

SENATE BILL 956

By Yarbro

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 33; Title 63; Title 68 and Title 71, relative to
maternal mortality.

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 age, race, 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, the Tennessee Maternal Mortality Review and Prevention Committee found that during 2017 and 2018, forty-six black women in Tennessee died while pregnant or within one year of pregnancy; four in ten of these deaths were determined to be preventable; 63% of these pregnancy-related deaths occurred within one week after delivery; and that black women are three times as likely to die from pregnancy complications than 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 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 maternal mortality and morbidity rates among black

women, and there is a growing body of evidence that black women are often treated unfairly and unequally in the healthcare system; and

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

WHEREAS, healthcare providers in Tennessee 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 healthcare providers; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 3, Part 6, is amended by adding the following as new sections:

68-3-613.

(a) As used in this section:

(1) "Healthcare professional" means a physician or other healthcare practitioner licensed, registered, accredited, or certified to perform specified healthcare services pursuant to this title or title 63 and regulated under the authority of a healthcare professional licensing authority;

(2) "Healthcare professional licensing authority" means the department of health or an agency, board, council, or committee attached to the department with the authority to impose training, education, or licensure fees to practice as a healthcare professional;

(3) "Implicit bias" means 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" means prejudicial negative feelings or beliefs about a group that a person holds without being aware of them;

(5) "Implicit stereotypes" means 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" means the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods; and

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

(b) The department, in collaboration with the state team created pursuant to § 68-3-604, shall create an evidence-based implicit bias training program for healthcare professionals. The implicit bias training program must include, at a minimum, the following:

(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, including, but not limited to, ongoing personal effects, of 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) Information about health inequities within the perinatal care field, including information on how implicit bias impacts maternal and infant health outcomes;

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

(10) Information about socioeconomic bias.

(c) Notwithstanding any law:

(1) A healthcare professional who holds a current license, registration, accreditation, or certification on December 31, 2021, shall, no later than December 31, 2022, complete the implicit bias training program created pursuant to this section;

(2) A healthcare professional who is issued an initial license, registration, accreditation, or certification on or after January 1, 2022, shall, no later than one year after the date of issuance, complete the implicit bias training program created pursuant to this section; and

(3) A healthcare professional licensing authority shall not renew the license, registration, accreditation, or certification of a healthcare professional unless the healthcare professional provides proof that the healthcare professional completed the implicit bias training program created pursuant to this section during the licensure, registration, accreditation, or certification period that began on the date of the healthcare professional's immediately preceding renewal, or, in the case of a first renewal following initial issuance, the date of initial issuance.

(d) 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 infant and maternal mortality;
- (2) Rates of infant and maternal mortality, including rates distinguished by age, race, ethnicity, and geographic location within this state; and
- (3) Other factors the department deems relevant for informing and improving the implicit bias training program.

68-3-614.

(a) A perinatal care patient has the following minimum rights:

- (1) To be informed of continuing healthcare requirements following discharge from the hospital;
- (2) To be informed that, if the patient so authorizes, and to the extent permitted by law, a friend or family member may be provided information about the patient's continuing healthcare requirements following discharge from the hospital;
- (3) To actively participate in decisions regarding medical care and the right to refuse treatment;

(4) To appropriate pain assessment and treatment;

(5) To be free from discrimination on the basis of age, race, 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

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

(A) The department of health and the division of health related boards; and

(B) The human rights commission.

(b) A facility that provides perinatal care, as defined in § 68-3-613, 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). The facility may provide this information to the patient by electronic means, and it may be provided with other notices regarding patient rights.

SECTION 2. For the purpose of promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect January 1, 2022, the public welfare requiring it.