

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2023**

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**SENATE BILL 875**

Short Title: Total Maternal Care Act. (Public)

Sponsors: Senators Smith and Batch (Primary Sponsors).

Referred to: Rules and Operations of the Senate

May 6, 2024

A BILL TO BE ENTITLED

AN ACT ENACTING THE NORTH CAROLINA MOMNIBUS ACT OF 2024.

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 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, 2024, 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, 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 of 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.

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

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

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

36 **SECTION 1.1.(f)** Reports. – By October 1, 2026, the Department shall submit a  
 37 report on the grant program authorized by this section to the Joint Legislative Oversight  
 38 Committee on Health and Human Services and the Fiscal Research Division. The report shall  
 39 include at least all of the following components:

- 40 (1) A detailed report on funds expended for the program for the 2024-2025 fiscal
- 41 year.
- 42 (2) An assessment of the effectiveness of outreach efforts by the Department
- 43 during the application process in diversifying the pool of grant recipients.
- 44 (3) Recommendations for future outreach efforts to diversify the pool of grant
- 45 recipients for this program and other related grant programs, as well as for
- 46 funding opportunities related to the social determinants of maternal health.

47 **SECTION 1.1.(g)** The Maternal Mortality Prevention Grant Program authorized by  
 48 this section expires on June 30, 2026.

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 50 **APPROPRIATIONS TO IMPLEMENT PART I**

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

- 4           (1)     Ninety-three thousand five hundred thirteen dollars (\$93,513) in nonrecurring  
5 funds to establish a time limited, full-time Public Health Program Coordinator  
6 IV position within the Department of Health and Human Services dedicated  
7 to performing the following duties:  
8           a.     Providing application assistance to Maternal Mortality Prevention  
9 Grant Program applicants.  
10           b.     Providing technical assistance to Maternal Mortality Prevention Grant  
11 Program recipients.  
12           c.     Preparing the reports due under Section 1.1(f) of this Part.  
13           (2)     Four hundred ninety-five thousand five hundred dollars (\$495,500) in  
14 nonrecurring funds to be allocated to the Maternal Mortality Prevention Grant  
15 Program authorized by Section 1.1 of this Part. The Department of Health and  
16 Human Services may use up to ten percent (10%) of these funds for  
17 administrative purposes related to the grant program. The balance of these  
18 funds shall be used to operate the grant program.

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

22           **SECTION 1.2.(c)** This section becomes effective July 1, 2024.

## 23 24 **PART II. IMPLICIT BIAS IN HEALTH CARE**

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

27 **"§ 130A-33.62. Department to establish implicit bias training program for health care**  
28 **professionals engaged in perinatal care.**

29           (a)     The following definitions apply in this section:

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

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

- 7            (1) Identification of previous or current unconscious biases and misinformation.
- 8            (2) Identification of personal, interpersonal, institutional, structural, and cultural  
9 barriers to inclusion.
- 10           (3) Corrective measures to decrease implicit bias at the interpersonal and  
11 institutional levels, including ongoing policies and practices for that purpose.
- 12           (4) Information about the effects of implicit bias, including, but not limited to,  
13 ongoing personal effects of racism and the historical and contemporary  
14 exclusion and oppression of minority communities.
- 15           (5) Information about cultural identity across racial or ethnic groups.
- 16           (6) Information about how to communicate more effectively across identities,  
17 including racial, ethnic, religious, and gender identities.
- 18           (7) Information about power dynamics and organizational decision making.
- 19           (8) Trauma-informed care best practices and an emphasis on shared decision  
20 making between providers and patients.
- 21           (9) Information about health inequities within the perinatal care field, including  
22 information on how implicit bias impacts maternal and infant health  
23 outcomes.
- 24           (10) Perspectives of diverse, local constituency groups and experts on particular  
25 racial, identity, cultural, and provider-community relations issues in the  
26 community.
- 27           (11) Information about socioeconomic bias.
- 28           (12) Information about reproductive justice.

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

- 32           (1) Health care professionals who hold a current license, registration,  
33 accreditation, or certification on December 31, 2023, shall complete the  
34 training program no later than December 31, 2024.
- 35           (2) Health care professionals issued an initial license, registration, accreditation,  
36 or certification on or after January 1, 2024, shall complete the training  
37 program no later than one year after the date of issuance.

38        A health care professional licensing authority shall not renew the license, registration,  
39 accreditation, or certification of a health care professional unless the health care professional  
40 provides proof of completion of the training program established under this section within the  
41 24-month period leading up to the date of the renewal application.

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

- 45           (1) All maternity care providers and any employees who interact with pregnant  
46 and postpartum individuals in the provider setting, including front desk  
47 employees, sonographers, schedulers, health system-employed lactation  
48 consultants, hospital or health system administrators, security staff, and other  
49 employees.
- 50           (2) Undergraduate programs that funnel into health professions schools.

- 1           (3)    Providers of the special supplemental nutrition program for women, infants,  
2                   and children under Section 17 of the Child Nutrition Act of 1966.  
3           (4)    Obstetric emergency simulation trainings or related trainings.  
4           (5)    Emergency department employees, emergency medical technicians, and other  
5                   specialized health care providers who interact with pregnant and postpartum  
6                   individuals.
- 7       (e)    The Department shall collect the following information for the purpose of informing  
8 ongoing improvements to the implicit bias training program:
- 9           (1)    Data on the causes of maternal mortality.  
10          (2)    Rates of maternal mortality, including rates distinguished by age, race,  
11                   ethnicity, socioeconomic status, and geographic location within this State.  
12          (3)    Other factors the Department deems relevant for assessing and improving the  
13                   implicit bias training program.

14 **"§ 130A-33.63. Rights of perinatal care patients.**

- 15       (a)    A patient receiving care at a perinatal care facility, defined as a hospital, clinic, or  
16 birthing center that provides perinatal care in this State, has the following rights:
- 17           (1)    To be informed of continuing health care requirements following discharge.  
18           (2)    To be informed that, if the patient so authorizes, and to the extent permitted  
19                   by law, the hospital or health care facility may provide to a friend or family  
20                   member information about the patient's continuing health care requirements  
21                   following discharge.  
22           (3)    To actively participate in decisions regarding the patient's medical care and  
23                   the right to refuse treatment.  
24           (4)    To receive appropriate pain assessment and treatment.  
25           (5)    To receive care and treatment free from discrimination on the basis of age,  
26                   race, ethnicity, color, religion, ancestry, disability, medical condition, genetic  
27                   information, marital status, sex, gender identity, gender expression, sexual  
28                   orientation, socioeconomic status, citizenship, nationality, immigration status,  
29                   primary language, or language proficiency.  
30           (6)    To receive information on how to file a complaint with the Division of Health  
31                   Service Regulation or the Human Rights Commission or both about any  
32                   violation of these rights.
- 33       (b)    Each perinatal care facility shall provide to each perinatal care patient upon admission  
34 to the facility, or as soon as reasonably practical following admission to the facility, a written  
35 copy of the rights enumerated in subsection (a) of this section. The facility may provide this  
36 information to the patient by electronic means, and it may be provided with other notices  
37 regarding patient rights."

38       **SECTION 2.1.(b)** There is appropriated from the General Fund to the Department  
39 of Health and Human Services, Division of Public Health, the sum of fifty thousand dollars  
40 (\$50,000) in recurring funds for the 2024-2025 fiscal year, to be used to establish and administer  
41 the implicit bias training program for health care professionals engaged in perinatal care  
42 authorized by subsection (a) of this section.

43  
44 **PART III. SUPPORTING AND DIVERSIFYING LACTATION CONSULTANT**  
45 **TRAINING PROGRAMS**

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

- 47       (1)    Historically Black Colleges and Universities or HBCUs. – Institutions of  
48                   higher education that were founded to educate black citizens who were  
49                   historically restricted from attending predominantly white institutions of  
50                   higher education.

- 1 (2) Lactation consultants. – Educators or counselors trained in breast feeding or  
2 chest feeding practices, lactation care, and lactation services.
- 3 (3) Lactation services. – The clinical application of scientific principles and a  
4 multidisciplinary body of evidence for evaluation, problem identification,  
5 treatment, education, and consultation to childbearing families regarding  
6 lactation care and services.
- 7 (4) Maternity care services. – Health care related to an individual's pregnancy,  
8 childbirth, or postpartum recovery.
- 9 (5) Preceptor. – A person who is a certified lactation consultant and meets the  
10 requirements of the International Board of Lactation Consultant Examiners to  
11 supervise lactation consultants-in-training during the training period.

12 **SECTION 3.1.(b)** There is appropriated from the General Fund to the Board of  
13 Governors of The University of North Carolina the sum of five hundred fifty thousand dollars  
14 (\$550,000) in nonrecurring funds for the 2024-2025 fiscal year for the purposes of recruiting,  
15 training, and retaining a diverse workforce of lactation consultants in North Carolina by  
16 supporting the infrastructure and sustainability of lactation consultant training programs at  
17 Historically Black Colleges and Universities located within the State. These funds shall be  
18 distributed equally between North Carolina Agricultural & Technical State University and  
19 Johnson C. Smith University to cover costs incurred by each university for administering a  
20 lactation training program, including, but not limited to:

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

25 **SECTION 3.1.(c)** The Department of Health and Human Services, Office of  
26 Minority Health and Health Disparities, shall provide technical assistance to North Carolina  
27 Agricultural & Technical State University and Johnson C. Smith University with respect to the  
28 following:

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

39 **SECTION 3.1.(d)** By May 1, 2027, the Department of Health and Human Services,  
40 Office of Minority Health and Health Disparities, shall evaluate and submit a report to the Joint  
41 Legislative Oversight Committee on Health and Human Services and the Joint Legislative  
42 Education Oversight Committee on the benefits received by the State as a result of funding the  
43 lactation consultant training programs at North Carolina Agricultural & Technical State  
44 University and Johnson C. Smith University. The report shall include at least all of the following  
45 information and recommendations:

- 46 (1) The total number of lactation consultants who received training at one of the  
47 State-funded HBCU lactation programs, broken down by (i) race and ethnicity  
48 and (ii) chosen work site, such as hospital, provider office, or  
49 community-based organization.
- 50 (2) A review of the prenatal and postpartum experiences of patients who received  
51 lactation consultant services from a health care professional who graduated

1 from one of the State-funded HBCU lactation consultant programs. The  
2 review shall address patients' experiences relative to the following:

- 3 a. Health insurance coverage for maternity care services, including  
4 telehealth lactation consultant services.
- 5 b. Contributing factors to population-based disparities in breast feeding  
6 and chest feeding outcomes, including bias and discrimination toward  
7 patients who are members of racial and ethnic minority groups.
- 8 c. Patient satisfaction with the services received from these lactation  
9 consultants.
- 10 d. Breastfeeding or chest-feeding initiation and duration rates of patients  
11 who received services from these lactation consultants.

12 **SECTION 3.2.** This Part becomes effective July 1, 2024.  
13

#### 14 **PART IV. ESTABLISHMENT AND FUNDING OF COUNT THE KICKS PROGRAM**

15 **SECTION 4.1.(a)** The Department of Health and Human Services, Division of  
16 Public Health (DPH), shall establish and administer a statewide, evidence-based stillbirth  
17 prevention program known as Count the Kicks that provides educational resources to healthcare  
18 providers, community health workers, and expectant parents on the importance of, and methods  
19 for, tracking fetal movement.

20 **SECTION 4.1.(b)** Effective July 1, 2024, there is appropriated from the General  
21 Fund to the Department of Health and Human Services, Division of Public Health, the sum of  
22 two million dollars (\$2,000,000) in recurring funds for the 2024-2025 fiscal year to be allocated  
23 to the Count the Kicks program authorized by subsection (a) of this section. The DPH may use  
24 these allocated funds for all of the following purposes:

- 25 (1) To produce and distribute educational materials for expectant mothers about  
26 the Count the Kicks program and the importance of fetal movement  
27 monitoring.
- 28 (2) To train healthcare providers and community health workers on the  
29 importance of, and methods for, tracking fetal movement.
- 30 (3) To fund public awareness campaigns to promote fetal movement monitoring.
- 31 (4) To provide support for data collection and program evaluation to monitor and  
32 improve program effectiveness.
- 33 (5) To cover up to ten percent (10%) of the administrative costs associated with  
34 establishing and administering the program.

35 **SECTION 4.1.(c)** The DPH shall report to the Joint Legislative Oversight  
36 Committee on Health and Human Services and the Fiscal Research Division on the Count the  
37 Kicks program authorized by subsection (a) of this section as follows:

- 38 (1) By September 1, 2025, the DPH shall report on the implementation status of  
39 the program. The report shall include a detailed breakdown of program  
40 expenditures and an explanation of any obstacles to full program  
41 implementation.
- 42 (2) Annually on September 1, beginning September 1, 2026, the DPH shall report  
43 on the status and operation of the program. The annual report shall include a  
44 detailed breakdown of program expenditures and an evaluation of the impact  
45 of the program on maternal and infant health outcomes in North Carolina for  
46 the one-year period preceding the report.

#### 47 **PART V. EFFECTIVE DATE**

48 **SECTION 5.1.** Except as otherwise provided, this act is effective when it becomes  
49 law.  
50