
A BILL FOR AN ACT

RELATING TO MATERNAL HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that maternal morbidity
2 rates in the United States are among the highest in the
3 developed world. Each year, more than fifty thousand women
4 suffer from complications in pregnancy or childbirth that have
5 serious consequences for the women's short- or long-term health.
6 Although Hawaii currently collects data on incidents of severe
7 maternal morbidity, the data is not disaggregated by race or
8 ethnic background, making it difficult for the State to assess
9 and meet the specific needs of women who are Black, Native
10 Hawaiian, Samoan, and other women of color. Adequate and
11 disaggregated data would allow the State to create tailored
12 health care policies and culturally appropriate preventative
13 care programs to ensure that all women in the State have the
14 best possible maternal health outcomes.

15 The legislature also finds that there are disparities in
16 national maternal health outcomes that are not fully explained
17 by differences in prenatal care access, socioeconomic status, or



1 general physical health. A growing body of evidence indicates
2 that women of color are often treated unequally and unfairly in
3 the health care system. Studies show that implicit bias is
4 often a key factor driving unequal treatment and poorer health
5 outcomes for patients of color. At present, the State does not
6 require health care professionals to undergo implicit bias
7 training.

8 Accordingly, the purpose of this Act is to:

- 9 (1) Require the department of human services to collect
10 and report severe maternal morbidity data,
11 disaggregated by race and ethnic background; and
12 (2) Require the department of health to develop and the
13 Hawaii state commission on the status of women to
14 administer an implicit bias training program for
15 health care professionals in the State's perinatal
16 facilities.

17 SECTION 2. Chapter 346, Hawaii Revised Statutes, is
18 amended by adding a new part to be appropriately designated and
19 to read as follows:

20 "PART . MATERNAL HEALTH



1 **§346-A Definitions.** As used in this part, unless the
2 context otherwise requires:

3 "Health care professional" means a physician or other
4 health care practitioner licensed, accredited, or certified to
5 perform specified physical, mental, or behavioral health care
6 services consistent with the professional's scope of practice
7 under the laws of this State.

8 "Implicit bias" means a bias in judgment or behavior that
9 results from subtle cognitive processes, including implicit
10 prejudices and stereotypes that operate at a level below
11 conscious awareness and intentional control.

12 "Implicit prejudice" means negative and prejudicial
13 feelings or beliefs about a group that a person holds without
14 being aware of the feelings or beliefs.

15 "Implicit stereotypes" means the unconscious attribution,
16 as influenced by experience and based on learned associations,
17 of particular qualities to a member of a certain social group,
18 including members of a particular gender or race.

19 "Perinatal care" means the provision of health care during
20 pregnancy, labor, delivery, and the postpartum and neonatal
21 periods.



1 "Perinatal facility" means a hospital, clinic, or birthing
2 center that provides perinatal care.

3 "Severe maternal morbidity" means any health condition
4 attributed to or aggravated by pregnancy or childbirth that
5 results in significant short- or long-term consequences to a
6 woman's health.

7 **§346-B Severe maternal morbidity data.** (a) The
8 department shall collect and track data on incidents of severe
9 maternal morbidity in the State, including, but not limited to,
10 the following health conditions or treatments for the health
11 conditions:

- 12 (1) Obstetric hemorrhage;
- 13 (2) Hypertension;
- 14 (3) Preeclampsia;
- 15 (4) Eclampsia;
- 16 (5) Venous thromboembolism;
- 17 (6) Sepsis;
- 18 (7) Cerebrovascular accident;
- 19 (8) Amniotic fluid embolism;
- 20 (9) Cardiac arrest;
- 21 (10) Pulmonary edema;



1 (11) Uterine rupture;
2 (12) Emergency hysterectomy; and
3 (13) Blood transfusion.
4 (b) Beginning on June 30, 2022, and no later than June 30
5 of each year thereafter, the department shall publish a public
6 report, in accordance with this section, containing data on all
7 incidents of severe maternal morbidity for the previous year,
8 disaggregated by county and by racial and ethnic identity. All
9 reported data shall comply with the Health Insurance Portability
10 and Accountability Act of 1996.

11 **§346-C Implicit bias training for perinatal facilities.**

12 (a) The department shall develop and the Hawaii state
13 commission on the status of women shall administer an evidence-
14 based implicit bias training program.

15 (b) All health care professionals employed at a perinatal
16 facility and engaged in direct patient care shall complete
17 implicit bias training within sixty days of the enactment of
18 this Act or sixty days of the start of employment and an
19 implicit bias refresher course every two years thereafter, or
20 more frequently if deemed necessary by the Hawaii state
21 commission on the status of women.



1 (c) The implicit bias training program developed pursuant
2 to this section shall include:

3 (1) Methods of identifying the attendee's previous or
4 current implicit biases, implicit prejudices, or
5 implicit stereotypes;

6 (2) Discussions of personal, interpersonal, institutional,
7 structural, and cultural barriers to inclusion;

8 (3) Discussions of the corrective measures available to
9 decrease implicit bias at the interpersonal and
10 institutional levels, including discussions of
11 existing policies and practices for this purpose;

12 (4) Information on the effects of historical and
13 contemporary exclusion and oppression on minorities
14 and minority communities;

15 (5) Discussions of cultural identity across racial or
16 ethnic groups;

17 (6) Methods of communicating more effectively across
18 identity groups, including identity groups based on
19 race, ethnicity, religion, and other factors;



1 (7) Discussions of any concerns about implicit bias in the
2 perinatal facility's power dynamics or organizational
3 decision-making processes;

4 (8) Discussions of health inequities within the perinatal
5 care field, including information on the effects of
6 implicit bias on maternal and infant health outcomes;
7 and

8 (9) Perspectives from diverse, local constituency groups
9 and experts on community-specific topics related to
10 identity, race, culture, and provider-community
11 relations.

12 (d) The Hawaii state commission on the status of women may
13 offer implicit bias training to a health care professional not
14 employed by a perinatal facility; provided that the health care
15 professional works in the perinatal field and is involved in
16 direct patient care."

17 SECTION 3. In codifying the new sections added by section
18 2 of this Act, the revisor of statutes shall substitute
19 appropriate section numbers for the letters used in designating
20 the new sections in this Act.

21 SECTION 4. This Act shall take effect on May 1, 2029.



Report Title:

DHS; HSCSW; Maternal Health Equity; Standards of Care; Implicit Bias Training

Description:

Requires the department of human services to collect and report data on severe maternal morbidity incidents, disaggregated by county, race, and ethnicity. Establishes a maternal disparity and health equity task force to make recommendations on reducing maternal morbidity and improving maternal health outcomes for women, particularly women of color. Requires the task force to submit an initial report to the legislature no later than 6/30/2022 and an annual report prior to each regular session. Requires the department of human services to develop and the Hawaii state commission on the status of women to administer implicit bias training for health care professionals in perinatal facilities. Takes effect 5/1/2029. (SD1)

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