



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

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Senate Bill 986 An Act Protecting Maternal Health

The Department of Public Health (DPH) strongly supports Senate Bill 986, An Act Protecting Maternal Health, which includes several provisions proposed by the Governor to advance important maternal health policy in the state. Thank you for raising the Governor’s bill and for the opportunity to testify on this important issue.

Before getting into the details of this bill, I would like to take a moment to define the problem we are trying to solve: Maternal health in the US and in Connecticut is a public health crisis and like other public health crises we have seen, it is riddled with disparate outcomes where Black people and People of Color suffer the most. Between 2018 and 2020, maternal mortality rose. We moved backwards and Black populations were hit harder than others. Black birthing people and infants consistently see the highest rates of poor birth outcomes across all measures. While Connecticut trends slightly below national averages for preterm birth and low-weight births, we still have significant progress to make. Pre-term birth and low birth weight are the some of the most common causes for infant death. Data shows that 40% of pregnancy related deaths could be prevented. We need to move towards lowering this number and making it such that pregnancy is an exciting time for families, not an unknown risk.

Sections 1 through 6 allow the department to create a new licensure category for birth centers in Connecticut. This proposed policy will address the current maternal health crisis at multiple levels. First, the Office of Health Strategy has received several Certificate of Need requests to close labor and delivery units at hospitals that our residents currently rely on. These potential closures could lead to labor and delivery deserts across the state, and they threaten diminishing access to vital health care services. Allowing birth centers to open in the state could create more access to safe and high-quality birthing care in the state, while also easing the burden on larger hospital systems that will also be adversely impacted by these closures.

Birth centers also offer alternative care delivery models for birthing people who want to feel safe while expanding their families, but who do not feel comfortable in a traditional hospital setting. This is particularly important for Black birthing people and birthing People of Color who have

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historically and continue to experience worse birth outcomes compared to White birthing people. Additionally, through their engagement with nurse midwives, APRNs, and doulas, birth centers make space for other provider types that are eager to deliver care that may not be readily available in traditional hospital settings and where these professions are not as common in labor and delivery units. Historically, inclusion of these provider types in delivery models correlates with better outcomes for People of Color.

Sections 7 through 9 establish the Infant Mortality Review Committee to review infant deaths for the purposes of reducing health disparities in maternal and infant care and identify factors associated with infant deaths. The committee will submit regular reports to the DPH Commissioner, making recommendations based on their review. The Governor's proposed biennial budget includes one position to get this work started at DPH. The department looks forward to bringing this committee together and working with our colleagues at the Office of the Child Advocate to ensure that all infant deaths in the state are reviewed and that changes are made to lower the rate of infant death in the state.

Section 10 implements the recommendations of the Doula Advisory Committee to have an optional certification for doulas working in the state. This certification will help the doula workforce in many ways, including outlining a defined pathway to the workforce, creating the opportunity for insurance reimbursement, and generating more opportunities to engage in a variety of health care facilities. Doulas play a very important role throughout the pre- and post-partum phases of pregnancy and during the labor and delivery process. The presence of a doula has proven to improve birth outcomes for birthing People of Color, and we hope that this certification will increase access to this vital workforce. The department thanks the Doula Advisory Committee for their hard work and their commitment to developing this thoughtful policy.

Section 11 establishes an ongoing working group on direct entry midwifery. This group is the recommended extension of the fruitful discussions held by the Midwifery Scope of Practice Review Committee required under section 14 of Public Act 22-58. No recommendations on the licensure of direct entry midwifery were issued upon the completion of the scope of practice review; however, the group wishes to continue their work with the goal of issuing policy recommendations on the regulation of midwifery and the role of midwives in improving quality, access, and equity in birthing care. We thank the Midwifery Scope of Practice Review Committee for their careful approach to these policies and look forward to our continued work together.

Section 12 affirms the ongoing work between the Department, the Office of Early Childhood, the Department of Social Services, and the Office of Health Strategy to establish a Universal Nurse Home Visiting program, named Family Bridge, that lives at the Office of Early Childhood. This program is piloting in Bridgeport where every birthing person will receive a visit from a nurse when they arrive home after delivery. The nurse will ensure that the newborn is healthy,

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that the birthing person is recovering well, and that the family is connected to all of the resources they may need through collaboration with a community health worker. This bill will help ensure that this work is sustained and that the agencies continue this collaboration, with the hopes of expanding throughout Connecticut.

As we emerge from the COVID-19 pandemic, where the ongoing health disparities facing our community were highlighted and exacerbated, we must take this opportunity to finally address them, and particularly our ongoing maternal health crisis, in a meaningful way. The trend of poor health outcomes for Black birthing people and birthing People of Color has continued for far too long. No individual policies will solve the entirety of the problem, but cumulatively, we believe that they will help our state move in the right direction.

Thank you for your consideration of this information. DPH encourages committee members to reach out with any questions.