

Department of Legislative Services
 Maryland General Assembly
 2020 Session

FISCAL AND POLICY NOTE
 Third Reader - Revised

House Bill 837

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations

Finance

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

This bill requires the Cultural and Linguistic Health Care Professional Competency Program to establish and provide an evidence-based implicit bias training program for health care professionals involved in perinatal care of patients. By January 1, 2021, the program must establish an implicit-bias training program. By January 1, 2022, and at least once every two years thereafter, health care professionals involved in the care of patients at a perinatal care facility must complete the training. Any individual who completes the training (and a facility, on request) must be issued a certificate of training completion. Uncodified language requires the Maryland Maternal Mortality Review Program to study maternal morbidity, as specified, and report its findings and recommendations to the General Assembly by December 31, 2020. **The bill takes effect July 1, 2020.**

Fiscal Summary

State Effect: Maryland Department of Health (MDH) general fund expenditures increase by \$151,900 in FY 2021 to develop the training program and provide training to perinatal care professionals by January 1, 2022, and every two years thereafter, as discussed below. The required study can be conducted using existing budgeted resources. Future years reflect elimination of one-time costs. Revenues are not affected.

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	151,900	84,900	96,900	89,900	102,600
Net Effect	(\$151,900)	(\$84,900)	(\$96,900)	(\$89,900)	(\$102,600)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: “Implicit bias” means a bias in judgement that results from subtle cognitive processes, including prejudices and stereotypes that often operate at a level below conscious awareness and without intentional control; including (1) prejudicial negative feelings or beliefs about a group that an individual holds without being aware of the feelings or beliefs and (2) 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.

“Perinatal care” means the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods. A “perinatal care facility” includes a hospital that provides perinatal care and a freestanding birthing center.

The Maryland Maternal Mortality Review Program, in consultation with the maternal mortality review committee of MedChi, the local maternal mortality review teams, and the Maryland Maternal Health Innovation Program must study (1) how reporting on severe maternal morbidity could be added to the responsibilities of the program; (2) what diagnoses and conditions should be included in the definition of “severe maternal morbidity”; (3) how data on severe maternal morbidity would be collected and reported; and (4) the fiscal impact of adding severe maternal morbidity to the program’s review and reporting responsibilities.

Current Law:

Cultural and Linguistic Health Care Provider Competency Program

Chapter 414 of 2009 established a voluntary Cultural and Linguistic Health Care Provider Competency Program to offer classes to health care providers on cultural and linguistic competency as it relates to providing health care. Health professional associations in the State are encouraged to identify cultural and linguistic competency training programs or, if feasible, to develop or collaborate in the development of such training programs. Chapter 414 also required MDH to develop a method by which each licensing board may recognize the training received by health care providers. Chapter 671 of 2012 expanded the program to encompass all health care *professionals*, including pharmacists and health educators, rather than *providers* and renamed the program accordingly.

The program must work collaboratively with universities and colleges of medicine, nursing, pharmacy, and dentistry and other health care professional training programs to develop courses with cultural competency, sensitivity, and health literacy that are designed to address the problems of racial and ethnic disparities in health care access, utilization, treatment decisions, quality, and outcomes.

Maryland Maternal Mortality Review Program

Chapter 74 of 2000 established Maryland's Maternal Mortality Review Program to (1) identify maternal death cases; (2) review medical records and other relevant data; (3) determine preventability of death; (4) develop recommendations for the prevention of maternal deaths; and (5) disseminate findings and recommendations. Maternal mortality reviews are conducted by a committee of clinical experts, the Maternal Mortality Review Committee. The program must submit an annual report on findings, recommendations, and program actions to the Governor and the General Assembly.

Background: According to the Maryland Health Care Commission, in 2016 (the last year data is available), 33 of the 47 acute care hospitals in Maryland provided maternity and newborn services. As of February 2020, there are three freestanding birthing centers in the State.

Cultural and Linguistic Competency

Maryland's Office of Minority Health and Health Disparities includes cultural and linguistic competency materials on its website, as well as a list of training toolkits and online training courses. However, these resources do not highlight implicit bias in regard to perinatal care. In October 2018, MDH's Behavioral Health Administration released a Cultural and Linguistic Competency Strategic Plan to establish and maintain statewide culturally and linguistically competent behavioral health services. The [strategic plan](#) does not mention disparity among new or expectant mothers.

Racial Disparity

According to the Maternal Mortality Review Program's 2018 annual [report](#), in the U.S. Black women have a maternal mortality rate (MMR) 2.4 times greater than White women, a disparity that has persisted since the 1940s. In Maryland, there is also a large disparity between the rates among Black and White women. The 2012-2016 Black MMR in Maryland is 3.7 times the White MMR.

State Expenditures: MDH advises that one contractual position and three permanent full-time positions are needed to implement this bill. However, the Department of Legislative Services advises that the added responsibilities incurred by this legislation are not ongoing on an annual basis and, thus, may be performed by two contractual employees or consultants and one-time only contractual services. Approximately 36 perinatal care facilities must receive training by January 1, 2022, and again at least every two years thereafter. Therefore, two contractual trainers or consultants are likely sufficient to provide the required training.

General fund expenditures increase by \$151,895 in fiscal 2021, which accounts for the bill's July 1, 2020 effective date. This estimate reflects the cost of one-time only contractual services of approximately \$50,000 to develop the evidence-based implicit bias training program by January 1, 2021, as well as the cost to hire two contractual implicit bias trainers for one year (January 1, 2021, through December 31, 2021) to provide training at 36 perinatal facilities to ensure all health care providers and facilities have received training by January 1, 2022. It includes salaries, fringe benefits, one-time start-up costs, and operating expenses, including travel.

Contractual Positions	2
Salaries and Fringe Benefits	\$87,480
One-time Contractual Services to Develop Training Program	50,000
Operating Expenses	<u>14,415</u>
Total FY 2021 State Expenditures	\$151,895

The salaries and fringe benefits of the trainers will be spread over fiscal 2021 and 2022. Future year expenditures reflect termination of the contractual positions on December 31, 2021 (fiscal 2022); in fiscal 2023, the two contractual positions resume for the period January 1, 2023, through December 31, 2023, and again from January 1, 2025, through December 31, 2025, to provide the training every two years.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

This estimate does not include any costs associated with possible training materials. To the extent that MDH requires additional staff or resources to implement the implicit bias training program, expenditures increase accordingly. Similarly, to the extent that two full-time contractual positions are not needed in future years, expenditures decrease accordingly.

Additional Comments: In 2019, California enacted the Dignity in Pregnancy and Childbirth Act to require perinatal care facilities to implement implicit bias programs for all health care providers involved in perinatal care of patients. Similar legislation has been introduced in Georgia, New Jersey, and South Carolina.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Association of Counties; Maryland Department of Health; Department of Legislative Services

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