House of Representatives

General Assembly

File No. 408

January Session, 2025

Substitute House Bill No. 7102

House of Representatives, April 1, 2025

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MATERNAL AND INFANT HEALTH CARE.

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

Section 1. (*Effective July 1, 2025*) (a) As used in this section, (1) "birth center" has the same meaning as provided in section 19a-490 of the general statutes, and (2) "birthing hospital" has the same meaning as provided in section 19a-490ee of the general statutes. The Commissioner of Health Strategy, in consultation with the Commissioners of Social Services and Public Health, shall develop a strategic plan to increase the number of birth centers and birthing hospitals located in areas of the state with a high percentage of Medicaid recipients and limited access to birth centers and birthing hospitals.

(b) The strategic plan developed pursuant to subsection (a) of this section shall include (1) identification of any barriers to opening birth centers and birthing hospitals, (2) incentives that may be offered by the state to facilitate the opening of more such centers and hospitals, and (3) an evaluation of best practices nation wide to facilitate the opening and sustainability of such centers and hospitals.

(c) Not later than December 1, 2025, the Commissioner of Health Strategy shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, human services and public health. The report shall include recommendations and an estimate of any state appropriations that may be needed to facilitate the opening of more birth centers and birthing hospitals in underserved areas of the state.

Sec. 2. (*Effective July 1, 2025*) The Commissioner of Social Services, within available appropriations, shall increase Medicaid reimbursement rates for doulas as part of the bundled payment for maternity services established pursuant to section 17b-277d of the general statutes. Not later than December 1, 2025, the commissioner shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, public health and human services on (1) any increase in Medicaid reimbursement rates for doulas, and (2) the impact of any increase in such rates on the number of doulas providing care to Medicaid recipients.

Sec. 3. Section 17b-27c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) There is established a CFI Council to approve the work of the CFI, including, but not limited to, implementation of CFI objectives through a strategic plan developed by the CFI. The council shall actively participate in efforts that further CFI objectives, including, but not limited to: (1) Fostering collaboration between state agencies that provide services for fathers and families; (2) (A) coordinating comprehensive services, (B) ensuring the continuity of services, (C) heightening the impact of services, and (D) avoiding duplication of services; **[**and**]** (3) supporting fathers of children eligible or formerly eligible for services under the temporary assistance for needy families

block grant; and (4) expanding the role of fathers in supporting maternal health.

(b) The membership of the council shall consist of:

(1) The Commissioner of Social Services, or the commissioner's designee;

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

(3) The Commissioner of Correction, or the commissioner's designee;

(4) The Commissioner of Early Childhood, or the commissioner's designee;

(5) The Commissioner of Education, or the commissioner's designee;

(6) The Commissioner of Developmental Services, or the commissioner's designee;

(7) The Commissioner of Housing, or the commissioner's designee;

(8) The Labor Commissioner, or the commissioner's designee;

(9) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;

(10) The Commissioner of Public Health, or the commissioner's designee;

(11) The Commissioner of Veterans Affairs, or the commissioner's designee;

(12) The chairperson of the Board of Pardons and Parole, or the chairperson's designee;

(13) The director of the Support Enforcement Services Division and the executive director of the Court Support Services Division of the Judicial Branch, or their designees;

(14) The Chief Family Support Magistrate, or the Chief Family Support Magistrate's designee;

(15) The chancellor of the Connecticut State Colleges and Universities, or the chancellor's designee;

(16) The director of the Office of Child Support Services within the Department of Social Services, or the director's designee; and

(17) Eleven members appointed by the Commissioner of Social Services, including:

(A) One with expertise in the area of legal assistance to low-income populations;

(B) One representative of the Governor's Workforce Council;

(C) One representative of a regional workforce development board;

(D) One member with expertise in family relations;

(E) One or more representatives of a local fatherhood program;

(F) One member with expertise in male mental and physical health;

(G) One member representing the interests of custodial parents;

(H) One member representing the interests of noncustodial parents;

(I) One member representing the interests of children;

(J) One member with expertise in the area of domestic violence; and

(K) One member with expertise in child development.

(c) The Commissioner of Social Services shall serve as a chairperson of the council and shall designate a cochairperson from among the membership of the council. The commissioner shall convene the council not later than June 26, 2022, and the council shall meet at least quarterly thereafter. The commissioner shall fill any vacancy of seats under

subdivision (17) of subsection (b) of this section.

(d) The Commissioner of Social Services may designate a working group from among the members of the council to carry out specific duties required under this section and section 17b-27b. The commissioner shall seek the advice and participation of any person, organization or state or federal agency the commissioner deems necessary to carry out the provisions of this section and section 17b-27b.

(e) The Commissioner of Social Services, in consultation with the council and within available resources, shall apply for any available federal and private funds for programs that promote CFI objectives in accordance with this section and section 17b-27b. The commissioner shall award grants from any such available funds to entities that provide (1) employment and training opportunities for low-income fathers to increase the earning capacity of such fathers; (2) classes in parenting and financial literacy; and (3) other support services and programs that promote responsible parenting, <u>expanding the role of fathers in supporting maternal health,</u> economic stability and communication and interaction between fathers and their children.

(f) Applicants for grants provided pursuant to subsection (e) of this section shall apply to the Commissioner of Social Services at such time and in such manner as prescribed by the commissioner. The commissioner shall, in consultation with the council, establish criteria for eligibility for grants and for the awarding of grants. At a minimum, the commissioner shall require grantees to (1) implement accountability measures and results-based outcomes as a condition of being awarded a grant; (2) leverage funds through existing resources and collaboration with community-based and nonprofit organizations; and (3) consult with experts in domestic violence to ensure that, when appropriate, the programs and services provided to fathers and families pursuant to this section and section 17b-27b address issues concerning domestic violence.

(g) Not later than December 1, 2022, and annually thereafter, the commissioner, in consultation with the council, shall report, in

accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, human services and children on the grant program's effectiveness in achieving CFI objectives.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2025*	New section
Sec. 2	*July 1, 2025*	New section
Sec. 3	*July 1, 2025*	17b-27c

Statement of Legislative Commissioners:
In Section 1(b)(1), " identification of any" was inserted before "barriers", for clarity, and in Section 2(2), "of any increase in such rates" was inserted after "impact", for clarity.

HS *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 $	FY 27 $
Social Services, Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

***Explanation*:**

Section 1 requires the Office of Health Strategy to develop a plan to open more birth centers and birthing hospitals in underserved areas of the state, which will not result in a fiscal impact.

Section 2 results in a cost to the Department of Social Services (DSS) associated with increasing Medicaid rates paid for doula services. The extent of the cost is dependent on the change in Medicaid rates, which is not specified by the bill.

Section 3 adds to the objectives supported by the Connecticut Fatherhood Initiative (CFI) Council to include programs that expand the role of fathers in supporting maternal health. DSS must apply for related funds and distribute to aligned programs, which the agency can do with existing staff.

The Out Years

State Impact: The annualized ongoing fiscal impact identified above would continue into the future subject to Medicaid rates and service utilization.

Municipal Impact: None

OLR Bill Analysis
HB 7102

AN ACT CONCERNING MATERNAL AND INFANT HEALTH CARE.

SUMMARY

This bill requires the Office of Health Strategy (OHS) commissioner to develop a strategic plan to increase the number of birth centers and birthing hospitals in areas with high percentages of Medicaid recipients and limited access to these facilities. It also requires the Department of Social Services (DSS) commissioner to increase Medicaid reimbursement rates for doulas as part of its bundled payment for maternity services and report on this increase.

The bill also expands the Connecticut Fatherhood Initiative's (CFI) objectives to include expanding fathers' role in supporting maternal health. Under existing law, DSS must apply for any available federal and private health funds that promote CFI's objectives and award grants from these funds to entities that provide programs that promote various goals (e.g., responsible parenting and economic stability). The bill adds programs that support fathers' roles in supporting maternal health to the types of programs this funding may support.

EFFECTIVE DATE: July 1, 2025

STRATEGIC PLAN ON BIRTH CENTERS AND HOSPITALS

The bill requires OHS to develop a strategic plan to increase the number of birth centers and birthing hospitals located in areas with a high percentage of Medicaid recipients and limited access to these facilities. A birth center is a freestanding facility licensed by the Department of Public Health (DPH) to provide perinatal, labor, delivery, and postpartum care during and immediately after delivery to people with low-risk pregnancies and healthy newborns, typically for less than 24 hours. (It does not include a hospital or facility attached to

a hospital.) A birthing hospital is a health care facility that cares for patients during child delivery and postpartum patients and their newborns following birth.

The bill requires OHS to develop the strategic plan in consultation with the DSS and DPH commissioners and include the following:

1. barriers to opening birth centers and birthing hospitals,

2. incentives that the state may offer to facilitate opening these facilities, and

3. an evaluation of best practices nationwide to facilitate opening and sustaining these facilities.

Under the bill, the OHS commissioner must report by December 1, 2025, to the Appropriations, Human Services, and Public Health committees on recommendations and estimated appropriations needed to open more birth centers and birthing hospitals in underserved areas.

MEDICAID REIMBURSEMENT FOR DOULAS

The bill requires the DSS commissioner to increase Medicaid reimbursement for doulas, within available appropriations, as part of DSS's bundled payment for maternity services. Existing law authorizes DSS to implement a bundled payment for maternity services and an associated alternative payment methodology if the department determines they are designed to improve health quality, equity, member experience, cost containment, or care coordination. The law allows the bundled payment to include payments to physicians and other providers for services from doulas. In practice, DSS has implemented a bundled payment for maternity services that includes coverage for doula services.

Under the bill, the DSS commissioner must report to the Appropriations, Human Services, and Public Health committees by December 1, 2025, on any increase in Medicaid reimbursement for doulas and the impact on the number of doulas providing care to

Medicaid recipients.

COMMITTEE ACTION

Human Services Committee

Joint Favorable
Yea 17 Nay 5 (03/13/2025)