

WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Introduced

House Bill 3257

By Delegate Young

[Introduced February 03, 2023; Referred to the
Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
 2 designated §16-4G-1, §16-4G-2, §16-4G-3, §16-4G-4, §16-4G-5, relating to legislative
 3 findings and intent; providing definitions; requiring perinatal facilities in this state to
 4 implement evidence-based implicit bias programs for health care professionals in those
 5 facilities; to require certain components in such programs; to provide training; and to
 6 provide for the compilation and tracking of data on severe maternal morbidity and
 7 pregnancy-related deaths and other related matters.

Be it enacted by the Legislature of West Virginia:

ARTICLE 4G. DIGNITY IN PREGNANCY ACT.

§16-4G-1. Dignity in Pregnancy Act named.

1 This article shall be known and may be cited as the "Dignity in Pregnancy and Childbirth
 2 Act."

§16-4G-2. Legislative findings.

1 (a) The Legislature finds that:

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

6 (2) The United States has the highest maternal mortality rate in the developed world. About
 7 700 women die each year from childbirth, and another 50,000 suffer from severe complications;

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

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

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

13 (6) Access to prenatal care, socioeconomic status, and general physical health do not fully

14 explain the disparity seen in black women's maternal mortality and morbidity rates. There is a
15 growing body of evidence indicating that black women are often treated unfairly and unequally in
16 the health care system; and

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

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

§16-4G-3.

Definitions.

1 As used in this article:

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

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

8 (3) "Implicit prejudice" means prejudicial negative feelings or beliefs about a group that a
9 person holds without being aware of them.

10 (4) "Implicit stereotypes" means the unconscious attributions of particular qualities to a
11 member of a certain social group. Implicit stereotypes are influenced by experience and are
12 based on learned associations between various qualities and social categories, including race or
13 gender.

14 (5) "Perinatal care" means the provision of care during pregnancy, labor, delivery, and
15 postpartum and neonatal periods.

16 (6) "Perinatal facility" means a hospital, clinic, or birthing center that provides perinatal
17 care.

18 (7) "Pregnancy related death" means the death of a person while pregnant or within 365
19 days of the end of a pregnancy, irrespective of the duration or site of the pregnancy, from any
20 cause related to, or aggravated by, the pregnancy or its management, but not from accidental or
21 incidental causes.

§16-4G-4. Implicit bias training.

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

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

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

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

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

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

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

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

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

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

19 (9) Perspectives of diverse, local constituency groups and experts on particular racial,

20 identity, cultural, and provider-community relations issues in the community; and

21 (10) Information on reproductive justice.

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

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

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

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

§16-4G-5. Data collection and reporting.

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

- 3 (A) Obstetric hemorrhage;
- 4 (B) Hypertension;
- 5 (C) Preeclampsia and eclampsia;
- 6 (D) Venous thromboembolism;
- 7 (E) Sepsis;
- 8 (F) Cerebrovascular accident; and
- 9 (G) Amniotic fluid embolism.

10 (2) The data on severe maternal morbidity collected pursuant to this subsection shall be

11 published at least once every three years, after all of the following have occurred:

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

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

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

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

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

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

NOTE: The purpose of this bill is to require perinatal facilities in this state to implement evidence-based implicit bias programs for health care professionals in that facility; to require certain components in such programs; to provide training; and to provide for the compilation and tracking of data on severe maternal morbidity and pregnancy-related deaths and other related matters.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.