House Bill 1215

By: Representatives Cannon of the 58th, Bazemore of the 69th, Miller of the 62nd, Davis of the 87th, Au of the 50th, and others

A BILL TO BE ENTITLED

AN ACT

To amend Chapter 2A of Title 31 of the Official Code of Georgia Annotated, relating to the Department of Public Health, so as to enact the "Georgia Dignity in Pregnancy and Childbirth Act"; to provide for legislative findings and intent; to provide for definitions; to require perinatal facilities in this state to implement evidence based implicit bias programs for its healthcare professionals; to require certain components in such programs; to provide for initial and refresher training; to provide for the compilation and tracking of data on severe maternal morbidity and pregnancy related deaths; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 2A of Title 31 of the Official Code of Georgia Annotated, relating to the Department of Public Health, is amended by adding a new article to read as follows:

″ARTICLE 4

31-2A-60.

This article shall be known and may be cited as the 'Georgia Dignity in Pregnancy and Childbirth Act.'

31-2A-61.

(a) The General Assembly finds that:

(1) Every person should be entitled to dignity and respect during and after pregnancy and childbirth;

(2) The United States has the highest maternal mortality rate in the developed world. In 2018, there were 17 maternal deaths for every 100,000 live births in the United States, which was twice the ratio for Canada. In 2021, 1,205 women died of maternal causes in the United States;

(3) In Georgia, between 2018 and 2020, there were 30.2 pregnancy related deaths per 100,000 live births. Of the pregnancy related deaths, 89 percent had at least some chance of being prevented. Of the pregnancy related deaths occurring after delivery, 60 percent were insured by Medicaid at the time of delivery;

(4) In 2021, for women of color and particularly black women, the maternal mortality rate remains three times higher than the rate for white women. In Georgia, non-Hispanic black women were two times more likely to die from pregnancy related causes than non-Hispanic white women;

(5) The factors driving disparities are complex and multifactorial and include differences in health insurance coverage and access to quality healthcare at every pregnancy stage, from before conception to prenatal, perinatal, and postpartum care;

(6) Access to prenatal care, socioeconomic status, and general physical health do not fully explain the disparity seen in black women's maternal mortality and morbidity rates.

There is a growing body of evidence indicating that black women are often treated unfairly and unequally in the healthcare system; and

(7) Implicit bias is a key factor driving health disparities in the treatment of patients of color. At present, healthcare providers in Georgia are not required to undergo any implicit bias testing or training, nor does there exist any system to track the number of incidents wherein implicit prejudice and implicit stereotypes have led to negative birth and maternal health outcomes.

(b) It is the intent of the General Assembly to reduce the effects of implicit bias in pregnancy, childbirth, and postnatal care so that all people are treated with dignity and respect by their healthcare providers.

31-2A-62.

As used in this article, the term:

(1) 'Healthcare professional' means a physician or other healthcare practitioner licensed, accredited, or certified to perform specified physical, mental, or behavioral healthcare services consistent with his or her scope of practice under the laws of this state.

(2) 'Implicit bias' means a bias in judgment or behavior that results from subtle cognitive processes, including implicit prejudice and implicit stereotypes that often operate at a level below conscious awareness and without intentional control.

(3) 'Implicit prejudice' means prejudicial negative feelings or beliefs about a group that a person holds without being aware of them.

(4) 'Implicit stereotypes' means the unconscious attributions of particular qualities to a member of a certain social group. Implicit stereotypes are influenced by experience and are based on learned associations between various qualities and social categories, including race or gender.

(5) 'Perinatal care' means the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods.

(6) 'Perinatal facility' means a hospital, clinic, or birthing center that provides perinatal care.

(7) 'Pregnancy related death' means the death of a person while pregnant or within 365 days of the end of a pregnancy, irrespective of the duration or site of the pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental causes.

31-2A-63.

(a) Every perinatal facility in this state shall implement an evidence based implicit bias program for all healthcare professionals involved in the perinatal care of patients within such facility.

(b) An implicit bias program implemented pursuant to subsection (a) of this Code section shall include the following:

(1) Identification of previous or current unconscious biases and misinformation;

(2) Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion;

(3) Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose;

(4) Information on the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of minority communities;

(5) Information about cultural identity across racial or ethnic groups;

(6) Information about communicating more effectively across identities, including racial, ethnic, religious, and gender identities;

(7) Discussion on power dynamics and organizational decision making;

(8) Discussion on health inequities within the perinatal care field, including information on how implicit bias impacts maternal and infant health outcomes;

(9) Perspectives of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community; and

(10) Information on reproductive justice.

(c)(1) A healthcare professional shall complete initial basic training through the implicit bias program based on the components described in subsection (b) of this Code section.

(2) Upon completion of the initial basic training, a healthcare professional shall complete a refresher course under the implicit bias program every two years thereafter, or on a more frequent basis if deemed necessary by the perinatal facility, in order to keep current with changing racial, identity, and cultural trends and best practices in decreasing interpersonal and institutional implicit bias.

(d) Each perinatal facility in this state shall provide a certificate of training completion to another perinatal facility or a training attendee upon request. A perinatal facility may accept a certificate of completion from another perinatal facility to satisfy the training requirement contained in this Code section from a healthcare professional who works in more than one perinatal facility.

(e) If a healthcare professional involved in the perinatal care of patients is not directly employed by a perinatal facility, the facility shall offer the training to such healthcare professional.

31-2A-64.

(a)(1) The department shall collect and track data on severe maternal morbidity, including, but not limited to, all of the following health conditions:

(A) Obstetric hemorrhage;

(B) Hypertension;

(C) Preeclampsia and eclampsia;

(D) Venous thromboembolism;

(E) Sepsis;

(F) Cerebrovascular accident; and

(G) Amniotic fluid embolism.

(2) The data on severe maternal morbidity collected pursuant to this subsection shall be published at least once every three years, after:

(A) The data have been aggregated by state regions, as defined by the department, to ensure the data reflect how regionalized care systems are or should be collaborating to improve maternal health outcomes or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach; and

(B) The data have been disaggregated by racial and ethnic identity.

(b)(1) The department shall collect and track data on pregnancy related deaths, including, but not limited to, all of the conditions listed in subsection (a) of this Code section, indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the postpartum period.

(2) The data on pregnancy related deaths collected pursuant to this subsection shall be published, at least once every three years, after:

(A) The data have been aggregated by state regions, as defined by the department, to ensure the data reflect how regionalized care systems are or should be collaborating to improve maternal health outcomes or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach; and

(B) The data have been disaggregated by racial and ethnic identity.″

SECTION 2.

All laws and parts of laws in conflict with this Act are repealed.