

House Bill 672

By: Representatives Cannon of the 58th, Bazemore of the 69th, Miller of the 62nd, and Bennett of the 94th

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 definitions; to require perinatal facilities in this state to
4 implement evidence based implicit bias programs for its healthcare professionals; to require
5 certain components in such programs; to provide for initial and refresher training; to provide
6 for the compilation and tracking of data on severe maternal morbidity and pregnancy related
7 deaths; to provide for related matters; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

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

12 "ARTICLE 4

13 31-2A-60.

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

16 31-2A-61.

17 As used in this article, the term:

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

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

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

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

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

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

34 (7) 'Pregnancy related death' means the death of a person while pregnant or within 365
35 days of the end of a pregnancy, irrespective of the duration or site of the pregnancy, from

36 any cause related to, or aggravated by, the pregnancy or its management, but not from
37 accidental or incidental causes.

38 31-2A-62.

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

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

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

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

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

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

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

52 (6) Information about communicating more effectively across identities, including race,
53 ethnicity, religion, and gender;

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

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

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

59 (10) Information on reproductive justice.

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

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

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

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

75 31-2A-63.

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

- 78 (A) Obstetric hemorrhage;
- 79 (B) Hypertension;
- 80 (C) Preeclampsia and eclampsia;
- 81 (D) Venous thromboembolism;
- 82 (E) Sepsis;
- 83 (F) Cerebrovascular accident; and
- 84 (G) Amniotic fluid embolism.

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

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

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

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

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

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

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

105 **SECTION 2.**

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