

Senate Bill 192 Overview

Senate Bill 192 is aimed to enhance maternal care and health insurance coverage. The bill mandates that hospitals and freestanding birthing centers provide qualified sign language interpreters for patients during childbirth, ensuring effective communication for those with hearing disabilities, as it aligns with federal regulations that prohibit requiring disabled individuals to bring their own interpreters.

Section 1 states: A hospital or freestanding birthing center shall: Notify each patient who is deaf or hard of hearing and is in labor or intends to give birth at the hospital or freestanding birthing center that a qualified sign language interpreter is available while the patient is in the hospital or freestanding birthing center; and upon the request of such a patient or his or her representative, provide the patient with a qualified sign language interpreter until the patient is discharged from the hospital or freestanding birthing center, unless providing an interpreter would be impractical under the circumstances or delay necessary care for the patient

Other provisions in SB 192 include

- allow family members and doulas to be present during the birthing process.
- mandates that various health insurance providers (including individual, group, and managed care plans) cover doula services and include doulas in their provider networks, effective January 1, 2026.
- requires health insurance plans to cover testosterone replacement therapy for menopausal women. The legislation also introduces significant provisions prohibiting the use of race-based health formulas and care standards, requiring medical boards to create and maintain a list of authorized race-based medical practices only when no race-neutral alternative exists.
- requires an independent mental health assessment for children in child welfare agency custody who have been diagnosed with mental or behavioral health conditions.
- prohibits health insurers from discriminating against solo practitioners and mandates a comprehensive study of health care disparities by medical boards and medical schools, with a report to be submitted by February 1, 2027.

Recommendations: Separating the communication needs protected by ADA of Deaf and Hard of Hearing patients during labor and delivery from other fiscal notes such as required insurance plans, assessments and reports,