

Chapter 337

(House Bill 837)

AN ACT concerning

Public Health – Maternal Mortality and Morbidity – Implicit Bias Training and Study

FOR the purpose of altering the purposes of the Cultural and Linguistic Health Care Professional Competency Program; requiring the Cultural and Linguistic Health Care Professional Competency Program to provide a certain certificate to certain individuals and, on request, certain facilities; requiring the Cultural and Linguistic Health Care Professional Competency Program to establish a certain training program for certain health care professionals on or before a certain date; requiring the Cultural and Linguistic Health Care Professional Competency Program to establish a certain training program using best practices; providing that a certain training program may include best practices used in other states; requiring certain health care professionals to complete certain training on or before a certain date and with certain frequency; requiring the Cultural and Linguistic Health Care Professional Competency Program to offer certain training to certain health care professionals; requiring the Maryland Maternal Mortality Review Program, in consultation with certain entities, to conduct a certain study and report its findings to certain committees of the General Assembly on or before a certain date; defining certain terms; and generally relating to maternal mortality and morbidity and implicit bias training.

BY repealing and reenacting, with amendments,

Article – Health – General
Section 20–1302 and 20–1304
Annotated Code of Maryland
(2019 Replacement Volume)

BY adding to

Article – Health – General
Section 20–1305
Annotated Code of Maryland
(2019 Replacement Volume)

Preamble

WHEREAS, Every person should be entitled to dignity and respect during and after pregnancy and childbirth and patients should receive the best care possible regardless of their race, gender, age, class, sexual orientation, gender identity, disability, language proficiency, nationality, immigration status, gender expression, or religion; and

WHEREAS, The United States has the highest maternal mortality rate in the developed world, where about 700 women die each year from childbirth and another 50,000 suffer from severe complications; and

WHEREAS, For women of color, particularly Black women, the maternal mortality rate remains three to four times higher than White women; and

WHEREAS, Forty-one percent of all pregnancy-related deaths had a good-to-strong chance of preventability; and

WHEREAS, Pregnancy-related deaths among Black women are also more likely to be miscoded; and

WHEREAS, 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 and there is a growing body of evidence that Black women are often treated unfairly and unequally in the health care system; and

WHEREAS, Implicit bias is a key cause that drives health disparities in communities of color; and

WHEREAS, Health care providers in Maryland are not required to undergo any implicit bias testing or training; and

WHEREAS, It is in the interest of the State 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 health care providers; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

20–1302.

(a) There is a Cultural and Linguistic Health Care Professional Competency Program.

(b) The purpose of the Program is to [provide]:

(1) PROVIDE for a voluntary program in which educational classes are offered to health care professionals to teach health care professionals:

[(1) (I)] Methods to improve the health care professionals' cultural and linguistic competency to communicate with non-English speaking patients and patients from other cultures who are English speaking;

[(2)] (II) Cultural beliefs and practices that may impact patient health care practices and allow health care professionals to incorporate the knowledge of the beliefs and practices in the diagnosis and treatment of patients; and

[(3)] (III) Methods to enable health care professionals to increase the health literacy of their patients to improve the patient's ability to obtain, process, and understand basic health information and services to make appropriate health care decisions; **AND**

(2) ESTABLISH AND PROVIDE AN EVIDENCE-BASED IMPLICIT BIAS TRAINING PROGRAM FOR HEALTH CARE PROFESSIONALS INVOLVED IN THE PERINATAL CARE OF PATIENTS UNDER § 20-1305 OF THIS SUBTITLE.

20-1304.

(A) The Maryland Department of Health shall develop a method through which the appropriate professional licensing board recognizes the training received by health care professionals under this subtitle, either through continuing education credits or otherwise.

(B) THE PROGRAM SHALL PROVIDE A CERTIFICATE OF TRAINING COMPLETION FOR ANY INDIVIDUAL WHO COMPLETES THE TRAINING ESTABLISHED UNDER § 20-1305 OF THIS SUBTITLE, AND TO A FACILITY ON REQUEST.

20-1305.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "IMPLICIT BIAS" MEANS A BIAS IN JUDGMENT THAT RESULTS FROM SUBTLE COGNITIVE PROCESSES, INCLUDING THE FOLLOWING PREJUDICES AND STEREOTYPES THAT OFTEN OPERATE AT A LEVEL BELOW CONSCIOUS AWARENESS AND WITHOUT INTENTIONAL CONTROL:

(I) PREJUDICIAL NEGATIVE FEELINGS OR BELIEFS ABOUT A GROUP THAT AN INDIVIDUAL HOLDS WITHOUT BEING AWARE OF THE FEELINGS OR BELIEFS; AND

(II) UNCONSCIOUS ATTRIBUTIONS OF PARTICULAR QUALITIES TO A MEMBER OF A SPECIFIC SOCIAL GROUP THAT ARE INFLUENCED BY EXPERIENCE AND BASED ON LEARNED ASSOCIATIONS BETWEEN VARIOUS QUALITIES AND SOCIAL CATEGORIES, INCLUDING RACE AND GENDER.

(3) “PERINATAL CARE” MEANS THE PROVISION OF CARE DURING PREGNANCY, LABOR, DELIVERY, AND POSTPARTUM AND NEONATAL PERIODS.

(4) “PERINATAL CARE FACILITY” INCLUDES:

(I) A HOSPITAL, AS DEFINED IN § 19–301 OF THIS ARTICLE, THAT PROVIDES PERINATAL CARE; AND

(II) A FREESTANDING BIRTHING CENTER, AS DEFINED IN § 19–3B–01 OF THIS ARTICLE.

(B) (1) ON OR BEFORE JANUARY 1, 2021, THE PROGRAM SHALL ESTABLISH AN EVIDENCE–BASED IMPLICIT BIAS TRAINING PROGRAM FOR ALL HEALTH CARE PROFESSIONALS INVOLVED IN THE PERINATAL CARE OF PATIENTS IN A PERINATAL CARE FACILITY.

(2) (I) THE PROGRAM SHALL ESTABLISH THE IMPLICIT BIAS PROGRAM REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION USING BEST PRACTICES IN IMPLICIT BIAS TRAINING.

(II) THE IMPLICIT BIAS PROGRAM REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY INCLUDE BEST PRACTICES USED IN OTHER STATES.

(C) ON OR BEFORE JANUARY 1, 2022, AND ONCE EVERY 2 YEARS THEREAFTER OR MORE FREQUENTLY, AS DETERMINED BY THE PERINATAL CARE FACILITY, A HEALTH CARE PROFESSIONAL WHO IS AN EMPLOYEE OF, AND INVOLVED IN THE PERINATAL CARE OF PATIENTS AT, A PERINATAL CARE FACILITY SHALL COMPLETE THE TRAINING ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.

(D) THE PROGRAM SHALL OFFER THE TRAINING ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION TO ANY HEALTH CARE PROFESSIONAL INVOLVED IN PERINATAL CARE OF PATIENTS AT A PERINATAL CARE FACILITY WHO IS NOT REQUIRED TO COMPLETE THE TRAINING UNDER SUBSECTION (C) OF THIS SECTION BECAUSE THE HEALTH CARE PROFESSIONAL IS NOT AN EMPLOYEE OF A PERINATAL CARE FACILITY.

SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Maternal Mortality Review Program, in consultation with the maternal mortality review committee of MedChi ~~and~~, the local maternal mortality review teams, established under Title 13, Subtitle 12 of the Health – General Article, and the Maryland Maternal Health Innovation Program, shall:

(1) Study:

(i) How reporting on severe maternal morbidity could be added to the responsibilities of the Maternal Mortality Review Program;

(ii) What diagnoses and conditions should be included in the definition of “severe maternal morbidity”;

(iii) How data on severe maternal morbidity would be collected and reported; and

(iv) What would be the fiscal impact of adding severe maternal morbidity to the Maternal Mortality Review Program’s review and reporting responsibilities; and

(2) On or before December 31, 2020, report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2020.

Enacted under Article II, § 17(c) of the Maryland Constitution, May 8, 2020.