

# 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~~ Williams, P. Young, Morgan, Hill, Rosenberg, Kipke, K. Young, Barron, Kerr, Cullison, Johnson, Saab, Charles

Introduced and read first time: February 3, 2020

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 6, 2020

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## CHAPTER \_\_\_\_\_

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

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



certain terms; and generally relating to maternal mortality and morbidity and implicit bias training.

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

BY adding to  
Article – Health – General  
Section 20–1305  
Annotated Code of Maryland  
(2019 Replacement Volume)

### Preamble

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 their race, gender, age, class, sexual orientation, gender identity, disability, language proficiency, nationality, immigration status, gender expression, or religion; 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, For women of color, particularly Black women, the maternal mortality rate remains three to four times higher than White women; and

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

WHEREAS, Pregnancy-related deaths among Black women 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 Black women's maternal mortality and morbidity rates and there is a growing body of evidence that Black women are often treated unfairly and unequally in the health care system; and

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

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

WHEREAS, It is in the interest of the 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,

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

**Article – Health – General**

20–1302.

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

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

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

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

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

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

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

20–1304.

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

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

1 **20-1305.**

2 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
3 INDICATED.

4 (2) "IMPLICIT BIAS" MEANS A BIAS IN JUDGMENT THAT RESULTS  
5 FROM SUBTLE COGNITIVE PROCESSES, INCLUDING THE FOLLOWING PREJUDICES  
6 AND STEREOTYPES THAT OFTEN OPERATE AT A LEVEL BELOW CONSCIOUS  
7 AWARENESS AND WITHOUT INTENTIONAL CONTROL:

8 (I) PREJUDICIAL NEGATIVE FEELINGS OR BELIEFS ABOUT A  
9 GROUP THAT AN INDIVIDUAL HOLDS WITHOUT BEING AWARE OF THE FEELINGS OR  
10 BELIEFS; AND

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

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

17 (4) "PERINATAL CARE FACILITY" INCLUDES:

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

20 (II) A FREESTANDING BIRTHING CENTER, AS DEFINED IN §  
21 19-3B-01 OF THIS ARTICLE.

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

26 (2) (I) THE PROGRAM SHALL ESTABLISH THE IMPLICIT BIAS  
27 PROGRAM REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION USING BEST  
28 PRACTICES IN IMPLICIT BIAS TRAINING.

29 (II) THE IMPLICIT BIAS PROGRAM REQUIRED UNDER  
30 PARAGRAPH (1) OF THIS SUBSECTION MAY INCLUDE BEST PRACTICES USED IN  
31 OTHER STATES.

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

6           (D) THE PROGRAM SHALL OFFER THE TRAINING ESTABLISHED UNDER  
7 SUBSECTION (B) OF THIS SECTION TO ANY HEALTH CARE PROFESSIONAL INVOLVED  
8 IN PERINATAL CARE OF PATIENTS AT A PERINATAL CARE FACILITY WHO IS NOT  
9 REQUIRED TO COMPLETE THE TRAINING UNDER SUBSECTION (C) OF THIS SECTION  
10 BECAUSE THE HEALTH CARE PROFESSIONAL IS NOT AN EMPLOYEE OF A PERINATAL  
11 CARE FACILITY.

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

17           (1) Study:

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

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

22                   (iii) How data on severe maternal morbidity would be collected and  
23 reported; and

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

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

31           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
32 1, 2020.