

House Bill 745

By: Representatives Thomas of the 56th, Cannon of the 58th, Shannon of the 84th, Kendrick of the 93rd, and Stephenson of the 90th

A BILL TO BE ENTITLED
AN ACT

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

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 style="text-align:center">**SECTION 1.**

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

13 style="text-align:center">"ARTICLE 4

14 31-2A-60.

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

17 31-2A-61.

18 (a) The General Assembly finds that:

19 (1) Every person should be entitled to dignity and respect during and after pregnancy and
20 childbirth. Patients should receive the best care possible regardless of their race, gender,
21 age, class, sexual orientation, gender identity, disability, language proficiency,
22 nationality, immigration status, gender expression, or religion;

23 (2) The United States has the highest maternal mortality rate in the developed world.
 24 About 700 women die each year from childbirth, and another 50,000 suffer from severe
 25 complications;

26 (3) For women of color, and particularly black women, the maternal mortality rate
 27 remains three to four times higher than that rate for white women;

28 (4) Forty-one percent of all pregnancy related deaths had a good to strong chance of
 29 preventability;

30 (5) Pregnancy related deaths among black women are also more likely to be miscoded;

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

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

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

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

43 31-2A-62.

44 As used in this article, the term:

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

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

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

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

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

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

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

65 31-2A-63.

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

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

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

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

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

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

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

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

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

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

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

86 (10) Information on reproductive justice.

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

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

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

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

102 31-2A-64.

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

105 (A) Obstetric hemorrhage;

106 (B) Hypertension;

107 (C) Preeclampsia and eclampsia;

108 (D) Venous thromboembolism;

109 (E) Sepsis;

110 (F) Cerebrovascular accident; and

111 (G) Amniotic fluid embolism.

112 (2) The data on severe maternal morbidity collected pursuant to this subsection shall be
 113 published at least once every three years, after all of the following have occurred:

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

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

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

124 (2) The data on pregnancy related deaths collected pursuant to this subsection shall be
 125 published, at least once every three years, after all of the following have occurred:

126 (A) The data has been aggregated by state regions, as defined by the department, to
 127 ensure data reflects how regionalized care systems are or should be collaborating to
 128 improve maternal health outcomes, or other smaller regional sorting based on standard

129 statistical methods for accurate dissemination of public health data without risking a
130 confidentiality or other disclosure breach; and
131 (B) The data has been disaggregated by racial and ethnic identity."

132 **SECTION 2.**

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