

HOUSE BILL 837

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By: **Delegates Pena–Melnyk, Wilkins, Bagnall, B. Barnes, D. Barnes, Bartlett, Carey, Carr, Chang, Chisholm, Crosby, Feldmark, Fennell, W. Fisher, Fraser–Hidalgo, Harrison, Healey, Henson, Howard, Ivey, M. Jackson, Kaiser, Kelly, Lehman, Luedtke, Palakovich Carr, Patterson, Pendergrass, Proctor, Rogers, Turner, Valderrama, Valentino–Smith, Walker, Washington, R. Watson, and Williams**

Introduced and read first time: February 3, 2020

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Maternal Mortality and Morbidity – Implicit Bias Training and**
3 **Study**

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

21 BY repealing and reenacting, with amendments,
22 Article – Health – General
23 Section 20–1302 and 20–1304
24 Annotated Code of Maryland
25 (2019 Replacement Volume)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY adding to
2 Article – Health – General
3 Section 20–1305
4 Annotated Code of Maryland
5 (2019 Replacement Volume)

6 Preamble

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

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

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

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

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

20 WHEREAS, Access to prenatal care, socioeconomic status, and general physical
21 health do not fully explain the disparity seen in Black women’s maternal mortality and
22 morbidity rates and there is a growing body of evidence that Black women are often treated
23 unfairly and unequally in the health care system; and

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

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

28 WHEREAS, It is in the interest of the State to reduce the effects of implicit bias in
29 pregnancy, childbirth, and postnatal care so that all people are treated with dignity and
30 respect by their health care providers; now, therefore,

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

33 Article – Health – General

1 20–1302.

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

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

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

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

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

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

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

20 20–1304.

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

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

27 **20–1305.**

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

30 (2) **“IMPLICIT BIAS” MEANS A BIAS IN JUDGMENT THAT RESULTS**
31 **FROM SUBTLE COGNITIVE PROCESSES, INCLUDING THE FOLLOWING PREJUDICES**
32 **AND STEREOTYPES THAT OFTEN OPERATE AT A LEVEL BELOW CONSCIOUS**

1 AWARENESS AND WITHOUT INTENTIONAL CONTROL:

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

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

9 (3) "PERINATAL CARE" MEANS THE PROVISION OF CARE DURING
10 PREGNANCY, LABOR, DELIVERY, AND POSTPARTUM AND NEONATAL PERIODS.

11 (4) "PERINATAL CARE FACILITY" INCLUDES:

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

14 (II) A FREESTANDING BIRTHING CENTER, AS DEFINED IN §
15 19-3B-01 OF THIS ARTICLE.

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

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

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

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

31 (D) THE PROGRAM SHALL OFFER THE TRAINING ESTABLISHED UNDER
32 SUBSECTION (B) OF THIS SECTION TO ANY HEALTH CARE PROFESSIONAL INVOLVED

1 IN PERINATAL CARE OF PATIENTS AT A PERINATAL CARE FACILITY WHO IS NOT
2 REQUIRED TO COMPLETE THE TRAINING UNDER SUBSECTION (C) OF THIS SECTION
3 BECAUSE THE HEALTH CARE PROFESSIONAL IS NOT AN EMPLOYEE OF A PERINATAL
4 CARE FACILITY.

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

9 (1) Study:

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

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

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

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

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

23 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July
24 1, 2020.