

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5322

AN ACT CONCERNING THE DISTRIBUTION OF EDUCATIONAL MATERIALS
REGARDING INTIMATE PARTNER VIOLENCE TOWARD PREGNANT AND

Title: POSTPARTUM PATIENTS.

Vote Date: 3/11/2024

Vote Action: Joint Favorable Substitute

PH Date: 3/6/2024

File No.: 108

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

The Department of Public Health Maternal Mortality Review Committee must, by Jan. 1st, 2025, develop educational materials on intimate partner violence toward pregnant and postpartum people. DPH must distribute these materials in print to each birthing hospital and birth center, and electronically to obstetricians and other health care providers who practice obstetrics. The educational material must also be given to pregnant and postpartum patients.

RESPONSE FROM ADMINISTRATION/AGENCY:

Sean Scanlon, State Comptroller, State of Connecticut Office of State Comptroller:

Mr. Scanlon has convened a "Healthcare Cabinet" and one of the subcommittees of the cabinet raised an issue regarding the dangers and impact of intimate partner violence during pregnancy and the postpartum period. There is a lack of screening and education on intimate partner violence. The risk of intimate partner violence is higher during pregnancy and up to one year postpartum. In addition, each person should be made aware of Connecticut's statewide hotline, CT Safe Connect.

NATURE AND SOURCES OF SUPPORT:

Cara During, Director of Community Impact, The Center for Empowerment and Education:

Data from DPH's Pregnancy Risk Assessment Monitoring System found that between 2017 through 2021, 3,200 Connecticut birthing persons experienced Intimate Partner Violence (IPV) in the 12 months prior to pregnancy, while approximately 1,800 experienced IPV during pregnancy. In addition, of those who reported IPV during pregnancy, 70% indicated that they experienced violence in the year prior to pregnancy. Birthing persons of color faced a higher rate of victimization with Hispanic individuals six times more likely, and Black, non-Hispanic individuals 10 times more likely to experience IPV during pregnancy.

Ashley Starr Frechette, Director of Health Outreach, Connecticut Coalition Against Domestic Violence:

The U.S. Surgeon General stated that women are particularly vulnerable to intimate partner violence starting or increasing during pregnancy and postpartum. Adverse outcomes include a greater likelihood of depression, suicide, and homicide. The organization released a report titled Intimate Partner Violence & Pregnancy-Associated Deaths in CT which looked at all maternity mortalities in the state from 2015 through 2021. During that time, of 102 birthing persons who lost their lives, 33 experienced IPV at some point in their life. Of those who experienced IPV, 67% experienced it during pregnancy or within one year of postpartum. The report also found a pattern of missed opportunities within the healthcare system to provide support. Regarding individuals with known IPV, only 60% were screened and none were referred for services.

The Connecticut Hospital Association (CHA):

CHA would like to request the following changes to be made to the bill to increase the success of reaching all patients:

- The Maternal Mortality Review Committee or DPH should be required to include not only education of intimate partner violence and where to seek help, but also specific locations and contact information for intimate partner violence resources.
- There should be a time specified between when DPH provides the materials, and when hospitals must provide the materials to patients. Currently as written, the bill has the unrealistic expectation of giving the materials the same day the hospital will receive those materials. They would like hospitals to be allowed 30 days for them to distribute the materials to patients.
- CHA would request that hospitals be given the option to provide the materials through electronic means rather than a paper copy.
- The new category of birth centers should also be added as a type of provider that must deliver the materials to patients.
- The bill as written requires that each hospital have a portal that posts information and resources for patients. CHA believes that a state entity or a chosen community organization would be a better steward for that information.

NATURE AND SOURCES OF OPPOSITION:

None Expressed

Reported by: Piotr Kolakowski

Date: 3/12/2024