

Frequently Asked Questions California Senate Bill 464: California Dignity in Pregnancy and Childbirth Act November 2019

In October of 2019, California passed Senate Bill 464, titled the “California Dignity in Pregnancy and Childbirth Act”. We recommend reading the full text of the bill [here](#).

What does the legislation require of hospitals?

- Expands death reporting requirements to include the pregnancy status of decedents on death certificates
- Requires implicit bias training for all perinatal healthcare providers in hospitals and birth centers
 - o Includes an initial certification and a refresher course every 2 years (or sooner if needed)
- Requires that patients be informed of their right to be free of discrimination based on race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, citizenship, primary language, or immigration status
 - o Patients must also be provided with information on how to file a complaint with the state Department of Public Health, Department of Fair Employment and Housing, and the Medical Board of CA

What else is in the legislation?

The legislation also requires the Department of Public Health (DPH) to track severe maternal morbidity data on obstetric hemorrhage, hypertension, preeclampsia and eclampsia, venous thromboembolism, sepsis, cerebrovascular accident, and amniotic fluid embolism, and then to evaluate that data based on racial or ethnic identity.

What is the due date for hospitals to meet the requirements?

The law becomes effective on January 1 2020, but does not specify a deadline for initial training of staff. Hospitals are expected to be developing and implementing their implicit bias programs in a responsible manner.

Does CMQCC have educational modules that meet the implicit bias training requirement?

We are working with our partners to identify potential solutions to address this requirement.

Can CMQCC provide any support around reducing racial disparities in perinatal care?

Yes! CMQCC's *Birth Equity Collaborative* is working with 5 pilot hospitals to develop interventions aimed at reducing the disparity in birth outcomes and supporting birth equity. All CMQCC members now have access to the Birth Equity Dashboard in the Maternal Data Center; see more below.

Available now for CMQCC Members

- CMQCC's Maternal Data Center (MDC) includes a *Birth Equity* Dashboard that provides rapid-cycle data for hospitals to:
 - o Address disparities in Severe Maternal Morbidities (SMM). The MDC reports severe maternal morbidity data—by complication category and by race/ethnicity—as it will be tracked by DPH (per the legislative mandate noted above). Utilizing the MDC tools enables hospitals to start evaluating, and addressing, disparities in SMM rates in advance of DPH reporting.
 - o Analyze other key metrics by race/ethnicity, including NTSV Cesarean Births, Timely Treatment for Hypertension, and Unexpected Newborn Complications.

Learn how to use the Birth Equity data in the MDC by accessing the [webinar recording](#) or the [User Guide](#).

- General learning resources to inform Birth Equity initiatives can be found [here](#).

Available in Future

- A new CMQCC toolkit providing action steps and tools to address birth equity in the hospital setting is being developed as part of the Birth Equity Collaborative.