

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023**

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HOUSE BILL 552

Short Title: 2023 MOMnibus Act. (Public)

Sponsors: Representatives von Haefen, Hawkins, Cunningham, and Alston (Primary Sponsors).

For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Rules, Calendar, and Operations of the House

April 4, 2023

A BILL TO BE ENTITLED
AN ACT TO ENACT THE NORTH CAROLINA MOMNIBUS ACT.

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. SUPPORTING COMMUNITY-BASED ORGANIZATIONS**ESTABLISHMENT OF MATERNAL MORTALITY PREVENTION GRANT PROGRAM**

SECTION 1.1.(a) Definitions. – The following definitions apply in this section:

- (1) Culturally respectful congruent. – Sensitive to and respectful of the preferred cultural values, beliefs, world view, and practices of the patient, and aware that cultural differences between patients and health care providers or other service providers must be proactively addressed to ensure that patients receive equitable, high-quality services that meet their needs.
- (2) Department. – The North Carolina Department of Health and Human Services.
- (3) Postpartum. – The one-year period beginning on the last day of a woman's pregnancy.

SECTION 1.1.(b) Establishment of Grant Program. – The Department shall establish and administer a Maternal Mortality Prevention Grant Program to award competitive grants to eligible entities to establish or expand programs for the prevention of maternal mortality and severe maternal morbidity among black women. The Department shall establish eligibility requirements for program participation which shall, at a minimum, require that applicants be community-based organizations offering programs and resources aligned with evidence-based practices for improving maternal health outcomes for black women.

SECTION 1.1.(c) Outreach and Application Assistance. – Beginning July 1, 2023, the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants under this program and (ii) provide application assistance to eligible applicants on best practices for applying for grants under this program. In conducting the outreach required by this section, the Department shall give special consideration to eligible applicants that meet the following criteria:

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

SECTION 1.1.(d) Grant Awards. – In awarding grants under this section, the Department shall award a maximum of five grants and, to the extent possible, the grant recipients shall reflect different areas of the State. The Department shall not award a single grant for less than ten thousand dollars (\$10,000) or more than fifty thousand dollars (\$50,000) per grant recipient. In selecting grant recipients, the Department shall give special consideration to eligible applicants that meet all of the following criteria:

- (1) Meet all the criteria specified in subdivisions (1) through (3) of subsection (c) of this section.
- (2) Offer programs and resources designed in consultation with and intended for black women.
- (3) Offer programs and resources in the communities in which they are located that include any of the following activities:
 - a. Promoting maternal mental health and maternal substance use disorder treatments that are aligned with evidence-based practices for improving maternal mental health outcomes for black women.
 - b. Addressing social determinants of health for women in the prenatal and postpartum periods, including, but not limited to, any of the following:

1. Inadequate housing.
 2. Transportation barriers.
 3. Poor nutrition and a lack of access to healthy foods.
 4. Need for lactation support.
 5. Need for lead abatement and other efforts to improve air and water quality.
 6. Lack of access to child care.
 7. Need for baby supplies such as diapers, formula, clothing, baby and child equipment, and safe car seat installation.
 8. Need for wellness and stress management programs.
 9. Education about maternal health and well-being.
 10. Need for coordination across safety net and social support services and programs.
 11. Barriers to employment.
- c. Promoting evidence-based health literacy and pregnancy, childbirth, and parenting education for women in the prenatal and postpartum periods, including group-based programs and peer support groups.
 - d. Providing individually tailored support from doulas and other perinatal health workers to women from pregnancy through the postpartum period.
 - e. Providing culturally respectful congruent training to perinatal health workers such as doulas, community health workers, peer supporters, certified lactation consultants, nutritionists and dietitians, social workers, home visitors, and navigators.
 - f. Conducting or supporting research on issues affecting black maternal health.
 - g. Developing other programs and resources that address community-specific needs for women in the prenatal and postpartum periods and are aligned with evidence-based practices for improving maternal health outcomes for black women.

SECTION 1.1.(e) Technical Assistance to Grant Recipients. – The Department shall provide technical assistance to grant recipients regarding all of the following:

- (1) Capacity building to establish or expand programs to prevent adverse maternal health outcomes among black women.
- (2) Best practices in data collection, measurement, evaluation, and reporting.
- (3) Planning centered around sustaining programs implemented with grant funds to prevent maternal mortality and severe maternal morbidity among black women when the grant funds have been expended.

SECTION 1.1.(f) Reports. – The Department shall submit the following reports on the grant program authorized by this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division:

- (1) A report by October 1, 2025, that includes at least all of the following components:
 - a. A detailed report on funds expended for the program for the 2023-2024 fiscal year.
 - b. An assessment of the effectiveness of outreach efforts by the Department during the application process in diversifying the pool of grant recipients.
 - c. Recommendations for future outreach efforts to diversify the pool of grant recipients for this program and other related grant programs, as

well as for funding opportunities related to the social determinants of maternal health.

(2) A report by October 1, 2026, that includes at least all of the following components:

- a. A detailed report on funds expended for the program for the 2024-2025 fiscal year.
- b. An assessment of the effectiveness of programs funded by grants awarded under this section in improving maternal health outcomes for black women.
- c. Recommendations for future grant programs to be administered by the Department and for future funding opportunities for community-based organizations to improve maternal health outcomes for black women through programs and resources that are aligned with evidence-based practices for improving maternal health outcomes for black women.

SECTION 1.1.(g) The Maternal Mortality Prevention Grant Program authorized by this section expires on June 30, 2025.

APPROPRIATIONS TO IMPLEMENT PART I

SECTION 1.2.(a) The following sums are appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, for the 2023-2024 fiscal year:

- (1) Ninety-three thousand five hundred thirteen dollars (\$93,513) in recurring funds to establish a full-time, permanent Public Health Program Coordinator IV position within the Department of Health and Human Services dedicated to performing the following duties:
 - a. Providing application assistance to Maternal Mortality Prevention Grant Program applicants.
 - b. Providing technical assistance to Maternal Mortality Prevention Grant Program recipients.
 - c. Preparing the reports due under Section 1.1(f) of this Part.
- (2) Three hundred ninety-five thousand five hundred dollars (\$395,500) in recurring funds to be allocated to the Maternal Mortality Prevention Grant Program authorized by Section 1.1 of this Part. The Department of Health and Human Services may use up to ten percent (10%) of these funds for administrative purposes related to the grant program. The balance of these funds shall be used to operate the grant program.

SECTION 1.2.(b) The following sums are appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, for the 2024-2025 fiscal year:

- (1) Ninety-three thousand five hundred thirteen dollars (\$93,513) in recurring funds to cover the cost of the full-time, permanent Public Health Program Coordinator IV position authorized by subdivision (a)(1) of this section.
- (2) Three hundred ninety-five thousand five hundred dollars (\$395,500) in nonrecurring funds to be allocated to the Maternal Mortality Prevention Grant Program authorized by Section 1.1 of this Part. The Department of Health and Human Services may use up to ten percent (10%) of these funds for administrative purposes related to the grant program. The balance of these funds shall be used to operate the grant program.

SECTION 1.2.(c) The Department of Health and Human Services is authorized to hire one full-time, permanent Public Health Program Coordinator IV position to perform the duties described in subdivision (a)(1) of this section.

SECTION 1.2.(d) This section becomes effective July 1, 2023.

PART II. IMPLICIT BIAS IN HEALTH CARE

SECTION 2.1. Part 5 of Article 1B of Chapter 130A of the General Statutes, as amended by Section 1.1 of this act, is amended by adding two new sections to read:

"§ 130A-33.62. Department to establish implicit bias training program for health care professionals engaged in perinatal care.

(a) The following definitions apply in this section:

- (1) Health care professional. – A licensed physician or other health care provider licensed, registered, accredited, or certified to perform perinatal care and regulated under the authority of a health care professional licensing authority.
- (2) Health care professional licensing authority. – The Department of Health and Human Services or an agency, board, council, or committee with the authority to impose training or education requirements or licensure fees as a condition of practicing in this State as a health care professional.
- (3) Implicit bias. – A bias in judgment or behavior that results from subtle cognitive processes, including implicit prejudice and implicit stereotypes, that often operate at a level below conscious awareness and without intentional control.
- (4) Implicit prejudice. – Prejudicial negative feelings or beliefs about a group that a person holds without being aware of them.
- (5) Implicit stereotypes. – The unconscious attributions of particular qualities to a member of a certain social group that are influenced by experience and based on learned associations between various qualities and social categories, including race and gender.
- (6) Perinatal care. – The provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods.
- (7) Perinatal facility. – A hospital, clinic, or birthing center that provides perinatal care in this State.

(b) The Department, in collaboration with (i) community-based organizations led by black women that serve primarily black birthing people and (ii) a historically black college or university or other institution that primarily serves minority populations, shall create or identify an evidence-based implicit bias training program for health care professionals involved in perinatal care. The implicit bias training program shall include, at a minimum, all of the following components:

- (1) Identification of previous or current unconscious biases and misinformation.
- (2) Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion.
- (3) Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.
- (4) Information about the effects of implicit bias, including, but not limited to, ongoing personal effects of racism and the historical and contemporary exclusion and oppression of minority communities.
- (5) Information about cultural identity across racial or ethnic groups.
- (6) Information about how to communicate more effectively across identities, including racial, ethnic, religious, and gender identities.
- (7) Information about power dynamics and organizational decision making.
- (8) Trauma-informed care best practices and an emphasis on shared decision making between providers and patients.

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

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

(11) Information about socioeconomic bias.

(12) Information about reproductive justice.

(c) Notwithstanding any provision of Chapter 90 or Chapter 93B of the General Statutes, or any other provision of law to the contrary, all health care professionals are required to complete the implicit bias training program established under this section as follows:

(1) Health care professionals who hold a current license, registration, accreditation, or certification on December 31, 2023, shall complete the training program no later than December 31, 2024.

(2) Health care professionals issued an initial license, registration, accreditation, or certification on or after January 1, 2024, shall complete the training program no later than one year after the date of issuance.

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

(d) The Department is encouraged to seek opportunities to make the implicit bias training program established under this section available to all health care professionals and to promote its use among the following groups:

(1) All maternity care providers and any employees who interact with pregnant and postpartum individuals in the provider setting, including front desk employees, sonographers, schedulers, health system-employed lactation consultants, hospital or health system administrators, security staff, and other employees.

(2) Undergraduate programs that funnel into health professions schools.

(3) Providers of the special supplemental nutrition program for women, infants, and children under Section 17 of the Child Nutrition Act of 1966.

(4) Obstetric emergency simulation trainings or related trainings.

(5) Emergency department employees, emergency medical technicians, and other specialized health care providers who interact with pregnant and postpartum individuals.

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

(1) Data on the causes of maternal mortality.

(2) Rates of maternal mortality, including rates distinguished by age, race, ethnicity, socioeconomic status, and geographic location within this State.

(3) Other factors the Department deems relevant for assessing and improving the implicit bias training program.

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

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

(1) To be informed of continuing health care requirements following discharge.

(2) To be informed that, if the patient so authorizes, and to the extent permitted by law, the hospital or health care facility may provide to a friend or family member information about the patient's continuing health care requirements following discharge.

- (3) To actively participate in decisions regarding the patient's medical care and the right to refuse treatment.
- (4) To receive appropriate pain assessment and treatment.
- (5) To receive care and treatment free from discrimination on the basis 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.
- (6) To receive information on how to file a complaint with the Division of Health Service Regulation or the Human Rights Commission or both about any violation of these rights.

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

PART III. SUPPORTING AND DIVERSIFYING LACTATION CONSULTANT TRAINING PROGRAMS

SECTION 3.1.(a) The following definitions apply in this section:

- (1) Historically Black Colleges and Universities or HBCUs. – Institutions of higher education that were founded to educate black citizens who were historically restricted from attending predominantly white institutions of higher education.
- (2) Lactation consultants. – Educators or counselors trained in breast feeding or chest feeding practices, lactation care, and lactation services.
- (3) Lactation services. – The clinical application of scientific principles and a multidisciplinary body of evidence for evaluation, problem identification, treatment, education, and consultation to childbearing families regarding lactation care and services.
- (4) Maternity care services. – Health care related to an individual's pregnancy, childbirth, or postpartum recovery.
- (5) Preceptor. – A person who is a certified lactation consultant and meets the requirements of the International Board of Lactation Consultant Examiners to supervise lactation consultants-in-training during the training period.

SECTION 3.1.(b) There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of five hundred thousand dollars (\$500,000) in nonrecurring funds for the 2023-2024 fiscal year and the sum of five hundred thousand dollars (\$500,000) in nonrecurring funds for the 2024-2025 fiscal year for the purposes of recruiting, training, and retaining a diverse workforce of lactation consultants in North Carolina by supporting the infrastructure and sustainability of lactation consultant training programs at Historically Black Colleges and Universities located within the State. These funds shall be distributed equally between North Carolina Agricultural & Technical State University and Johnson C. Smith University to cover costs incurred by each university for administering a lactation training program, including, but not limited to:

- (1) Leasing or other costs for teaching facilities or approved clinical training sites.
- (2) Student aid or scholarships.
- (3) Compensation for lactation consultant training program teachers and preceptors.

SECTION 3.1.(c) The Department of Health and Human Services, Office of Minority Health and Health Disparities, shall provide technical assistance to North Carolina

Agricultural & Technical State University and Johnson C. Smith University with respect to the following:

- (1) Developing culturally appropriate training content for the lactation consultant training programs funded by State appropriations.
- (2) Recruiting persons from historically marginalized populations to enroll in the lactation consultant training programs offered at these universities.
- (3) Recruiting historically underutilized providers to serve as teachers and preceptors in the lactation consultant training programs offered at these universities.
- (4) Identifying rural and medically underserved areas of the State experiencing a shortage of lactation consultants in order to recruit program graduates to work in these areas.

SECTION 3.1.(d) By May 1, 2026, the Department of Health and Human Services, Office of Minority Health and Health Disparities, shall evaluate and submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Education Oversight Committee on the benefits received by the State as a result of funding the lactation consultant training programs at North Carolina Agricultural & Technical State University and Johnson C. Smith University. The report shall include at least all of the following information and recommendations:

- (1) The total number of lactation consultants who received training at one of the State-funded HBCU lactation programs, broken down by (i) race and ethnicity and (ii) chosen work site, such as hospital, provider office, or community-based organization.
- (2) A review of the prenatal and postpartum experiences of patients who received lactation consultant services from a health care professional who graduated from one of the State-funded HBCU lactation consultant programs. The review shall address patients' experiences relative to the following:
 - a. Health insurance coverage for maternity care services, including telehealth lactation consultant services.
 - b. Contributing factors to population-based disparities in breast feeding and chest feeding outcomes, including bias and discrimination toward patients who are members of racial and ethnic minority groups.
 - c. Patient satisfaction with the services received from these lactation consultants.
 - d. Breastfeeding or chest-feeding initiation and duration rates of patients who received services from these lactation consultants.

SECTION 3.2. This Part becomes effective July 1, 2023.

PART IV. EFFECTIVE DATE

SECTION 4.1. Except as otherwise provided, this act becomes effective October 1, 2023.