



House of Representatives

General Assembly

File No. 55

January Session, 2023

Substitute House Bill No. 6599

House of Representatives, March 14, 2023

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING INTIMATE PARTNER VIOLENCE AND OTHER DOMESTIC VIOLENCE.

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

1 Section 1. Section 19a-59i of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) There is established a maternal mortality review committee within
4 the department to conduct a comprehensive, multidisciplinary review
5 of maternal deaths for purposes of identifying factors associated with
6 maternal death and making recommendations to reduce maternal
7 deaths.

8 (b) The cochairpersons of the maternal mortality review committee
9 shall be the Commissioner of Public Health, or the commissioner's
10 designee, and a representative designated by the Connecticut State
11 Medical Society. The cochairpersons shall convene a meeting of the
12 maternal mortality review committee upon the request of the

13 Commissioner of Public Health.

14 (c) The maternal mortality review committee may include, but need
15 not be limited to, any of the following members, as needed, depending
16 on the maternal death case being reviewed:

17 (1) A physician licensed pursuant to chapter 370 who specializes in
18 obstetrics and gynecology, appointed by the Connecticut State Medical
19 Society;

20 (2) A physician licensed pursuant to chapter 370 who is a
21 pediatrician, appointed by the Connecticut State Medical Society;

22 (3) A community health worker, appointed by the Commission on
23 Women, Children, Seniors, Equity and Opportunity;

24 (4) A nurse-midwife licensed pursuant to chapter 377, appointed by
25 the Connecticut Nurses Association;

26 (5) A clinical social worker licensed pursuant to chapter 383b,
27 appointed by the Connecticut Chapter of the National Association of
28 Social Workers;

29 (6) A psychiatrist licensed pursuant to chapter 370, appointed by the
30 Connecticut Psychiatric Society;

31 (7) A psychologist licensed pursuant to chapter 20-136, appointed by
32 the Connecticut Psychological Association;

33 (8) The Chief Medical Examiner, or the Chief Medical Examiner's
34 designee;

35 (9) A member of the Connecticut Hospital Association;

36 (10) A representative of a community or regional program or facility
37 providing services for persons with psychiatric disabilities or persons
38 with substance use disorders, appointed by the Commissioner of Public
39 Health;

40 (11) A representative of The University of Connecticut-sponsored
41 health disparities institute; or

42 (12) Any additional member the cochairpersons determine would be
43 beneficial to serve as a member of the committee.

44 (d) Whenever a meeting of the maternal mortality review committee
45 takes place, the committee shall consult with relevant experts to
46 evaluate the information and findings obtained from the department
47 pursuant to section 19a-59h and make recommendations regarding the
48 prevention of maternal deaths. Not later than ninety days after such
49 meeting, the committee shall report, to the Commissioner of Public
50 Health, any recommendations and findings of the committee in a
51 manner that complies with section 19a-25.

52 (e) Not later than January 1, 2022, and annually thereafter, the
53 maternal mortality review committee shall submit a report of
54 disaggregated data, in accordance with the provisions of section 19a-25,
55 regarding the information and findings obtained through the
56 committee's investigation process to the joint standing committee of the
57 General Assembly having cognizance of matters relating to public
58 health, in accordance with the provisions of section 11-4a. Such report
59 may include recommendations to reduce or eliminate racial inequities
60 and other public health concerns regarding maternal mortality and
61 severe maternal morbidity in the state.

62 (f) All information provided by the department to the maternal
63 mortality review committee shall be subject to the provisions of section
64 19a-25.

65 (g) Not later than January 1, 2023, the maternal mortality review
66 committee shall develop educational materials regarding:

67 (1) The health and safety of pregnant and postpartum persons with
68 mental health disorders, including, but not limited to, perinatal mood
69 and anxiety disorders, for distribution by the Department of Public
70 Health to each birthing hospital in the state. As used in this subdivision,

71 "birthing hospital" means a health care facility, as defined in section 19a-
72 630, operated and maintained in whole or in part for the purpose of
73 caring for patients during the delivery of a child and for a postpartum
74 person and such person's newborn following birth;

75 (2) Evidence-based screening tools for screening patients for intimate
76 partner violence, peripartum mood disorders and substance use
77 disorder for distribution by the Department of Public Health to
78 obstetricians and other health care providers who practice obstetrics;
79 and

80 (3) Indicators of intimate partner violence for distribution by the
81 Department of Public Health to (A) hospitals for use by health care
82 providers in the emergency department and hospital social workers,
83 and (B) obstetricians and other health care providers who practice
84 obstetrics.

85 (h) Not later than January 1, 2024, the maternal mortality review
86 committee shall develop educational materials regarding intimate
87 partner violence toward pregnant and postpartum persons for
88 distribution by the Department of Public Health to each birthing
89 hospital in the state and to obstetricians and other health care providers
90 who practice obstetrics for provision to pregnant and postpartum
91 patients.

92 Sec. 2. (NEW) (*Effective July 1, 2023*) (a) On or before January 1, 2024,
93 and annually thereafter, any health care provider licensed in the state
94 who screens patients for domestic violence, as defined in section 46b-1
95 of the general statutes, may submit documentation to the Department
96 of Public Health, in a form and manner prescribed by the Commissioner
97 of Public Health, demonstrating that the provider performs domestic
98 violence screening of patients.

99 (b) On or before January 1, 2025, and annually thereafter, the
100 Department of Public Health shall maintain a list of health care
101 providers who have submitted documentation pursuant to subsection
102 (a) of this section and who, in the determination of the Commissioner of

103 Public Health, screen patients for domestic violence. The commissioner
104 shall publish such list on the department's Internet web site.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-59i
Sec. 2	<i>July 1, 2023</i>	New section

PH *Joint Favorable Subst.*

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 24 \$	FY 25 \$
Public Health, Dept.	GF - Cost	157,554	90,627
State Comptroller - Fringe Benefits ¹	GF - Cost	7,146	14,292

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill, which (1) requires the Department of Public Health's (DPH's) Maternal Mortality Review Committee,² by 1/1/24, to develop educational materials on intimate partner violence toward pregnant and postpartum individuals and (2) distribute them to each of the state's birthing hospitals, obstetricians, and other healthcare providers who practice obstetrics, (3) allows any of the state's licensed healthcare providers who screen patients for domestic violence to submit documentation to DPH demonstrating that they do so, and (4) for DPH to maintain and annually publish on its website a list of providers who submit this documentation, results in a fiscal impact to DPH of \$157,554 in FY 24³ and \$90,627 in FY 25 and a cost to the State Comptroller - Fringe Benefits of \$7,146 in FY 24 and \$14,292 in FY 25.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 42.82% of payroll in FY 24.

²The Maternal Mortality Review Committee conducts comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and makes recommendations to reduce these deaths.

³Costs in FY 24 reflect half of a fiscal year. FY 25 costs are annualized.

Costs to DPH reflect the salary of a half-time Epidemiologist I (\$16,688 in FY 24 and \$33,377 in FY 25), one-time equipment costs of \$3,616 in FY 24 only, one-time information technology costs of \$80,000 in FY 24 only, and on-going office supply and printing costs of \$57,250 in both fiscal years.⁴ The cost to the State Comptroller - Fringe Benefits for the half-time Epidemiologist I are \$7,146 in FY 24 and \$14,292 in FY 25.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

⁴It is estimated that approximately 100,000 educational materials will be needed each fiscal year at a cost of \$0.57 each.

OLR Bill Analysis

sHB 6599

AN ACT CONCERNING INTIMATE PARTNER VIOLENCE AND OTHER DOMESTIC VIOLENCE.

SUMMARY

This bill requires the Department of Public Health (DPH) Maternal Mortality Review Committee, by January 1, 2024, to develop educational materials on intimate partner violence toward pregnant and postpartum individuals. DPH must distribute the materials to each of the state's birthing hospitals, obstetricians, and other health care providers who practice obstetrics for them to provide to pregnant and postpartum patients.

By law, the Maternal Mortality Review Committee conducts comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and makes recommendations to reduce these deaths.

Additionally, starting by January 1, 2024, the bill allows any of the state's licensed health care providers who screen patients for domestic violence to submit documentation to DPH demonstrating that they do so. They may do this annually, and as DPH prescribes.

Starting by January 1, 2025, DPH must maintain and publish on the department's website an annual list of providers who submit this documentation and who the commissioner determines screen patients for domestic violence.

EFFECTIVE DATE: Upon passage, except the provision on the list of providers who screen for domestic violence takes effect July 1, 2023.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 35 Nay 0 (03/03/2023)