



House of Representatives

File No. 851

General Assembly

January Session, 2023

(Reprint of File No. 55)

Substitute House Bill No. 6599
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
June 2, 2023

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 Section 19a-59i of the general statutes is repealed and the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 (1) to each birthing hospital in the state, and (2)
89 electronically by the Department of Public Health to obstetricians and
90 other health care providers who practice obstetrics for provision to
91 pregnant and postpartum patients.

92 Sec. 2. Section 19a-490ee of the general statutes is repealed and the
93 following is substituted in lieu thereof (*Effective July 1, 2023*):

94 (a) As used in this section, "birthing hospital" means a health care
95 facility, as defined in section 19a-630, operated and maintained in whole
96 or in part for the purpose of caring for a person during the delivery of a
97 child and for a postpartum person and such person's newborn following
98 birth.

99 (b) On and after October 1, 2022, each birthing hospital shall provide
100 to each patient who has undergone a caesarean section written
101 information regarding the importance of mobility following a caesarean

102 section and the risks associated with immobility following a caesarean
103 section.

104 (c) Not later than January 1, 2023, each birthing hospital shall
105 establish a patient portal through which a postpartum patient can
106 virtually access, through an Internet web site or application, any
107 educational materials and other information that the birthing hospital
108 provided to the patient during the patient's stay at the birthing hospital
109 and at the time of the patient's discharge from the birthing hospital.

110 (d) On and after January 1, 2023, each birthing hospital shall provide
111 to each postpartum patient the educational materials regarding the
112 health and safety of pregnant and postpartum persons with mental
113 health disorders, including, but not limited to, perinatal mood and
114 anxiety disorders, developed by the maternal mortality review
115 committee pursuant to subsection (g) of section 19a-59i, as amended by
116 this act.

117 (e) On and after February 1, 2024, each birthing hospital shall provide
118 to each pregnant and postpartum patient the educational materials
119 regarding intimate partner violence developed by the maternal
120 mortality review committee pursuant to subsection (h) of section 19a-
121 59i, as amended by this act.

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>	19a-490ee

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: None

Municipal Impact: None

Explanation

The bill requires birthing hospitals, on and after 2/1/24, to provide postpartum patients with educational materials on intimate partner violence, developed by the maternal mortality review committee, which is not anticipated to result in a fiscal impact to the state or municipalities.

House "A" struck the language of the underlying bill, replacing it with language that is not anticipated to result in a fiscal impact to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 6599 (as amended by House "A")******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 for distribution to each of the state's birthing hospitals. It requires these hospitals, starting February 1, 2024, to provide the materials to their pregnant and postpartum patients.

The bill also requires DPH to electronically distribute the educational materials to 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.

*House Amendment "A" replaces the original bill (File 55). It (1) removes the requirement that DPH distribute the educational materials to birthing hospitals, (2) specifies that DPH must distribute the materials to specified health care providers electronically, (3) adds the requirement that birthing hospitals distribute the materials to their pregnant and postpartum patients, and (4) removes the provision allowing health care providers who screen patients for domestic violence to annually submit documentation to DPH that they do so and requiring DPH to publish on its website an annual list of these providers.

EFFECTIVE DATE: Upon passage, except the provision on requiring birthing hospitals to provide patients educational materials takes effect July 1, 2023.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 35 Nay 0 (03/03/2023)

Appropriations Committee

Joint Favorable

Yea 53 Nay 0 (05/01/2023)