
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;
- 12 (2) Establish a maternal disparity and health equity task
13 force to review existing policies and provide
14 recommendations on improving maternal health outcomes,
15 particularly health outcomes for women of color; and
- 16 (3) Require the department of health to develop and the
17 Hawaii state commission on the status of women to
18 administer an implicit bias training program for
19 health care professionals in the State's perinatal
20 facilities.



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

4 "PART . MATERNAL HEALTH

5 §346-A Definitions. As used in this part, unless the
6 context otherwise requires:

7 "Health care professional" means a physician or other
8 health care practitioner licensed, accredited, or certified to
9 perform specified physical, mental, or behavioral health care
10 services consistent with the professional's scope of practice
11 under the laws of this state.

12 "Implicit bias" means a bias in judgment or behavior that
13 results from subtle cognitive processes, including implicit
14 prejudices and stereotypes that operate at a level below
15 conscious awareness and intentional control.

16 "Implicit prejudice" means negative and prejudicial
17 feelings or beliefs about a group that a person holds without
18 being aware of the feelings or beliefs.

19 "Implicit stereotypes" means the unconscious attribution,
20 as influenced by experience and based on learned associations,



1 of particular qualities to a member of a certain social group,
2 including members of a particular gender or race.

3 "Perinatal care" means the provision of health care during
4 pregnancy, labor, delivery, and the postpartum and neonatal
5 periods.

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

8 "Severe maternal morbidity" means any health condition
9 attributed to or aggravated by pregnancy or childbirth that
10 results in significant short- or long-term consequences to a
11 woman's health.

12 §346-B Severe maternal morbidity data. (a) The
13 department shall collect and track data on incidents of severe
14 maternal morbidity in the State, including, but not limited to,
15 the following health conditions or treatments for the health
16 conditions:

- 17 (1) Obstetric hemorrhage;
18 (2) Hypertension;
19 (3) Preeclampsia;
20 (4) Eclampsia;
21 (5) Venous thromboembolism;



- 1 (6) Sepsis;
- 2 (7) Cerebrovascular accident;
- 3 (8) Amniotic fluid embolism;
- 4 (9) Cardiac arrest;
- 5 (10) Pulmonary edema;
- 6 (11) Uterine rupture;
- 7 (12) Emergency hysterectomy; and
- 8 (13) Blood transfusion.

9 (b) Beginning on June 30, 2022, and no later than June 30
10 of each year thereafter, the department shall publish a public
11 report, in accordance with this section, containing data on all
12 incidents of severe maternal morbidity for the previous year,
13 disaggregated by county and by racial and ethnic identity. All
14 reported data shall comply with the Health Insurance Portability
15 and Accountability Act of 1996.

16 **§346-C Maternal disparity and health equity task force;**

17 **reports.** (a) There is established within the department a
18 maternal disparity and health equity task force, which shall be
19 an advisory body exempt from section 26-34. The task force
20 shall comprise the following members or their designees:

- 21 (1) The director;



- 1 (2) The director of health;
- 2 (3) The chair of the Hawaii sexual and gender minority
- 3 workgroup of the department of health;
- 4 (4) The chair of the office of Hawaiian affairs; and
- 5 (5) The executive director of the Hawaii state commission
- 6 on the status of women.

7 The director of human services shall serve as the chair of
8 the task force.

9 (b) The following shall be invited to become members of
10 the task force by the governor:

- 11 (1) A licensed obstetrician-gynecologist;
- 12 (2) A license midwife;
- 13 (3) A licensed nurse;
- 14 (4) A representative of the Healthy Mothers Healthy Babies
- 15 Coalition of Hawaii;
- 16 (5) A representative of March of Dimes;
- 17 (6) A representative of Planned Parenthood;
- 18 (7) A representative of Papa Ola Lokahi;
- 19 (8) A representative of We Are Oceania;
- 20 (9) A representative of the Popolo Project;
- 21 (10) A representative of the Micronesia Women's Task Force;



1 (11) A representative of the Healthcare Association of
2 Hawaii;

3 (12) A representative of the Hawaii Primary Care
4 Association; and

5 (13) Any additional members that the governor deems
6 necessary.

7 The terms of the members invited pursuant to paragraphs
8 (1), (2), and (3) shall be for four years. The governor may
9 remove or suspend any member for cause after due notice and
10 public hearing.

11 (c) The task force shall:

12 (1) Provide recommendations on reducing the frequency and
13 improving the outcomes of severe maternal morbidity
14 incidents in the State;

15 (2) Provide recommendations on addressing maternal health
16 disparities based on race or economic status, with a
17 special emphasis on improving health outcomes for
18 women of color; and

19 (3) Submit a report of its findings and recommendations,
20 including any proposed legislation, to the legislature



1 no later than twenty days prior to the convening of
2 each regular session of the legislature.

3 (d) No later than twenty days prior to the convening of
4 the regular session of 2022, the task force shall submit to the
5 legislature an initial report containing the findings and
6 recommendations pursuant to subsection (c) and the evaluations
7 pursuant to this subsection. The task force shall update the
8 initial report if it determines that revisions are necessary or
9 upon request by the governor or legislature. The initial report
10 and updated reports shall comprise:

11 (1) An evaluation of existing State practices for
12 collecting and disseminating severe maternal morbidity
13 data, including discussions of:

14 (A) The adequacy of maternal health data currently
15 collected in electronic health records, including
16 the adequacy of data collected on race and
17 ethnicity;

18 (B) Any barriers preventing the State from
19 correlating data on maternal health outcomes with
20 data on race and ethnicity;



H.B. NO. 698

- 1 (C) The extent to which the State's consideration of
2 and proposed solutions to the maternal morbidity
3 crisis are informed by the subjective experiences
4 and reported stories of pregnant and postpartum
5 women and their families;
- 6 (D) The social determinates of health as they relate
7 to pregnancy-associated and pregnancy-related
8 deaths;
- 9 (E) Any legal barriers that would prevent the State
10 from collecting and reporting maternity care
11 data;
- 12 (F) The advisability of separating pregnancy-
13 associated deaths from pregnancy-related deaths
14 in the data collection and reporting processes;
15 and
- 16 (G) Any funding available from federal, state, local,
17 or other sources to support efforts to address
18 severe maternal morbidity; and
- 19 (2) An evaluation of existing standards of care for
20 maternal health, including prenatal care, labor and
21 delivery practices, and postpartum care for up to one



1 year postpartum. The evaluation shall comprise
2 discussions of:

3 (A) The efficacy of the existing standards of care
4 for maternal health used by hospitals, health
5 systems, birth centers, health plans, and other
6 relevant entities in the State;

7 (B) The adequacy of the outcome measures currently
8 used to evaluate maternity care for testing
9 purposes and to validate new maternal health care
10 payment and service delivery models;

11 (C) The standards of care for maternal health that
12 are considered effective in other countries;

13 (D) Existing maternal care measures that may be
14 eliminated because they are not achieving their
15 intended effects;

16 (E) Any barriers that are preventing health care
17 professionals from implementing standards of care
18 for maternal health that are aligned with best
19 practices;



H.B. NO. 698

1 (F) The frequency with which standards of care for
2 maternal health are currently reviewed and
3 revised;

4 (G) The strengths and weaknesses of the prenatal and
5 postpartum care measures discussed in the health
6 plan employer data and information set,
7 established by the National Committee for Quality
8 Assurance;

9 (H) The strengths and weaknesses of the maternal care
10 measures established by the medicaid program in
11 title XIX of the Social Security Act, title 42
12 United States Code section 1396 et seq.; and
13 title XXI of the Children's Health Insurance
14 Program, title 42 United States Code section
15 1397aa et seq.;

16 (I) The extent to which standards of care in maternal
17 health are informed by women's subjective
18 experiences of care, as reported by patients;

19 (J) The extent to which standards of care in maternal
20 health are informed by and take into
21 consideration the unique experiences of women of



1 color and their families; as reported by patients
2 of color;

3 (K) The adequacy of existing processes for collecting
4 stratified data on the race and ethnicity of
5 pregnant and postpartum women in hospitals,
6 health systems, and birth centers and for
7 incorporating racially and ethnically stratified
8 data in standards of care for maternal health;
9 and

10 (L) The extent to which hospitals, health systems,
11 and birth centers in the State are implementing
12 existing state and national standards of care for
13 maternal health.

14 **§346-D Implicit bias training for perinatal facilities.**

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

18 (b) All health care professionals employed at a perinatal
19 facility and engaged in direct patient care shall complete
20 implicit bias training within sixty days of the enactment of
21 this Act or sixty days of the start of employment and an



1 implicit bias refresher course every two years thereafter, or
2 more frequently if deemed necessary by the Hawaii state
3 commission on the status of women.

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

6 (1) Methods of identifying the attendee's previous or
7 current implicit biases, implicit prejudices, or
8 implicit stereotypes;

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

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

15 (4) Information on the effects of historical and
16 contemporary exclusion and oppression on minorities
17 and minority communities;

18 (5) Discussions of cultural identity across racial or
19 ethnic groups;



1 (6) Methods of communicating more effectively across
2 identity groups, including identity groups based on
3 race, ethnicity, religion, and other factors;

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

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

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

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

20 (e) Upon completion of the training and upon the health
21 care professional's request, the Hawaii state commission on the



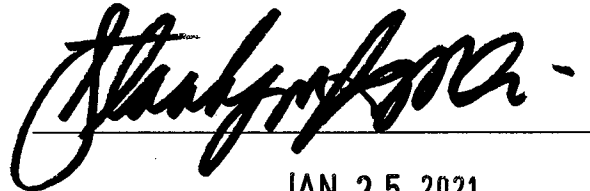
1 status of women shall provide to the health care professional a
2 certificate of implicit bias training completion."

3 SECTION 3. In codifying the new sections added by section
4 2 of this Act, the revisor of statutes shall substitute
5 appropriate section numbers for the letters used in designating
6 the new sections in this Act.

7 SECTION 4. This Act shall take effect on July 1, 2021.

8

INTRODUCED BY:



JAN 25 2021



H.B. NO. 698

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.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

