

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023**

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SENATE BILL 838

Short Title: MOMnibus 2.5. (Public)

Sponsors: Senators Murdock, Batch, and Robinson (Primary Sponsors).

Referred to: Rules and Operations of the Senate

May 6, 2024

A BILL TO BE ENTITLED

AN ACT TO ENACT THE NORTH CAROLINA MOMNIBUS ACT OF 2024.

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 age, race, ethnicity, color, religion, ancestry, disability, medical condition, genetic information, marital status, sex, gender identity, gender expression, sexual orientation, socioeconomic status, citizenship, nationality, immigration status, primary language, or language proficiency; 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, according to the North Carolina Maternal Mortality Review and Prevention Committee, sixty-three percent (63%) of all maternal deaths in 2014-2015 were determined to be preventable, and black women are at increased risk to die from pregnancy complications compared to white women; and

Whereas, the federal Centers for Disease Control and Prevention finds that the majority of pregnancy-related deaths are preventable; and

Whereas, pregnancy-related deaths among black birthing people 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 maternal mortality and morbidity rates among black individuals, and there is a growing body of evidence that black people are often treated unfairly and unequally in the health care system; and

Whereas, implicit bias is a key driver of health disparities in communities of color; and

Whereas, health care providers in North Carolina are not required to undergo any implicit bias testing or training; and

Whereas, currently there does not exist any system to track the number of incidents where implicit prejudice and implicit stereotypes led to negative birth and maternal health outcomes; and

Whereas, it is in the interest of this 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,

The General Assembly of North Carolina enacts:

PART I. IMPLICIT BIAS TRAINING PROGRAM FOR MATERNAL HEALTH CARE PROVIDERS



1 **SECTION 1.1.(a)** Effective October 1, 2024, Part 5 of Article 1B of Chapter 130A
2 of the General Statutes is amended by adding the following new sections to read:

3 **§ 130A-33.62. Department to establish implicit bias training program for maternal health**
4 **care providers.**

5 (a) The following definitions apply in this section:

- 6 (1) Health care professional. – A licensed physician or other health care provider
7 licensed, registered, accredited, or certified to perform perinatal care and
8 regulated under the authority of a health care professional licensing authority.
9 (2) Health care professional licensing authority. – The Department of Health and
10 Human Services or an agency, board, council, or committee with the authority
11 to impose training or education requirements or licensure fees as a condition
12 of practicing in this State as a health care professional.
13 (3) Implicit bias. – A bias in judgment or behavior that results from subtle
14 cognitive processes, including implicit prejudice and implicit stereotypes, that
15 often operate at a level below conscious awareness and without intentional
16 control.
17 (4) Implicit prejudice. – Prejudicial negative feelings or beliefs about a group that
18 a person holds without being aware of them.
19 (5) Implicit stereotypes. – The unconscious attributions of particular qualities to
20 a member of a certain social group that are influenced by experience and based
21 on learned associations between various qualities and social categories,
22 including race and gender.
23 (6) Maternal care provider. – Includes both of the following:
24 a. A health care professional involved in perinatal care.
25 b. A mental health professional who provides mental health or substance
26 use disorder services to women during pregnancy, the postpartum
27 period, or both.
28 (7) Mental health professional. – Any of the following professionals:
29 a. A psychiatrist licensed under Article 1 of Chapter 90 of the General
30 Statutes.
31 b. A psychologist licensed under Article 18G of Chapter 90 of the
32 General Statutes.
33 c. A licensed clinical mental health counselor licensed under Article 24
34 of Chapter 90 of the General Statutes.
35 d. A substance use disorder professional licensed under Article 5C of
36 Chapter 90 of the General Statutes.
37 e. A social worker licensed to engage in clinical social work under
38 Chapter 90B of the General Statutes.
39 f. A fee-based pastoral counselor licensed under Article 26 of Chapter
40 90 of the General Statutes.
41 g. A licensed marriage and family therapist licensed under Article 18C
42 of Chapter 90 of the General Statutes.
43 h. Any other mental health service provider who performs or purports to
44 perform psychotherapy, as defined in G.S. 90-21.41(3).
45 (8) Mental health professional licensing authority. – The Department of Health
46 and Human Services or an agency, board, council, or committee with the
47 authority to impose training or education requirements or licensure fees as a
48 condition of practicing in this State as a mental health professional.
49 (9) Perinatal care. – The provision of care during pregnancy, labor, delivery, and
50 postpartum and neonatal periods.

1 (10) Perinatal facility. – A hospital, clinic, or birthing center that provides perinatal
2 care in this State.

3 (b) The Department shall develop, in collaboration with (i) community-based
4 organizations led by black women that serve primarily black birthing people and (ii) a historically
5 black college or university or other institution that primarily serves minority populations, an
6 evidence-based implicit bias training program for maternal care providers that includes, at a
7 minimum, all of the following components:

8 (1) Identification of previous or current unconscious biases and misinformation.

9 (2) Identification of personal, interpersonal, institutional, structural, and cultural
10 barriers to inclusion.

11 (3) Corrective measures to decrease implicit bias at the interpersonal and
12 institutional levels, including ongoing policies and practices for that purpose.

13 (4) Information about the effects of implicit bias, including, but not limited to,
14 ongoing personal effects of racism and the historical and contemporary
15 exclusion and oppression of minority communities.

16 (5) Information about cultural identity across racial or ethnic groups.

17 (6) Information about how to communicate more effectively across identities,
18 including racial, ethnic, religious, and gender identities.

19 (7) Information about power dynamics and organizational decision making.

20 (8) Trauma-informed care best practices and an emphasis on shared decision
21 making between providers and patients.

22 (9) Information about health inequities within the perinatal care field, including
23 information on how implicit bias impacts maternal and infant health
24 outcomes.

25 (10) Perspectives of diverse, local constituency groups and experts on particular
26 racial, identity, cultural, and provider-community relations issues in the
27 community.

28 (11) Information about socioeconomic bias.

29 (12) Information about reproductive justice.

30 (c) The Department shall administer the implicit bias training program developed
31 pursuant to subsection (b) of this section and, notwithstanding any provision of Chapter 90 or
32 Chapter 93B of the General Statutes, or any other provision of law, all maternal care providers
33 are required to complete the implicit bias training program as follows:

34 (1) Maternal care providers who hold a current license, registration, accreditation,
35 or certification on December 31, 2024, shall complete the training program no
36 later than December 31, 2025.

37 (2) Maternal care providers issued an initial license, registration, accreditation, or
38 certification on or after January 1, 2025, shall complete the training program
39 no later than one year after the date of issuance.

40 A health care professional licensing authority or mental health professional licensing
41 authority shall not renew the license, registration, accreditation, or certification of a health care
42 professional or mental health professional unless the professional provides proof of completion
43 of the training program established under this section within the 24-month period leading up to
44 the date of the renewal application.

45 (d) The Department is encouraged to seek opportunities to promote and make the implicit
46 bias training program authorized by this section available to the following groups:

47 (1) Any employees who interact with pregnant and postpartum individuals in the
48 provider setting, including front desk employees, sonographers, schedulers,
49 health system-employed lactation consultants, hospital or health system
50 administrators, security staff, and other employees.

- 1 (2) Undergraduate programs that funnel into schools with master's programs in
2 the health professions or mental health professions.
3 (3) Providers of the special supplemental nutrition program for women, infants,
4 and children under section 17 of the Child Nutrition Act of 1966.
5 (4) Obstetric emergency simulation trainings or related trainings.
6 (5) Emergency department employees, emergency medical technicians, and other
7 specialized health care providers who interact with pregnant and postpartum
8 individuals.

9 (e) The Department shall collect the following information for the purpose of informing
10 ongoing improvements to the implicit bias training program:

- 11 (1) Data on the causes of maternal mortality.
12 (2) Rates of maternal mortality, including rates distinguished by age, race,
13 ethnicity, socioeconomic status, and geographic location within this State.
14 (3) Other factors the Department deems relevant for assessing and improving the
15 implicit bias training program.

16 **"§ 130A-33.63. Rights of perinatal care patients.**

17 (a) A patient receiving care at a perinatal care facility, defined as a hospital, clinic, or
18 birthing center that provides perinatal care in this State, has the following rights:

- 19 (1) To be informed of continuing health care requirements following discharge.
20 (2) To be informed that, if the patient so authorizes, and to the extent permitted
21 by law, the hospital or health care facility may provide to a friend or family
22 member information about the patient's continuing health care requirements
23 following discharge.
24 (3) To actively participate in decisions regarding the patient's medical care and
25 the right to refuse treatment.
26 (4) To receive appropriate pain assessment and treatment.
27 (5) To receive care and treatment free from discrimination on the basis of age,
28 race, ethnicity, color, religion, ancestry, disability, medical condition, genetic
29 information, marital status, sex, gender identity, gender expression, sexual
30 orientation, socioeconomic status, citizenship, nationality, immigration status,
31 primary language, or language proficiency.
32 (6) To receive information on how to file a complaint with the Division of Health
33 Service Regulation or the Human Rights Commission or both about any
34 violation of these rights.

35 (b) Each perinatal care facility shall provide to each perinatal care patient upon admission
36 to the facility, or as soon as reasonably practical following admission to the facility, a written
37 copy of the rights enumerated in subsection (a) of this section. The facility may provide this
38 information to the patient by electronic means, and it may be provided with other notices
39 regarding patient rights."

40 **SECTION 1.1.(b)** Effective July 1, 2024, there is appropriated from the General
41 Fund to the Department of Health and Human Services, Division of Public Health, the sum of
42 one million five hundred thousand dollars (\$1,500,000) in recurring funds for the 2024-2025
43 fiscal year. These funds shall be allocated and used as follows:

- 44 (1) The sum of up to five hundred thousand dollars (\$500,000) in recurring funds
45 shall be used to cover costs incurred by the Department in developing and
46 administering the implicit bias training program authorized by
47 G.S. 130A-33.62, as enacted by subsection (a) of this section.
48 (2) The remainder of these funds shall be allocated to the Women, Infant, and
49 Community Wellness Section to support the North Carolina Maternal Mental
50 Health MATTERS (Making Access to Treatment, Evaluation, Resources &
51 Screening Better) Program, which strives to enhance systems for screening,

1 assessing, and treating depression, substance use disorder, and other
2 behavioral health disorders in pregnant and postpartum patients.
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4 **PART II. PERINATAL EDUCATION GRANT PROGRAM**

5 **SECTION 2.1.(a)** Definitions. – The following definitions apply in this section:

- 6 (1) Department. – The North Carolina Department of Health and Human
7 Services.
8 (2) Perinatal education program. – A program that operates for the primary
9 purpose of educating pregnant women and their families about healthy
10 pregnancy, preparation for labor and birth, breastfeeding, newborn care, or
11 any combination of these.

12 **SECTION 2.1.(b)** Establishment of Grant Program. – The Department shall
13 establish and administer a Perinatal Education Grant Program to award competitive grants to
14 eligible entities to establish or expand perinatal education programs in rural, underserved, or
15 low-wealth areas of the State. The Department shall establish eligibility requirements for
16 program participation which shall, at a minimum, require that applicants be community-based
17 organizations that offer perinatal education and resources aligned with evidence-based practices
18 for improving maternal health outcomes for black women.

19 **SECTION 2.1.(c)** Outreach and Application Assistance. – Beginning July 1, 2024,
20 the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants
21 under this program and (ii) provide application assistance to eligible applicants on best practices
22 for applying for grants under this program. In conducting the outreach required by this section,
23 the Department shall give special consideration to eligible applicants that meet the following
24 criteria:

- 25 (1) Are based in, and provide support for, communities with high rates of adverse
26 maternal health outcomes and significant racial and ethnic disparities in
27 maternal health outcomes.
28 (2) Are led by black women.
29 (3) Offer programs and resources that are aligned with evidence-based practices
30 for improving maternal health outcomes for black women.

31 **SECTION 2.1.(d)** Grant Awards. – In awarding grants under this section, to the
32 extent possible, the grant recipients shall reflect different areas of the State. The Department shall
33 not award a single grant for less than ten thousand dollars (\$10,000) or more than fifty thousand
34 dollars (\$50,000) per grant recipient.

35 **SECTION 2.1.(e)** Termination of Grant Program. – The Perinatal Grant Program
36 authorized by this section expires on June 30, 2025.

37 **SECTION 2.1.(f)** Report. – By October 1, 2026, the Department shall submit a report
38 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal
39 Research Division that includes at least all of the following components:

- 40 (1) A detailed report on funds expended for the program for the 2024-2025 fiscal
41 year.
42 (2) An assessment of the effectiveness of programs funded by grants awarded
43 under this section in improving maternal health outcomes for black women.
44 (3) Recommendations for future grant programs to be administered by the
45 Department and for future funding opportunities for community-based
46 organizations to improve maternal health outcomes for black women through
47 programs and resources that are aligned with evidence-based practices for
48 improving maternal health outcomes for black women.

49 **SECTION 2.1.(g)** Effective July 1, 2024, there is appropriated from the General
50 Fund to the Department of Health and Human Services, Division of Public Health, the sum of
51 one million five hundred thousand dollars (\$1,500,000) in nonrecurring funds for the 2024-2025

1 fiscal year to fund the Perinatal Education Grant Program authorized by this section. The
2 Department of Health and Human Services may use up to ten percent (10%) of these funds for
3 administrative purposes related to the grant program.
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5 **PART III. TRAINING PROGRAM FOR COMMUNITY HEALTH WORKERS IN**
6 **POST-BIRTH WARNING SIGNS**

7 **SECTION 3.1.(a)** Effective July 1, 2024, there is appropriated from the General
8 Fund to the Department of Health and Human Services, Division of Public Health, the sum of
9 two million dollars (\$2,000,000) in recurring funds for the 2024-2025 fiscal year to be used to
10 develop a training program for community health workers that provides comprehensive
11 education on the warning signs of complications after birth, including strategies to educate
12 pregnant and postpartum women and their families to recognize post-birth warning signs. The
13 purpose of the training program is to decrease delays in seeking care among women experiencing
14 post-birth warning signs, with the goal of reducing racial and ethnic disparities in maternal
15 mortality rates in North Carolina. The DPH shall make this training program available free of
16 charge to community health workers serving rural, underserved, or low-wealth areas of the State.

17 **SECTION 3.1.(b)** As used in this section, the term "community health worker"
18 means a frontline public health worker who meets all of the following criteria:

- 19 (1) Is either or both a trusted member of, or has an unusually close understanding
20 of, the community served.
- 21 (2) Serves as a liaison, link, or intermediary between health or social services and
22 the community to facilitate access to services and improve the quality and
23 cultural competence of service delivery within the community.
- 24 (3) Builds individual and community capacity by increasing health knowledge
25 and self-sufficiency of the community through a range of activities such as
26 outreach, community education, informal counseling, social support, and
27 advocacy.
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29 **PART IV. EFFECTIVE DATE**

30 **SECTION 4.1.** Except as otherwise provided, this act is effective when it becomes
31 law.