

1 AN ACT relating to implicit bias in perinatal care.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 211.680 is amended to read as follows:

4 ~~[The Kentucky General Assembly declares that the purpose of KRS 211.680 to 211.686~~
5 ~~and KRS 72.029 is to reduce the number of child and maternal fatalities.]~~ The ***Kentucky***

6 General Assembly finds ***and declares the following:***

7 ***(1)*** ~~[That]~~ Establishing priorities and developing programs to prevent child and
8 maternal fatalities requires the:

9 ***(a)***~~[(1)]~~ Accurate determination of the cause and manner of death;

10 ***(b)***~~[(2)]~~ Cooperation and communication among agencies responsible for the
11 investigation of child and maternal fatalities; and

12 ***(c)***~~[(3)]~~ Collection and analysis of data to:

13 ***1.***~~[(a)]~~ Identify trends, patterns, and risk factors; and

14 ***2.***~~[(b)]~~ Evaluate the effectiveness of prevention and intervention strategies;~~[-]~~

15 ***(2)*** ***Every person should be entitled to dignity and respect during and after pregnancy***
16 ***and childbirth, and patients should receive the best care possible regardless of***
17 ***their race, age, class, sexual orientation, disability, language proficiency,***
18 ***nationality, or religion;***

19 ***(3)*** ***The United States has had one of the highest maternal mortality rates in the***
20 ***developed world for over two (2) decades;***

21 ***(4)*** ***For women of color, particularly black women, the maternal mortality rate***
22 ***remains two (2) to three (3) times higher than white women both in the United***
23 ***States and in Kentucky;***

24 ***(5)*** ***Kentucky has a responsibility to decrease the number of preventable maternal***
25 ***deaths;***

26 ***(6)*** ***Access to prenatal care, socioeconomic status, and general physical health do not***
27 ***fully explain the disparity seen in black women's maternal mortality and***

1 morbidity rates; there is a growing body of evidence that black women are often
2 treated unfairly and unequally in the health care system; and

3 (7) Implicit bias is a key cause that drives health disparities in communities of color.

4 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
5 READ AS FOLLOWS:

6 As used in Sections 2 to 5 of this Act:

7 (1) "Implicit bias" means a bias in judgment or behavior that results from subtle
8 cognitive processes, including implicit prejudice and implicit stereotypes that
9 often operate at a level below conscious awareness and without intentional
10 control;

11 (2) "Implicit prejudice" means prejudicial negative feelings or beliefs about a group
12 that a person holds without being aware of them;

13 (3) "Implicit stereotypes" means the unconscious attributions of particular qualities
14 to a member of a certain social group and are influenced by experience and
15 based on learned associations between various qualities and social categories,
16 including race or gender;

17 (4) "Perinatal care" means the provision of care during pregnancy, labor, delivery,
18 and postpartum and neonatal periods; and

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

23 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
24 READ AS FOLLOWS:

25 (1) A health facility licensed under KRS Chapter 216B that provides perinatal care
26 shall provide each patient, upon admission or as soon thereafter as reasonably
27 practical, written information regarding the patient's right to the following:

1 (a) To be informed of continuing health care requirements following discharge
 2 from the hospital;

3 (b) To be informed that, if the patient so authorizes, a friend or family member
 4 may be provided information about the patient's continuing health care
 5 requirements following discharge from the hospital;

6 (c) To participate actively in decisions regarding medical care and the right to
 7 refuse treatment;

8 (d) To appropriate pain assessment and treatment;

9 (e) To be free of discrimination on the basis of race, color, religion, ancestry,
 10 national origin, disability, medical condition, genetic information, marital
 11 status, sex, gender, sexual orientation, citizenship, or primary language;
 12 and

13 (f) To information on how to file a grievance with the following:

14 1. The State Board of Medical Licensure, in accordance with KRS
 15 311.591; and

16 2. The Kentucky Commission on Human Rights.

17 (2) A hospital may include the information required by subsection (1) of this section
 18 with other notices to the patient regarding patient rights.

19 ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
 20 READ AS FOLLOWS:

21 (1) A health facility licensed under KRS Chapter 216B that provides perinatal care
 22 shall implement an evidence-based implicit bias program for all health care
 23 providers involved in the perinatal care of patients within those facilities.

24 (2) An implicit bias program implemented pursuant to subsection (1) of this section
 25 shall include all of the following:

26 (a) Identification of previous or current unconscious biases and
 27 misinformation;

- 1 (b) Identification of personal, interpersonal, institutional, structural, and
2 cultural barriers to inclusion;
- 3 (c) Corrective measures to decrease implicit bias at the interpersonal and
4 institutional levels, including ongoing policies that do not center the patient
5 or that no longer support best practices within the field;
- 6 (d) Information on the ongoing personal effects of intergenerational trauma
7 and oppression of communities of color;
- 8 (e) Information about understanding cultural trauma, racism, and centering
9 the complex identity of the pregnant person;
- 10 (f) Strategies to foster effective communication between client and physician by
11 employing a range of positive communication techniques;
- 12 (g) Discussion of the impact of the power dynamics and organizational decision
13 making on implicit bias;
- 14 (h) Discussion on health inequities within the perinatal care field, including
15 information on how implicit bias impacts maternal and infant health
16 outcomes;
- 17 (i) Perspectives of diverse, local constituency groups, and experts on particular
18 racial, identity, cultural, and provider-community relations issues in the
19 community; and
- 20 (j) Information on reproductive justice and understanding of the ways that
21 social detriments such as transportation, economic status, mental health,
22 access to adequate information, immigration status, environmental justice,
23 and toxic lead exposure impact reproductive health.
- 24 (3) (a) A health care provider described in subsection (1) of this section shall
25 complete initial basic training through the implicit bias program based on
26 the components described in subsection (2) of this section.
- 27 (b) Upon completion of the initial basic training, a health care provider shall

1 complete a refresher course under the implicit bias program every two (2)
2 years thereafter, or on a more frequent basis if deemed necessary by the
3 facility, in order to keep current with changing racial, identity, and cultural
4 trends, and best practices in decreasing interpersonal and institutional
5 implicit bias.

6 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
7 READ AS FOLLOWS:

8 (1) The Department for Public Health shall track data on maternal death and severe
9 morbidity, including but not limited to all of the following health conditions:

10 (a) Obstetric hemorrhage;

11 (b) Hypertension;

12 (c) Preeclampsia and eclampsia;

13 (d) Venous thromboembolism;

14 (e) Sepsis;

15 (f) Cerebrovascular accident;

16 (g) Amniotic fluid embolism;

17 (h) Other indirect obstetric complications; and

18 (i) Other complications pertaining to the pregnancy and puerperium period.

19 (2) The data collected pursuant to subsection (1) of this section shall be published by
20 region, race, and ethnicity on the cabinet's Web site.

21 ➔Section 6. Sections 2 to 5 of this Act may be cited as the Maternal Care Act for
22 Implicit Bias.