



General Assembly

Amendment

January Session, 2023

LCO No. 9223



Offered by:

REP. MCCARTHY VAHEY, 133rd Dist.

REP. PARKER, 101st Dist.

To: Subst. House Bill No. 6599

File No. 55

Cal. No. 59

**"AN ACT CONCERNING INTIMATE PARTNER VIOLENCE AND
OTHER DOMESTIC VIOLENCE."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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 Section 19a-59i of the general statutes is repealed and the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

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

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

14 maternal mortality review committee upon the request of the
15 Commissioner of Public Health.

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

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

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

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

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

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

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

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

35 (8) The Chief Medical Examiner, or the Chief Medical Examiner's
36 designee;

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

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

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

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

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

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

64 (f) All information provided by the department to the maternal
65 mortality review committee shall be subject to the provisions of section
66 19a-25.

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

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

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

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

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

87 (h) Not later than January 1, 2024, the maternal mortality review
88 committee shall develop educational materials regarding intimate
89 partner violence toward pregnant and postpartum persons for
90 distribution (1) to each birthing hospital in the state, and (2)
91 electronically by the Department of Public Health to obstetricians and
92 other health care providers who practice obstetrics for provision to
93 pregnant and postpartum patients.

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

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

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

104 section and the risks associated with immobility following a caesarean
105 section.

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

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

119 (e) On and after February 1, 2024, each birthing hospital shall provide
120 to each pregnant and postpartum patient the educational materials
121 regarding intimate partner violence developed by the maternal
122 mortality review committee pursuant to subsection (h) of section 19a-
123 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