§ 2500. Maternal and child health; duties of commissioner. 1. The commissioner shall act in an advisory and supervisory capacity, in matters pertaining to the safeguarding of motherhood, the prevention of maternal, perinatal, infant and child mortality, the prevention of diseases, low birth weight, childhood obesity, and defects of childhood and the promotion of maternal, prenatal and child health, including care in hospitals, and shall administer such services bearing on the health of mothers and children for which funds are or shall hereafter be made available.

2. The commissioner shall establish minimum standards in accordance with established and accepted medical principles for local maternal and child health services administered by or under the general supervision of the commissioner.

3. a. The commissioner shall, in conjunction with hospitals, obstetricians, midwives, doulas, maternal health care provider organizations; mental health care provider organizations; and any additional stakeholders that the commissioner deems necessary, evaluate and make recommendations related to the development of maternal health care and birthing best practices which support each patient receiving the highest quality of care. These recommendations shall include, but not be limited to, best practices for every patient to receive:

(i) fair, courteous and respectful culturally competent care free of discrimination;

(ii) accurate and judgment-free advice and recommendations that allow for informed decision making and consent regarding care and treatment, including risks, benefits, outcomes and alternative procedures;

(iii) clear, concise and easily understood information about their care and treatment outcomes, medical team and birthing options, the policies and procedures of the hospital or birthing center, and resources available to them;

(iv) an opportunity to discuss their birthing preferences with their care team and have such preferences documented; and

(v) adequate support during their pregnancy, labor and childbirth, including access to doula and mental health services.

b. No later than one year after the effective date of this subdivision the commissioner shall publish such recommendations on the department of health's website and update all relevant materials provided to the public through the department to reflect these standards. Such recommendations shall be updated at least once after publishing and as necessary thereafter.

4. In conjunction with the state department having general supervision, the commissioner may make or may cause to be made investigation of the conditions affecting the health of children in institutions for day care or domiciliary care. If he shall find any conditions detrimental to health in such institutions, he shall make and report recommendations thereon to the appropriate state department.

5. The commissioner shall cooperate with other state departments having jurisdiction over matters affecting the health of mothers and children, to the end that existing activities may be coordinated and duplication of effort avoided. He shall cooperate with and stimulate local agencies, public and private, in promoting such measures and undertakings as may be designed to accomplish the purposes of this section.