorized by the commissioner to reinstate
157 such services.

158 (c) Each birth center shall have a written plan to obtain services from
159 a hospital, licensed pursuant to chapter 368v of the general statutes, to
160 provide obstetrical, pediatric and neonatal services in the event of an
161 emergency or other conditions that pose a risk to the health of a patient
162 that require transfer of the patient to a hospital. No hospital shall refuse
163 to enter into or terminate an agreement with a birth center for the
164 implementation of such plan without the commissioner's approval.

165 (d) The commissioner may adopt regulations, in accordance with the
166 provisions of chapter 54 of the general statutes, to implement the
167 provisions of this section and section 19a-495 of the general statutes.
168 Such regulations may include, but need not be limited to, provisions
169 regarding the administration of the facility, staffing requirements,
170 infection control protocols, physical plant requirements,
171 accommodation of the participation of support persons of the patient's
172 choice, limitations on the provision of anesthesia and surgical
173 procedures, operating procedures for determining risk status of patients

174 at admission and during labor, reportable events, medical records,
175 pharmaceutical services, laundry services and emergency planning. The
176 commissioner may implement policies and procedures necessary to
177 administer the provisions of this section while in the process of adopting
178 such policies and procedures as regulations, provided notice of intent to
179 adopt regulations is published on the eRegulations System not later than
180 twenty days after the date of implementation. Policies and procedures
181 implemented pursuant to this subsection shall be valid until the date on
182 which final regulations are adopted.

183 Sec. 3. Subsection (c) of section 19a-491 of the general statutes is
184 repealed and the following is substituted in lieu thereof (*Effective January*
185 *1, 2024*):

186 (c) [Notwithstanding any regulation, the] The Commissioner of
187 Public Health shall charge the following fees for the biennial licensing
188 and inspection of the following institutions: (1) Chronic and
189 convalescent nursing homes, per site, four hundred forty dollars; (2)
190 chronic and convalescent nursing homes, per bed, five dollars; (3) rest
191 homes with nursing supervision, per site, four hundred forty dollars; (4)
192 rest homes with nursing supervision, per bed, five dollars; (5) outpatient
193 dialysis units and outpatient surgical facilities, six hundred twenty-five
194 dollars; (6) mental health residential facilities, per site, three hundred
195 seventy-five dollars; (7) mental health residential facilities, per bed, five
196 dollars; (8) hospitals, per site, nine hundred forty dollars; (9) hospitals,
197 per bed, seven dollars and fifty cents; (10) nonstate agency educational
198 institutions, per infirmary, one hundred fifty dollars; (11) nonstate
199 agency educational institutions, per infirmary bed, twenty-five dollars;
200 (12) home health care agencies, except certified home health care
201 agencies described in subsection (d) of this section, per agency, three
202 hundred dollars; (13) home health care agencies, hospice agencies or
203 home health aide agencies, except certified home health care agencies,
204 hospice agencies or home health aide agencies described in subsection
205 (d) of this section, per satellite patient service office, one hundred
206 dollars; (14) assisted living services agencies, except such agencies
207 participating in the congregate housing facility pilot program described

208 in section 8-119n, per site, five hundred dollars; (15) short-term hospitals
209 special hospice, per site, nine hundred forty dollars; (16) short-term
210 hospitals special hospice, per bed, seven dollars and fifty cents; (17)
211 hospice inpatient facility, per site, four hundred forty dollars; [and] (18)
212 hospice inpatient facility, per bed, five dollars; and (19) birth centers, per
213 site, nine hundred forty dollars and, per bed, seven dollars and fifty
214 cents.

215 Sec. 4. Section 20-86b of the general statutes is repealed and the
216 following is substituted in lieu thereof (*Effective January 1, 2024*):

217 Nurse-midwives shall practice within a health care system or birth
218 center and have clinical relationships with obstetrician-gynecologists
219 that provide for consultation, collaborative management or referral, as
220 indicated by the health status of the patient. Nurse-midwifery care shall
221 be consistent with the standards of care established by the Accreditation
222 Commission for Midwifery Education. Each nurse-midwife shall
223 provide each patient with information regarding, or referral to, other
224 providers and services upon request of the patient or when the care
225 required by the patient is not within the midwife's scope of practice.
226 Each nurse-midwife shall sign the birth certificate of each infant
227 delivered by the nurse-midwife. If an infant is born alive and then dies
228 within the twenty-four-hour period after birth, the nurse-midwife may
229 make the actual determination and pronouncement of death provided:
230 (1) The death is an anticipated death; (2) the nurse-midwife attests to
231 such pronouncement on the certificate of death; and (3) the nurse-
232 midwife or a physician licensed pursuant to chapter 370 certifies the
233 certificate of death not later than twenty-four hours after such
234 pronouncement. In a case of fetal death, as described in section 7-60, the
235 nurse-midwife who delivered the fetus may make the actual
236 determination of fetal death and certify the date of delivery and that the
237 fetus was born dead.

238 Sec. 5. Section 19a-505 of the general statutes is repealed and the
239 following is substituted in lieu thereof (*Effective October 1, 2023*):

240 (a) No person shall keep a maternity hospital or lying-in place unless
241 such person has previously obtained a license therefor, issued by the
242 Department of Public Health. Each such license shall be valid for a term
243 of two years and may be revoked by the Department of Public Health
244 upon proof that the institution for which such license was issued is
245 being improperly conducted or for the violation of any of the provisions
246 of this section or of the Public Health Code, or on the basis of lack of
247 demonstrable need, provided the licensee shall be given a reasonable
248 opportunity to be heard in reference to such proposed revocation.

249 (b) Within six hours after the departure, removal or withdrawal of
250 any child born at such maternity hospital or lying-in place, the keeper
251 thereof shall make a record of such departure, removal or withdrawal
252 of such child, the names and residences of the persons who took such
253 child or its body and the place to which it was taken and where it was
254 left, which record shall be produced by the keeper or licensee of such
255 hospital or lying-in place, for inspection by and upon the demand of any
256 person authorized to make such inspection by the Department of Public
257 Health or the council. Each keeper of any such hospital or lying-in place,
258 and his servants and agents, shall permit any person so authorized to
259 enter such hospital or lying-in place and inspect such hospital or lying-
260 in place and all of its appurtenances, for the purpose of detecting any
261 improper treatment of any child or any improper management or
262 conduct in such hospital or lying-in place or its appurtenances. Each
263 person so authorized may remove any article which he may think
264 presents evidence of any crime being committed therein and deliver the
265 same to the appropriate law enforcement official to be disposed of
266 according to law. Any person who violates any provision of this section
267 shall be fined not more than two hundred dollars or imprisoned not
268 more than six months or both.

269 (c) On and after January 1, 2024, the Commissioner of Public Health
270 shall not grant or renew a maternity hospital license pursuant to this
271 section.

272 Sec. 6. Subsection (b) of section 19a-638 of the general statutes is

273 repealed and the following is substituted in lieu thereof (*Effective January*
274 *1, 2024*):

275 (b) A certificate of need shall not be required for:

276 (1) Health care facilities owned and operated by the federal
277 government;

278 (2) The establishment of offices by a licensed private practitioner,
279 whether for individual or group practice, except when a certificate of
280 need is required in accordance with the requirements of section 19a-
281 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

282 (3) A health care facility operated by a religious group that
283 exclusively relies upon spiritual means through prayer for healing;

284 (4) Residential care homes, as defined in subsection (c) of section 19a-
285 490, as amended by this act, and nursing homes and rest homes, as
286 defined in subsection (o) of section 19a-490, as amended by this act;

287 (5) An assisted living services agency, as defined in section 19a-490,
288 as amended by this act;

289 (6) Home health agencies, as defined in section 19a-490, as amended
290 by this act;

291 (7) Hospice services, as described in section 19a-122b;

292 (8) Outpatient rehabilitation facilities;

293 (9) Outpatient chronic dialysis services;

294 (10) Transplant services;

295 (11) Free clinics, as defined in section 19a-630;

296 (12) School-based health centers and expanded school health sites, as
297 such terms are defined in section 19a-6r, community health centers, as
298 defined in section 19a-490a, not-for-profit outpatient clinics licensed in

299 accordance with the provisions of chapter 368v and federally qualified
300 health centers;

301 (13) A program licensed or funded by the Department of Children
302 and Families, provided such program is not a psychiatric residential
303 treatment facility;

304 (14) Any nonprofit facility, institution or provider that has a contract
305 with, or is certified or licensed to provide a service for, a state agency or
306 department for a service that would otherwise require a certificate of
307 need. The provisions of this subdivision shall not apply to a short-term
308 acute care general hospital or children's hospital, or a hospital or other
309 facility or institution operated by the state that provides services that are
310 eligible for reimbursement under Title XVIII or XIX of the federal Social
311 Security Act, 42 USC 301, as amended;

312 (15) A health care facility operated by a nonprofit educational
313 institution exclusively for students, faculty and staff of such institution
314 and their dependents;

315 (16) An outpatient clinic or program operated exclusively by or
316 contracted to be operated exclusively by a municipality, municipal
317 agency, municipal board of education or a health district, as described
318 in section 19a-241;

319 (17) A residential facility for persons with intellectual disability
320 licensed pursuant to section 17a-227 and certified to participate in the
321 Title XIX Medicaid program as an intermediate care facility for
322 individuals with intellectual disabilities;

323 (18) Replacement of existing imaging equipment if such equipment
324 was acquired through certificate of need approval or a certificate of need
325 determination, provided a health care facility, provider, physician or
326 person notifies the unit of the date on which the equipment is replaced
327 and the disposition of the replaced equipment;

328 (19) Acquisition of cone-beam dental imaging equipment that is to be

329 used exclusively by a dentist licensed pursuant to chapter 379;

330 (20) The partial or total elimination of services provided by an
331 outpatient surgical facility, as defined in section 19a-493b, except as
332 provided in subdivision (6) of subsection (a) of this section and section
333 19a-639e;

334 (21) The termination of services for which the Department of Public
335 Health has requested the facility to relinquish its license;

336 (22) Acquisition of any equipment by any person that is to be used
337 exclusively for scientific research that is not conducted on humans; [or]

338 (23) On or before June 30, 2026, an increase in the licensed bed
339 capacity of a mental health facility, provided (A) the mental health
340 facility demonstrates to the unit, in a form and manner prescribed by
341 the unit, that it accepts reimbursement for any covered benefit provided
342 to a covered individual under: (i) An individual or group health
343 insurance policy providing coverage of the type specified in
344 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-
345 insured employee welfare benefit plan established pursuant to the
346 federal Employee Retirement Income Security Act of 1974, as amended
347 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,
348 and (B) if the mental health facility does not accept or stops accepting
349 reimbursement for any covered benefit provided to a covered
350 individual under a policy, plan or program described in clause (i), (ii) or
351 (iii) of subparagraph (A) of this subdivision, a certificate of need for such
352 increase in the licensed bed capacity shall be required; or

353 (24) A birth center, as defined in section 19a-490, as amended by this
354 act.

355 Sec. 7. (NEW) (*Effective October 1, 2023*) (a) As used in this section and
356 section 8 of this act, "infant death" means the death of a child that occurs
357 between birth and one year of age.

358 (b) There is established, within the Department of Public Health, an

359 infant mortality review program. The purpose of the program shall be
360 to review medical records and other relevant data related to infant
361 deaths, including, but not limited to, information collected from death
362 and birth records, and medical records from health care providers and
363 health care facilities for the purposes of making recommendations to
364 reduce health care disparities and identify gaps in or problems with the
365 delivery of care or services to reduce infant deaths.

366 (c) All health care providers, health care facilities and pharmacies
367 shall provide the Commissioner of Public Health, or the commissioner's
368 designee, with access to all medical and other records associated with
369 an infant death case under review by the program, including, but not
370 limited to, prenatal care records, upon the request of the commissioner.

371 (d) A person who completes a death certificate pursuant to section 7-
372 62b or section 19a-409 of the general statutes for an infant death shall
373 report such death to the department in a form and manner prescribed
374 by the commissioner.

375 (e) Notwithstanding any provision of the general statutes, the
376 commissioner shall notify the child fatality review panel, established
377 pursuant to section 46a-13l of the general statutes, of an infant death if,
378 pursuant to a review performed by the infant mortality review program,
379 the commissioner determines that such infant death occurred in out-of-
380 home care or was due to unexpected or unexplained causes.

381 (f) All information obtained by the commissioner, or the
382 commissioner's designee, for the infant mortality review program shall
383 be confidential pursuant to section 19a-25 of the general statutes, as
384 amended by this act.

385 (g) Notwithstanding any provision of the general statutes, the
386 commissioner, or the commissioner's designee may provide the infant
387 mortality review committee, established pursuant to section 8 of this act,
388 with information as is necessary, in the commissioner's discretion, for
389 the committee to make recommendations regarding the prevention of
390 infant deaths.

391 (h) The provisions of this section and section 8 of this act shall not be
392 construed to limit or alter the authority of the Office of the Child
393 Advocate or the child fatality review panel, established pursuant to
394 section 46a-13l of the general statutes, to investigate or make
395 recommendations regarding a child's death pursuant to the provisions
396 of said section.

397 Sec. 8. (NEW) (*Effective October 1, 2023*) (a) There is established an
398 infant mortality review committee within the department to conduct a
399 comprehensive, multidisciplinary review of infant deaths for purposes
400 of reducing health care disparities, identifying factors associated with
401 infant deaths and making recommendations to reduce infant deaths.

402 (b) The cochairpersons of the infant mortality review committee shall
403 be the Commissioner of Public Health, or the commissioner's designee,
404 and a representative designated by the Connecticut chapter of the
405 American Academy of Pediatrics. The cochairpersons shall convene a
406 meeting of the infant mortality review committee upon the request of
407 the Commissioner of Public Health.

408 (c) The infant mortality review committee may include, but need not
409 be limited to, any of the following members, as needed, depending on
410 the infant death case being reviewed:

411 (1) A physician licensed pursuant to chapter 370 of the general
412 statutes, who specializes in obstetrics and gynecology, designated by
413 the Connecticut Chapter of the American College of Obstetrics and
414 Gynecology;

415 (2) A community health worker, designated by the Commission on
416 Women, Children, Seniors, Equity and Opportunity;

417 (3) A pediatric nurse licensed pursuant to chapter 377 of the general
418 statutes, designated by the Connecticut Nurses Association;

419 (4) A clinical social worker licensed pursuant to chapter 383b of the
420 general statutes, designated by the Connecticut Chapter of the National

421 Association of Social Workers;

422 (5) The Chief Medical Examiner, or the Chief Medical Examiner's
423 designee;

424 (6) A member of the Connecticut Hospital Association representing a
425 pediatric facility;

426 (7) A representative of The University of Connecticut-sponsored
427 Health Disparities Institute;

428 (8) A physician, physician assistant or nurse practitioner practicing
429 neonatology, appointed by the Connecticut Medical Society;

430 (9) The Child Advocate, or the Child Advocate's designee;

431 (10) The Commissioner of Social Services, or the commissioner's
432 designee;

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

435 (12) The Commissioner of Early Childhood, or the commissioner's
436 designee; and

437 (13) Any additional member the cochairpersons determine would be
438 beneficial to serve as a member of the committee.

439 (d) For any infant mortality review, the committee may consult with
440 relevant experts to evaluate the information and findings obtained from
441 the department pursuant to section 7 of this act and make
442 recommendations regarding the prevention of infant deaths.

443 (e) The infant mortality review committee shall include available
444 infant death reports and recommendations produced by the child
445 fatality review panel, established pursuant to section 46a-13l of the
446 general statutes, in its review of infant deaths for the purposes of
447 making recommendations to reduce health care disparities and identify
448 gaps in or problems with the delivery of care or services to reduce infant

449 deaths.

450 (f) Not later than ninety days after completing an infant mortality
451 review, the committee shall, in consultation with the Office of the Child
452 Advocate, report to the Commissioner of Public Health the
453 recommendations and findings of the committee in a manner that
454 complies with section 19a-25 of the general statutes, as amended by this
455 act.

456 (g) All information provided by the department to the infant
457 mortality review committee or provided to any expert consulted by the
458 committee shall be subject to the provisions of section 19a-25 of the
459 general statutes, as amended by this act.

460 Sec. 9. Subsection (a) of section 19a-25 of the general statutes is
461 repealed and the following is substituted in lieu thereof (*Effective October*
462 *1, 2023*):

463 (a) All information, records of interviews, written reports, statements,
464 notes, memoranda or other data, including personal data as defined in
465 subdivision (9) of section 4-190, procured by: (1) The Department of
466 Public Health, by staff committees of facilities accredited by the
467 Department of Public Health, [or] the maternity mortality review
468 committee, established pursuant to section 19a-59i, or the infant
469 mortality review committee, established pursuant to section 8 of this act,
470 in connection with studies of morbidity and mortality conducted by the
471 Department of Public Health, such staff committees, [or] the maternal
472 mortality review committee or the infant mortality review committee,
473 or carried on by said department, such staff committees or the maternal
474 mortality review committee jointly with other persons, agencies or
475 organizations, (2) the directors of health of towns, cities or boroughs or
476 the Department of Public Health pursuant to section 19a-215, or (3) the
477 Department of Public Health or such other persons, agencies or
478 organizations, for the purpose of reducing the morbidity or mortality
479 from any cause or condition, shall be confidential and shall be used
480 solely for the purposes of medical or scientific research and, for

481 information obtained pursuant to section 19a-215, disease prevention
482 and control by the local director of health and the Department of Public
483 Health and reducing the morbidity or mortality from any cause or
484 condition. Such information, records, reports, statements, notes,
485 memoranda or other data shall not be admissible as evidence in any
486 action of any kind in any court or before any other tribunal, board,
487 agency or person, nor shall it be exhibited or its contents disclosed in
488 any way, in whole or in part, by any officer or representative of the
489 Department of Public Health or of any such facility, by any person
490 participating in such a research project or by any other person, except
491 as may be necessary for the purpose of furthering the research project
492 or public health use to which it relates.

493 Sec. 10. (NEW) (*Effective July 1, 2023*) (a) As used in this section, (1)
494 "certified doula" means a doula who is certified by the Department of
495 Public Health, and (2) "doula" means a trained, nonmedical professional
496 who provides physical, emotional and informational support, virtually
497 or in person, to a pregnant person and any family or friends supporting
498 such person before, during and after birth.

499 (b) The Doula Advisory Committee, established pursuant to section
500 40 of public act 22-58, shall advise the Commissioner of Public Health,
501 or the commissioner's designee, on matters relating to doula services,
502 including, but not limited to, (1) access and promotion of education and
503 resources for pregnant persons, and any family and friends supporting
504 such person; (2) recommendations to improve access to doula care; and
505 (3) furthering interagency efforts to address maternal health disparities.
506 The committee shall decide to renew or disband the committee on an
507 annual basis in a manner determined by the commissioner or the
508 commissioner's designee.

509 (c) The Doula Training Program Review Committee, established
510 pursuant to section 40 of public act 22-58, shall (1) conduct an ongoing
511 review of doula education and training programs; (2) provide the
512 commissioner, or the commissioner's designee, with a list of approved
513 doula education and training programs, which shall include training in

514 core doula competencies; and (3) recommend certified doula continuing
515 education requirements to the commissioner.

516 (d) On and after October 1, 2023, no person shall use the title "certified
517 doula" unless such person is certified pursuant to this section.

518 (e) Each person seeking certification to practice as a certified doula
519 shall apply to the Department of Public Health, on forms prescribed by
520 the commissioner, and pay an application fee of one hundred dollars.
521 Such application shall include: (1) Proof that the applicant is eighteen
522 years of age or older; (2) two reference letters from families or
523 professionals with direct knowledge of the applicant's experience as a
524 doula verifying the applicant's training or experience; and (3) (A)
525 demonstration of the applicant's completion of a doula training
526 program or a combination of such programs approved pursuant to
527 subsection (c) of this section, or (B) an attestation by the applicant that
528 such applicant has provided doula services to at least three families
529 during the five years preceding the date of the application.

530 (f) The commissioner may grant certification by endorsement to a
531 doula who presents evidence satisfactory to the commissioner that the
532 applicant is certified as a doula in another state or jurisdiction whose
533 requirements for certification are substantially similar to those of this
534 state. No certification shall be issued under this section to any applicant
535 against whom professional disciplinary action is pending or who is the
536 subject of an unresolved complaint.

537 (g) The commissioner shall adopt continuing education requirements
538 for certified doulas provided by the Doula Training Program Review
539 Committee pursuant to subsection (c) of this section.

540 (h) Certification issued under this section may be renewed every
541 three years. The certification shall be renewed in accordance with the
542 provisions for renewal under section 19a-88 of the general statutes for a
543 fee of one hundred dollars. Each certified doula applying for renewal
544 shall provide to the commissioner evidence of completion of the
545 continuing education requirements adopted pursuant to subsection (g)

546 of this section.

547 (i) The commissioner may take any disciplinary action set forth in
548 section 19a-17 of the general statutes against a certified doula for failure
549 to conform to the accepted standards of the profession including, but
550 not limited to, any of the following reasons: (1) Fraud or deceit in
551 obtaining or seeking reinstatement of a certification to practice as a
552 certified doula; (2) engaging in fraud or material deception in the course
553 of professional services or activities; (3) negligent, incompetent or
554 wrongful conduct in professional activities; (4) aiding or abetting the use
555 of the title "certified doula" by an individual who is not certified; (5)
556 physical, mental or emotional illness or disorder resulting in an inability
557 to conform to the accepted standards of the profession; or (6) abuse or
558 excessive use of drugs, including alcohol, narcotics or chemicals. The
559 commissioner may order a certified doula to submit to a reasonable
560 physical or mental examination if such certified doula's physical or
561 mental capacity to practice safely is the subject of an investigation. The
562 commissioner may petition the superior court for the judicial district of
563 Hartford to enforce such order or any action taken pursuant to section
564 19a-17 of the general statutes. The commissioner shall give notice and
565 an opportunity to be heard on any contemplated action under section
566 19a-17 of the general statutes.

567 Sec. 11. (NEW) (*Effective July 1, 2023*) (a) As used in this section:

568 (1) "Certified midwife" means any individual who completes a
569 graduate degree in midwifery and passes a national certification
570 examination administered by the American Midwifery Certification
571 Board to receive the professional designation of certified midwife;

572 (2) "Community birth" means a planned home birth or a birth
573 occurring at a birth center;

574 (3) "Direct entry midwife" means any individual trained in planned
575 out-of-hospital births other than a nurse-midwife, which may include
576 certified midwives, certified professional midwives, community
577 midwives and traditional midwives; and

578 (4) "Licensed nurse-midwife" means any individual licensed as a
579 nurse-midwife pursuant to chapter 377 of the general statutes.

580 (b) The Commissioner of Public Health shall establish a midwifery
581 working group. The working group shall study and make
582 recommendations concerning the advancement of choices in care for
583 community birth and the role of community midwives in addressing
584 maternal and infant health disparities. Such study shall include, but
585 need not be limited to:

586 (1) Improvements in birthing care quality and safety, including
587 improvements addressing racial disparities in maternal and infant
588 health outcomes;

589 (2) Regulation, licensure or certification of direct entry midwives not
590 otherwise licensed to practice midwifery in the state;

591 (3) Regulation, licensure or certification of certified midwives not
592 otherwise licensed to practice midwifery in the state; and

593 (4) Advancements of interprofessional coordination of birthing care,
594 including community birth.

595 (c) The Commissioner of Public Health shall appoint members of the
596 working group. Such members shall include, but need not be limited to,
597 the commissioner's designee, at least six direct-entry midwives
598 practicing in the state, a certified nurse-midwife with experience
599 working with direct entry midwives, a certified midwife representing
600 an entity that certifies midwives, a doula serving communities of color,
601 a representative of families or a community-based organization with an
602 interest in maternity care, a representative of a community organization
603 furthering health equity, representatives of associated maternity care
604 professions, a representative of the state hospital association and a
605 representative of the Department of Social Services.

606 (d) Not later than February 1, 2024, and annually thereafter, the
607 midwifery working group shall report to the Commissioner of Public

608 Health and, in accordance with the provisions of section 11-4a of the
609 general statutes, to the joint standing committee of the General
610 Assembly having cognizance of matters relating to public health on its
611 findings and recommendations.

612 (e) The midwifery working group shall select to renew or disband the
613 group on an annual basis in a manner determined by the commissioner
614 or the commissioner's designee.

615 Sec. 12. (NEW) (*Effective July 1, 2023*) (a) As used in this section,
616 "universal newborn nurse home visiting" means an evidence-based
617 nurse home visiting model in which a registered nurse, licensed
618 pursuant to chapter 378 of the general statutes, with specialized training
619 provides services in the home to families with newborns in accordance
620 with the provisions of this section.

621 (b) The Commissioner of Early Childhood, in collaboration with the
622 Commissioners of Social Services and Public Health and the Executive
623 Director of the Office of Health Strategy, shall, within available
624 appropriations, develop and implement a state-wide program to offer
625 universal newborn nurse home visiting services to all families with
626 newborns residing in the state to support parental health, healthy child
627 development and strengthen families.

628 (c) When developing the program, said commissioners and executive
629 director, shall (1) consult with insurers that offer health benefit plans in
630 the state, hospitals, local public health authorities, existing early
631 childhood home visiting programs, community-based organizations
632 and social service providers; and (2) maximize the use of available
633 federal funding.

634 (d) The program shall provide universal newborn nurse home
635 visiting services that are (1) evidence-based, and (2) designed to
636 improve outcomes in one or more of the following areas: (A) Child
637 safety; (B) child health and development; (C) family economic self-
638 sufficiency; (D) maternal and parental health; (E) positive parenting; (F)
639 reducing child mistreatment; (G) reducing family violence; (H) parent-

640 infant bonding; and (I) any other appropriate area established, in
641 writing, by the Commissioners of Early Childhood, Social Services and
642 Public Health and the Executive Director of the Office of Health
643 Strategy.

644 (e) The universal newborn nurse home visiting services provided
645 pursuant to the program shall: (1) Be voluntary and carry no negative
646 consequences for a family that declines to participate; (2) be offered in
647 every community in the state; (3) include an evidence-based assessment
648 of the physical, social and emotional factors affecting a family receiving
649 such services; (4) be offered to all families with newborns based on the
650 full extent of available provider capacity; (5) include at least one visit
651 during a newborn's first three months of life or other timeframe as
652 deemed appropriate by said commissioners and executive director, (6)
653 allow families to choose up to a certain number of additional visits
654 consistent with an evidence-based model; (6) include a follow-up visit
655 no later than three months or other time frame established by such
656 model after the last visit; and (7) provide information and referrals to
657 address each family's identified needs.

658 (f) The Commissioner of Social Services may seek approval of an
659 amendment to the state Medicaid plan or a waiver from federal law to
660 provide coverage for universal newborn nurse home visiting services
661 provided pursuant to this section and in a time frame and manner to
662 ensure that such coverage does not duplicate other applicable federal
663 funding.

664 (g) The Commissioner of Early Childhood, in collaboration with the
665 Commissioners of Social Services and Public Health and the executive
666 director of the Office of Health Strategy, shall collect and analyze data
667 generated by the program to assess the effectiveness of the program in
668 meeting the goals described in subsection (d) of this section and
669 collaborate with other state agencies to develop protocols for sharing
670 such data, including the timely sharing of data with primary care
671 providers that provide care to families with newborns receiving
672 universal newborn nurse home visiting services pursuant to the

673 provisions of this section.

674 Sec. 13. Section 19a-505 of the general statutes is repealed. (*Effective*
 675 *July 1, 2025*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2024</i>	19a-490
Sec. 2	<i>October 1, 2023</i>	New section
Sec. 3	<i>January 1, 2024</i>	19a-491(c)
Sec. 4	<i>January 1, 2024</i>	20-86b
Sec. 5	<i>October 1, 2023</i>	19a-505
Sec. 6	<i>January 1, 2024</i>	19a-638(b)
Sec. 7	<i>October 1, 2023</i>	New section
Sec. 8	<i>October 1, 2023</i>	New section
Sec. 9	<i>October 1, 2023</i>	19a-25(a)
Sec. 10	<i>July 1, 2023</i>	New section
Sec. 11	<i>July 1, 2023</i>	New section
Sec. 12	<i>July 1, 2023</i>	New section
Sec. 13	<i>July 1, 2025</i>	Repealer section

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]