

GENERAL ASSEMBLY OF NORTH CAROLINA  
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SENATE BILL DRS45358-MMa-79

Short Title: North Carolina Momnibus Act. (Public)

Sponsors: Senators Murdock, Batch, and Salvador (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO ENACT THE NORTH CAROLINA MOMNIBUS ACT.

3 Whereas, every person should be entitled to dignity and respect during and after  
4 pregnancy and childbirth, and patients should receive the best care possible regardless of age,  
5 race, ethnicity, color, religion, ancestry, disability, medical condition, genetic information,  
6 marital status, sex, gender identity, gender expression, sexual orientation, socioeconomic status,  
7 citizenship, nationality, immigration status, primary language, or language proficiency; and

8 Whereas, the United States has the highest maternal mortality rate in the developed  
9 world, where about 700 women die each year from childbirth and another 50,000 suffer from  
10 severe complications; and

11 Whereas, according to the North Carolina Maternal Mortality Review and Prevention  
12 Committee, sixty-three percent (63%) of all maternal deaths in 2014-2015 were determined to  
13 be preventable; and black women are at increased risk to die from pregnancy complications  
14 compared to white women; and

15 Whereas, the federal Centers for Disease Control and Prevention finds that the  
16 majority of pregnancy-related deaths are preventable; and

17 Whereas, pregnancy-related deaths among black birthing people are also more likely  
18 to be miscoded; and

19 Whereas, access to prenatal care, socioeconomic status, and general physical health  
20 do not fully explain the disparity seen in maternal mortality and morbidity rates among black  
21 individuals, and there is a growing body of evidence that black people are often treated unfairly  
22 and unequally in the health care system; and

23 Whereas, implicit bias is a key driver of health disparities in communities of color;  
24 and

25 Whereas, health care providers in North Carolina are not required to undergo any  
26 implicit bias testing or training; and

27 Whereas, currently there does not exist any system to track the number of incidents  
28 where implicit prejudice and implicit stereotypes led to negative birth and maternal health  
29 outcomes; and

30 Whereas, it is in the interest of this State to reduce the effects of implicit bias in  
31 pregnancy, childbirth, and postnatal care so that all people are treated with dignity and respect  
32 by their health care providers; Now, therefore,

33 The General Assembly of North Carolina enacts:

34  
35 **PART I. ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND**  
36 **COMMUNITY-BASED ORGANIZATIONS**



1  
2 **ESTABLISHMENT OF SOCIAL DETERMINANTS OF MATERNAL HEALTH TASK**  
3 **FORCE**

4 **SECTION 1.1.** Part 5 of Article 1B of Chapter 130A of the General Statutes reads  
5 as rewritten:

6 "Part 5. Maternal Mortality Review Committee Health.

7 ...

8 **"§ 130A-33.61. Social Determinants of Maternal Health Task Force.**

9 (a) Definitions. – The following definitions apply in this section:

10 (1) Maternity care provider. – A health care provider who meets the following  
11 criteria:

12 a. Is a licensed or certified (i) physician; (ii) physician assistant; (iii)  
13 midwife who, at minimum, meets the international definition of a  
14 midwife and meets the global standards for midwifery education, as  
15 established by the International Confederation of Midwives; (iv) nurse  
16 practitioner; or (v) clinical nurse specialist.

17 b. Is focused in practice on maternal or perinatal health.

18 (2) Perinatal health worker. – A doula, community health worker, peer supporter,  
19 breastfeeding and lactation educator or counselor, nutritionist or dietitian,  
20 childbirth educator, social worker, home visitor, language interpreter, or  
21 navigator.

22 (3) Postpartum or postpartum period. – The one-year period beginning on the last  
23 day of the pregnancy of an individual.

24 (4) Pregnancy-related death. – A death of a pregnant or postpartum individual that  
25 occurs during, or within one year following, the individual's pregnancy, from  
26 a pregnancy complication, a chain of events initiated by pregnancy, or the  
27 aggravation of an unrelated condition by the physiologic effects of pregnancy.

28 (5) Severe maternal morbidity. – A health condition, including a mental health  
29 condition or substance use disorder, or both, attributed to or aggravated by  
30 pregnancy or childbirth that results in significant short-term or long-term  
31 consequences to the health of the individual who was pregnant.

32 (6) Social determinants of maternal health. – Nonclinical factors that impact  
33 maternal health outcomes, including the following:

34 a. Economic factors, which may include poverty, employment, food  
35 security, support for and access to lactation and other infant feeding  
36 options, housing stability, and related factors.

37 b. Neighborhood factors, which may include quality of housing, access  
38 to transportation, access to child care, availability of healthy foods and  
39 nutrition counseling, availability of clean water, air and water quality,  
40 ambient temperatures, neighborhood crime and violence, access to  
41 broadband, and related factors.

42 c. Social and community factors, which may include systemic racism,  
43 gender discrimination or discrimination based on other protected  
44 classes, workplace conditions, incarceration, and related factors.

45 d. Household factors, which may include an individual's ability to  
46 conduct lead testing and abatement, car seat installation, indoor air  
47 temperatures, and related factors.

48 e. Education access and quality factors, which may include educational  
49 attainment, language and literacy, and related factors.

50 f. Health care access factors, including health insurance coverage, access  
51 to culturally respectful health care services, providers, and nonclinical

1 support, access to home visiting services, access to wellness and stress  
2 management programs, health literacy, access to telehealth and  
3 equipment and other items required to receive telehealth services, and  
4 related factors.

5 (b) Task Force Creation and Membership. – There is created the Social Determinants of  
6 Maternal Health Task Force (Task Force) within the Department of Health and Human Services.  
7 The purpose of the Task Force is to develop a strategy to coordinate efforts between State  
8 agencies to address social determinants of maternal health with respect to pregnant and  
9 postpartum individuals. The Task Force shall be composed of the following members:

10 (1) Eight members appointed by the Governor that are representatives of State or  
11 local agencies whose decisions may have an impact on the social determinants  
12 of maternal health, including, but not limited to, agencies responsible for  
13 health, housing, food, environment, labor, and education.

14 (2) Two members appointed by the Speaker of the House of Representatives,  
15 representing each of the following:

16 a. Patients who have suffered from severe maternal morbidity.

17 b. Patients whose family member suffered a pregnancy-related death.

18 (3) Two members appointed by the President Pro Tempore of the Senate who  
19 shall be leaders of community-based organizations that address maternal  
20 mortality and severe maternal morbidity with a specific focus on racial and  
21 ethnic disparities. In appointing these members, priority shall be given to  
22 individuals who are leaders of organizations led by individuals from racial and  
23 ethnic minority groups.

24 (4) Two members appointed by the House Majority Leader who are perinatal  
25 health workers.

26 (5) Two members appointed by the Senate Majority Leader who are maternity  
27 care providers.

28 (6) The Secretary of the Department of Health and Human Services or a designee  
29 of the Secretary.

30 (c) Task Force Chair and Meetings. – The Governor shall select the chair of the Task  
31 Force from among the members of the Task Force. The Task Force shall meet at least quarterly  
32 at the call of the chair.

33 (d) Task Force Report. – Not later than two years after this act becomes effective, the  
34 Task Force shall submit to the Governor and the General Assembly a report containing all of the  
35 following:

36 (1) A State plan for coordinating efforts among State agencies to address social  
37 determinants of maternal health with respect to pregnant and postpartum  
38 individuals.

39 (2) Recommendations on the amount of State funding necessary to implement the  
40 State plan developed under subdivision (1) of this subsection.

41 (3) Recommendations on how to leverage services available under the State's  
42 Medicaid program to address social determinants of maternal health."

## 44 **ESTABLISHMENT OF MATERNAL MORTALITY PREVENTION GRANT** 45 **PROGRAM**

46 **SECTION 1.2.(a) Definitions. – The following definitions apply in this section:**

47 (1) **Culturally respectful congruent. – Sensitive to and respectful of the preferred**  
48 **cultural values, beliefs, world view, and practices of the patient, and aware**  
49 **that cultural differences between patients and health care providers or other**  
50 **service providers must be proactively addressed to ensure that patients receive**  
51 **equitable, high-quality services that meet their needs.**

- 1 (2) Department. – The North Carolina Department of Health and Human  
2 Services.  
3 (3) Postpartum. – The one-year period beginning on the last day of a woman's  
4 pregnancy.

5 **SECTION 1.2.(b)** Establishment of Grant Program. – The Department shall  
6 establish and operate a Maternal Mortality Prevention Grant Program to award competitive  
7 grants to eligible entities to establish or expand programs for the prevention of maternal mortality  
8 and severe maternal morbidity among black women. The Department shall establish eligibility  
9 requirements for program participation which shall, at a minimum, require that applicants be  
10 community-based organizations offering programs and resources aligned with evidence-based  
11 practices for improving maternal health outcomes for black women.

12 **SECTION 1.2.(c)** Outreach and Application Assistance. – Beginning July 1, 2021,  
13 the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants  
14 under this program and (ii) provide application assistance to eligible applicants on best practices  
15 for applying for grants under this program. In conducting the outreach required by this section,  
16 the Department shall give special consideration to eligible applicants that meet the following  
17 criteria:

- 18 (1) Are based in, and provide support for, communities with high rates of adverse  
19 maternal health outcomes and significant racial and ethnic disparities in  
20 maternal health outcomes.  
21 (2) Are led by black women.  
22 (3) Offer programs and resources that are aligned with evidence-based practices  
23 for improving maternal health outcomes for black women.

24 **SECTION 1.2.(d)** Grant Awards. – In awarding grants under this section, the  
25 Department shall award a maximum of five grants, and, to the extent possible, the grant recipients  
26 shall reflect different areas of the State. The Department shall not award a single grant for less  
27 than ten thousand dollars (\$10,000) or more than fifty thousand dollars (\$50,000) per grant  
28 recipient. In selecting grant recipients, the Department shall give special consideration to eligible  
29 applicants that meet all of the following criteria:

- 30 (1) Meet all the criteria specified in subdivisions (1) through (3) of subsection (c)  
31 of this section.  
32 (2) Offer programs and resources designed in consultation with and intended for  
33 black women.  
34 (3) Offer programs and resources in the communities in which they are located  
35 that include any of the following activities:  
36 a. Promoting maternal mental health and maternal substance use disorder  
37 treatments that are aligned with evidence-based practices for  
38 improving maternal mental health outcomes for black women.  
39 b. Addressing social determinants of health for women in the prenatal  
40 and postpartum periods, including, but not limited to, any of the  
41 following:  
42 1. Inadequate housing.  
43 2. Transportation barriers.  
44 3. Poor nutrition and a lack of access to healthy foods.  
45 4. Need for lactation support.  
46 5. Need for lead abatement and other efforts to improve air and  
47 water quality.  
48 6. Lack of access to child care.  
49 7. Need for baby supplies such as diapers, formula, clothing, baby  
50 and child equipment, and safe car seat installation.  
51 8. Need for wellness and stress management programs.

- 1 9. Education about maternal health and well-being.
- 2 10. Need for coordination across safety net and social support
- 3 services and programs.
- 4 c. Promoting evidence-based health literacy and pregnancy, childbirth,
- 5 and parenting education for women in the prenatal and postpartum
- 6 periods, including group-based programs and peer support groups.
- 7 d. Providing individually tailored support from doulas and other perinatal
- 8 health workers to women from pregnancy through the postpartum
- 9 period.
- 10 e. Providing culturally respectful congruent training to perinatal health
- 11 workers such as doulas, community health workers, peer supporters,
- 12 certified lactation consultants, nutritionists and dietitians, social
- 13 workers, home visitors, and navigators.
- 14 f. Conducting or supporting research on issues affecting black maternal
- 15 health.
- 16 g. Developing other programs and resources that address
- 17 community-specific needs for women in the prenatal and postpartum
- 18 periods and are aligned with evidence-based practices for improving
- 19 maternal health outcomes for black women.

20 **SECTION 1.2.(e)** Technical Assistance to Grant Recipients. – The Department shall  
 21 provide technical assistance to grant recipients regarding all of the following:

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

28 **SECTION 1.2.(f)** Reports. – The Department shall submit the following reports on  
 29 the grant program authorized by this section to the Joint Legislative Oversight Committee on  
 30 Health and Human Services and the Fiscal Research Division:

- 31 (1) A report by October 1, 2023, that includes at least all of the following
- 32 components:
- 33 a. A detailed report on funds expended for the program for the 2021-2022
- 34 fiscal year.
- 35 b. An assessment of the effectiveness of outreach efforts by the
- 36 Department during the application process in diversifying the pool of
- 37 grant recipients.
- 38 c. Recommendations for future outreach efforts to diversify the pool of
- 39 grant recipients for this program and other related grant programs, as
- 40 well as for funding opportunities related to the social determinants of
- 41 maternal health.
- 42 (2) A report by October 1, 2024, that includes at least all of the following
- 43 components:
- 44 a. A detailed report on funds expended for the program for the 2022-2023
- 45 fiscal year.
- 46 b. An assessment of the effectiveness of programs funded by grants
- 47 awarded under this section in improving maternal health outcomes for
- 48 black women.
- 49 c. Recommendations for future grant programs to be administered by the
- 50 Department and for future funding opportunities for community-based
- 51 organizations to improve maternal health outcomes for black women

1 through programs and resources that are aligned with evidence-based  
2 practices for improving maternal health outcomes for black women.  
3 **SECTION 1.2.(g)** The Maternal Mortality Prevention Grant Program authorized by  
4 this section expires on June 30, 2023.  
5

#### 6 **APPROPRIATIONS TO IMPLEMENT PART I**

7 **SECTION 1.3.(a)** The following sums are appropriated from the General Fund to  
8 the Department of Health and Human Services, Division of Public Health, for the 2021-2022  
9 fiscal year:

- 10 (1) \$23,000 in recurring funds to be allocated to the Social Determinants of  
11 Maternal Health Task Force established in G.S. 130A-33.61.
- 12 (2) \$82,000 in recurring funds to establish a full-time, permanent Public Health  
13 Program Coordinator IV position with the following responsibilities:
  - 14 a. Assisting the Social Determinants of Maternal Health Task Force.
  - 15 b. Providing application assistance to Maternal Mortality Prevention  
16 Grant Program applicants.
  - 17 c. Providing technical assistance to Maternal Mortality Prevention Grant  
18 Program recipients.
  - 19 d. Preparing the reports due under Section 1.2(f) of this Part.
- 20 (3) \$395,500 in nonrecurring funds to be allocated to the Maternal Mortality  
21 Prevention Grant Program authorized by Section 1.2 of this Part. Up to ten  
22 percent (10%) of these funds may be used for administrative purposes. The  
23 balance of these funds shall be used to operate the program.

24 **SECTION 1.3.(b)** The following sums are appropriated from the General Fund to  
25 the Department of Health and Human Services, Division of Public Health, for the 2022-2023  
26 fiscal year:

- 27 (1) \$23,000 in recurring funds to be allocated to the Social Determinants of  
28 Maternal Health Task Force established in G.S. 130A-33.61.
- 29 (2) \$82,000 in recurring funds to cover the cost of the full-time, permanent Public  
30 Health Program Coordinator IV position established in subdivision (a)(2) of  
31 this section.
- 32 (3) \$395,500 in nonrecurring funds to be allocated to the Maternal Mortality  
33 Prevention Grant Program authorized by Section 1.2 of this Part. Up to ten  
34 percent (10%) of these funds may be used for administrative purposes. The  
35 balance of these funds shall be used to operate the program.

36 **SECTION 1.3.(c)** The Department is authorized to hire one full-time, permanent  
37 Public Health Program Coordinator IV to perform the responsibilities described in subdivision  
38 (a)(2) of this section.

39 **SECTION 1.3.(d)** This section becomes effective July 1, 2021.  
40

#### 41 **EFFECTIVE DATE FOR PART I**

42 **SECTION 1.4.** Except as otherwise provided, this Part becomes effective October  
43 1, 2021.  
44

#### 45 **PART II. IMPLICIT BIAS IN HEALTH CARE**

46 **SECTION 2.1.** Part 5 of Article 1B of Chapter 130A of the General Statutes, as  
47 amended by Section 1.1 of this act, is amended by adding two new sections to read:

48 **"§ 130A-33.62. Department to establish implicit bias training program for health care**  
49 **professionals engaged in perinatal care.**

- 50 (a) The following definitions apply in this section:

- 1           (1)    Health care professional. – A licensed physician or other health care provider  
2           licensed, registered, accredited, or certified to perform perinatal care and  
3           regulated under the authority of a health care professional licensing authority.  
4           (2)    Health care professional licensing authority. – The Department of Health and  
5           Human Services or an agency, board, council, or committee with the authority  
6           to impose training or education requirements or licensure fees as a condition  
7           of practicing in this State as a health care professional.  
8           (3)    Implicit bias. – A bias in judgment or behavior that results from subtle  
9           cognitive processes, including implicit prejudice and implicit stereotypes, that  
10          often operate at a level below conscious awareness and without intentional  
11          control.  
12          (4)    Implicit prejudice. – Prejudicial negative feelings or beliefs about a group that  
13          a person holds without being aware of them.  
14          (5)    Implicit stereotypes. – The unconscious attributions of particular qualities to  
15          a member of a certain social group that are influenced by experience and based  
16          on learned associations between various qualities and social categories,  
17          including race and gender.  
18          (6)    Perinatal care. – The provision of care during pregnancy, labor, delivery, and  
19          postpartum and neonatal periods.  
20          (7)    Perinatal facility. – A hospital, clinic, or birthing center that provides perinatal  
21          care in this State.  
22          (b)    The Department, in collaboration with (i) community-based organizations led by  
23          Black women that serve primarily Black birthing people and (ii) a historically Black college or  
24          university or other institution that primarily serves minority populations, shall create or identify  
25          an evidence-based implicit bias training program for health care professionals involved in  
26          perinatal care. The implicit bias training program shall include, at a minimum, all of the following  
27          components:  
28               (1)    Identification of previous or current unconscious biases and misinformation.  
29               (2)    Identification of personal, interpersonal, institutional, structural, and cultural  
30               barriers to inclusion.  
31               (3)    Corrective measures to decrease implicit bias at the interpersonal and  
32               institutional levels, including ongoing policies and practices for that purpose.  
33               (4)    Information about the effects of implicit bias, including, but not limited to,  
34               ongoing personal effects of racism and the historical and contemporary  
35               exclusion and oppression of minority communities.  
36               (5)    Information about cultural identity across racial or ethnic groups.  
37               (6)    Information about how to communicate more effectively across identities,  
38               including racial, ethnic, religious, and gender identities.  
39               (7)    Information about power dynamics and organizational decision-making.  
40               (8)    Trauma-informed care best practices and an emphasis on shared decision  
41               making between providers and patients.  
42               (9)    Information about health inequities within the perinatal care field, including  
43               information on how implicit bias impacts maternal and infant health  
44               outcomes.  
45               (10)   Perspectives of diverse, local constituency groups and experts on particular  
46               racial, identity, cultural, and provider-community relations issues in the  
47               community; and  
48               (11)   Information about socioeconomic bias.  
49               (12)   Information about reproductive justice.

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

4           (1) Health care professionals who hold a current license, registration,  
5 accreditation, or certification on December 31, 2021, shall complete the  
6 training program no later than December 31, 2022.

7           (2) Health care professionals issued an initial license, registration, accreditation,  
8 or certification on or after January 1, 2022, shall complete the training  
9 program no later than one year after the date of issuance.

10       A health care professional licensing authority shall not renew the license, registration,  
11 accreditation, or certification of a health care professional unless the health care professional  
12 provides proof of completion of the training program established under this section within the  
13 24-month period leading up to the date of the renewal application.

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

17           (1) All maternity care providers and any employees who interact with pregnant  
18 and postpartum individuals in the provider setting, including front desk  
19 employees, sonographers, schedulers, health system–employed lactation  
20 consultants, hospital or health system administrators, security staff, and other  
21 employees.

22           (2) Undergraduate programs that funnel into health professions schools.

23           (3) Providers of the special supplemental nutrition program for women, infants,  
24 and children under section 17 of the Child Nutrition Act of 1966.

25           (4) Obstetric emergency simulation trainings or related trainings.

26           (5) Emergency department employees, emergency medical technicians, and other  
27 specialized health care providers who interact with pregnant and postpartum  
28 individuals.

29       (e) The Department shall collect the following information for the purpose of informing  
30 ongoing improvements to the implicit bias training program:

31           (1) Data on the causes of maternal mortality.

32           (2) Rates of maternal mortality, including rates distinguished by age, race,  
33 ethnicity, socioeconomic status, and geographic location within this State.

34           (3) Other factors the Department deems relevant for assessing and improving the  
35 implicit bias training program.

36 **"§ 130A-33.63. Rights of perinatal care patients.**

37       (a) A patient receiving care at a perinatal care facility, defined as a hospital, clinic, or  
38 birthing center that provides perinatal care in this State, has the following rights:

39           (1) To be informed of continuing health care requirements following discharge.

40           (2) To be informed that, if the patient so authorizes, and to the extent permitted  
41 by law, the hospital or health care facility may provide to a friend or family  
42 member information about the patient's continuing health care requirements  
43 following discharge.

44           (3) To actively participate in decisions regarding the patient's medical care and  
45 the right to refuse treatment.

46           (4) To receive appropriate pain assessment and treatment.

47           (5) To receive care and treatment free from discrimination on the basis of age,  
48 race, ethnicity, color, religion, ancestry, disability, medical condition, genetic  
49 information, marital status, sex, gender identity, gender expression, sexual  
50 orientation, socioeconomic status, citizenship, nationality, immigration status,  
51 primary language, or language proficiency.



(6) To receive information on how to file a complaint with the Division of Health Service Regulation or the Human Rights Commission or both about any violation of these rights.

(b) Each perinatal care facility 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) of this section. The facility may provide this information to the patient by electronic means, and it may be provided with other notices regarding patient rights."

**SECTION 2.2.** This Part becomes effective October 1, 2021.

**PART III. PROTECTING MOMS WHO SERVE**

**SECTION 3.1.** The Department of Health and Human Services shall study the following issues affecting women who serve in the military:

- (1) Coordinating effectively between veterans health care facilities and non-veterans health care facilities in the delivery of maternity care and other health care services.
- (2) Facilitating access to community resources to address social determinants of health, including housing, nutrition, and employment status.
- (3) Identifying mental and behavioral health risk factors in the prenatal and postpartum periods and ensuring that pregnant and postpartum veterans get the treatments they need.
- (4) Facilitating access to childbirth preparation classes, parenting classes, nutrition counseling, breastfeeding support, lactation classes, and breast pumps.
- (5) Reducing maternal mortality and severe maternal morbidity, with a particular focus on racial and ethnic disparities in maternal health outcomes.

**SECTION 3.2.** The Department of Health and Human Services shall consult with the Department of Military and Veterans Affairs (hereinafter "DMVA"), as necessary, in conducting the study required by subsection (a) of this section, and DMVA shall cooperate with the Department and provide any assistance or information requested.

**SECTION 3.3.** By April 1, 2022, the Department of Health and Human Services shall report its findings, and any recommendations for legislation, to the Senate Health Care Committee, Joint Legislative Oversight Committee on Health and Human Services, Joint Legislative Oversight Committee on General Government, and the Fiscal Research Division.

**SECTION 3.4.** There is appropriated from the General Fund to the Department of Health and Human Services the sum of one hundred thousand dollars (\$100,000) in nonrecurring funds for the 2021-2022 fiscal year for the purpose of conducting the study described in Section 3.1. of this Part.

**SECTION 3.5.** This Part becomes effective July 1, 2021.

**PART IV. COVID-19/PREGNANCY**

**DEFINITIONS**

**SECTION 4.1.** The following definitions apply in Part 4 of this act:

- (1) COVID-19 public health emergency. – The period beginning on the date that the United States Secretary of Health and Human Services declared a public health emergency with respect to COVID-19 under section 319 of the Public Health Service Act (42 U.S.C. § 247d) and ending on the later of the end of such public health emergency or January 1, 2023.
- (2) Maternity care provider. – A health care provider who meets the following criteria:

- 1 a. Is a licensed or certified physician; physician assistant; midwife who,
- 2 at a minimum, meets the international definition of a midwife and the
- 3 global standards for midwifery education as established by the
- 4 International Confederation of Midwives; a nurse practitioner, or a
- 5 clinical nurse specialist.
- 6 b. Practices in the area of maternal or perinatal health.
- 7 (3) Maternity care services. – Health care related to an individual's pregnancy,
- 8 childbirth, or postpartum recovery.
- 9 (4) Perinatal health worker. – A doula, community health worker, peer supporter,
- 10 breastfeeding and lactation educator or counselor, nutritionist or dietitian,
- 11 childbirth educator, social worker, home visitor, language interpreter, or
- 12 navigator.
- 13 (5) Respectful maternity care. – Consistent with the term as used by the World
- 14 Health Organization, refers to care organized for, and provided to, pregnant
- 15 and postpartum individuals in a manner that meets all of the following
- 16 requirements:
- 17 a. Is culturally sensitive and nondiscriminatory.
- 18 b. Maintains the dignity, privacy, and confidentiality of the individual
- 19 receiving care.
- 20 c. Ensures freedom from harm and mistreatment.
- 21 d. Enables informed decision making and continuous support.
- 22

**APPROPRIATIONS FOR DATA COLLECTION, SURVEILLANCE, AND RESEARCH ON MATERNAL HEALTH OUTCOMES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY**

**SECTION 4.2.(a)** It is the intent of the General Assembly to support data collection, surveillance, and research on maternal health as a result of the COVID-19 public health emergency, including support to assist with the collection and sharing of racial, ethnic, and other demographic data related to maternal health. To that end, there is appropriated from the General Fund to the Department of Health and Human Services the sum of five hundred twenty-nine thousand three hundred eleven dollars (\$529,311) in recurring funds and the sum of three million five hundred thousand dollars (\$3,500,000) in nonrecurring funds for the 2021-2022 fiscal year, and the sum of five hundred twenty-nine thousand three hundred eleven dollars (\$529,311) in recurring funds for the 2022-2023 fiscal year, to be allocated as follows:

- 35 (1) \$35,800 in recurring funds to support the work of the Task Force on Birthing
- 36 Experience and Safe Maternity Care During a Public Health Emergency
- 37 established in G.S. 130A-33.63, as enacted in Section 4.5 of this Part.
- 38 (2) \$493,511 in recurring funds to hire five full-time, permanent positions to
- 39 support the Department in the following efforts:
- 40 a. Collecting data about the impact of COVID-19 on pregnant, birthing,
- 41 and postpartum individuals, disaggregated by race and ethnicity,
- 42 including, but not limited to, data on the following:
- 43 1. COVID-19 testing, infections, hospitalizations, and
- 44 vaccinations.
- 45 2. Health outcomes for pregnant, birthing, and postpartum
- 46 individuals and their infants confirmed or suspected of being
- 47 infected with COVID-19, including rates of morbidity and
- 48 mortality from COVID-19, preterm birth, stillbirth, infant
- 49 mortality, infants born with low birth weight, cesarean birth
- 50 rates, and the impact of COVID-19 on infant feeding patterns.

- 1                   b.        Conducting public health education activities described in 4.3 of this  
2                   Part.
- 3           (3)       \$1,500,000 in nonrecurring funds to support the establishment and operation  
4                   of a one-year competitive grant program to ensure safe maternity care staffing  
5                   levels at safety net hospitals and health clinics that provide maternity care  
6                   services. The Department shall establish eligibility requirements for program  
7                   participation which shall, at a minimum, require that applicants be safety-net  
8                   hospitals, rural hospitals, federally qualified health centers, community health  
9                   centers, or nonhospital affiliated independent medical practices that provide  
10                  maternity care services to a disproportionately high number of low-income  
11                  patients and patients from racial and ethnic minority groups. As part of this  
12                  program, the Department shall award a total of 10 grants in the amount of one  
13                  hundred fifty thousand dollars (\$150,000) per grant to cover the cost of  
14                  additional staffing to provide maternity care services. To the extent possible,  
15                  the grant recipients shall reflect different areas of the State. By October 1,  
16                  2023, and October 1, 2024, the Department shall submit a report on the  
17                  competitive grant program authorized by this subdivision. Each report shall  
18                  include, at a minimum, a detailed breakdown of the funds expended for the  
19                  grant program for the previous fiscal year and an assessment of the  
20                  effectiveness of the program in improving maternity care staffing levels and  
21                  infant mortality rates at safety net hospitals and health clinics that serve a  
22                  disproportionately high number of low-income patients and patients from  
23                  racial and ethnic minority groups.
- 24           (3)       \$2,000,000 in nonrecurring funds to acquire and distribute personal protective  
25                   equipment to perinatal workers practicing in the following areas:
- 26                   a.        In noninstitutional settings that provide such equipment to their  
27                   employees.
- 28                   b.        In communities that are disproportionately affected by COVID-19 and  
29                   adverse maternal health outcomes.

30           **SECTION 4.2.(b)** Subsection (a) of this section becomes effective July 1, 2021.

31           **SECTION 4.2.(c)** From available funds, the Department shall partner with and  
32           award subgrants to the following entities for the following purposes:

- 33           (1)       Clinical stakeholders, community-based organizations, and federally  
34                   recognized Indian tribes, to assist with the collection and analysis of data on  
35                   the impact of COVID-19 on pregnant and postpartum patients and their  
36                   newborns, particularly among patients from racial and ethnic minority groups.
- 37           (2)       Clinical stakeholders, community-based organizations, and federally  
38                   recognized Indian tribes, to provide timely, continually updated guidance to  
39                   families and health care providers on ways to reduce risk to pregnant and  
40                   postpartum individuals and their newborns and tailor interventions to improve  
41                   their long-term health.

42           In awarding subgrants under subdivisions (1) and (2) of this subsection, the  
43           Department shall give special consideration to eligible entities that meet the following criteria:  
44           (i) are based in, and provide support for, communities with high rates of adverse maternal health  
45           outcomes and significant racial and ethnic disparities in maternal health outcomes, (ii) are led by  
46           black women, and (iii) offer programs and resources that are aligned with evidence-based  
47           practices for improving maternal health outcomes for black women.

#### 49   **PUBLIC HEALTH INFORMATION AND EDUCATIONAL ACTIVITIES**

50           **SECTION 4.3.(a)** The Department of Health and Human Services shall provide the  
51           public with evidence-based public health information and education about COVID-19 and

1 pregnancy, including risks and guidance for mitigating such risks in alignment with respectful  
2 maternity care, with a particular focus on pregnant individuals in communities disproportionately  
3 affected by maternal mortality and COVID-19.

4 **SECTION 4.3.(b)** Hospitals and health care facilities licensed in this State that  
5 provide maternity care services during the COVID-19 public health emergency shall provide  
6 patients with updated and accurate information about hospital policies that may affect patient  
7 care during pregnancy, labor, delivery, and postpartum, including hospital visitor policies. Such  
8 information shall be made available (i) on the hospital or health care facility website and (ii) in  
9 multiple languages.

10  
11 **ENSURING SAFE AND RESPECTFUL MATERNITY CARE BY HOSPITALS AND**  
12 **HEALTH CARE FACILITIES DURING THE COVID-19 PUBLIC HEALTH**  
13 **EMERGENCY**

14 **SECTION 4.4.** Hospitals and health care facilities licensed in this State that provide  
15 maternity care services during the COVID-19 public health emergency shall do all of the  
16 following:

- 17 (1) Provide patients with updated and accurate information about hospital policies  
18 that may affect patient care during pregnancy, labor, delivery, and postpartum,  
19 including hospital visitor policies.
- 20 (2) Permit maternity care patients to have at least one support person with them  
21 during labor, delivery, and postpartum recovery.
- 22 (3) Make efforts to safely accommodate the presence of doulas during labor,  
23 delivery, and postpartum care and recognize doulas as members of patients'  
24 perinatal care teams, not visitors.
- 25 (4) Implement policies equitably, without discrimination on the basis of patient  
26 characteristics, such as race, ethnicity, income, age, language, sexual  
27 orientation, or marital status.
- 28 (5) Ensure that institutional policies and practices do not violate patients' rights to  
29 reject treatments or birth interventions.
- 30 (6) Integrate COVID-19 considerations into discussions with patients about the  
31 risks and benefits of health care decisions during informed consent processes.

32  
33 **ESTABLISHMENT OF THE TASK FORCE ON BIRTHING EXPERIENCE AND SAFE**  
34 **MATERNITY CARE DURING A PUBLIC HEALTH EMERGENCY**

35 **SECTION 4.5.(a)** Part 5 of Article 1B of Chapter 130A of the General Statutes, as  
36 amended by Sections 1.1 and 2.1. of this act, is amended by adding a new section to read:

37 **§ 130A-33.64. Task Force on Birthing Experience and Safe Maternity Care During a**  
38 **Public Health Emergency.**

39 (a) Establishment and Purpose of Task Force. – There is established the Task Force on  
40 Birthing Experience and Safe Maternity Care During a Public Health Emergency within the  
41 Department of Health and Human Services (Task Force). The purpose of the Task Force is to  
42 develop recommendations on respectful maternity care during the COVID-19 public health  
43 emergency and other public health emergencies, with a particular focus on outcomes for  
44 individuals from racial and ethnic minority groups and other underserved communities, and to  
45 make those recommendations publicly available in multiple languages. The Task Force  
46 recommendations required under this section shall address at least all of the following:

- 47 (1) Measures to facilitate respectful maternity care.
- 48 (2) Strategies to increase access to specialized care for individuals with high-risk  
49 pregnancies.
- 50 (3) COVID-19 diagnostic testing for pregnant individuals and individuals in  
51 labor.

- 1           (4)    The designation of a companion during birthing.  
2           (5)    The ability to communicate using an electronic mobile device during birthing.  
3           (6)    With respect to an individual who has the virus that causes COVID-19 or a  
4            virus involved in any future public health emergency, procedures for the  
5            following:  
6            a.     Separating the individual who gave birth from the newborn after birth.  
7            b.     Ensuring safety while breastfeeding.  
8           (7)    Licensing, training, and reimbursement for midwives from racial and ethnic  
9            minority groups and underserved communities.  
10          (8)    Financial support for perinatal health workers who provide nonclinical  
11          support to pregnant individuals and postpartum individuals from underserved  
12          communities.  
13          (9)    The identification and treatment of prenatal and postpartum mental and  
14          behavioral health conditions that may have developed during or worsened  
15          because of the COVID-19 public health emergency or future public health  
16          emergencies, including anxiety, substance use disorder, and depression.  
17          (10)   Strategies to address hospital capacity issues in communities with an increase  
18          in COVID-19 cases, or cases caused by future public health emergencies.  
19          (11)   Options for maternal care that reduce cross-contamination and maintain safety  
20          and quality of care, including auxiliary maternity units and freestanding birth  
21          centers.  
22          (12)   Methods to identify and address racism, bias, and discrimination in treatment  
23          and support to pregnant and postpartum individuals, including the following:  
24          a.     Evaluating the training of hospital staff on implicit bias and racism and  
25                respectful maternity care.  
26          b.     Collecting demographic data.  
27          (13)   Any other matters the Task Force deems appropriate.  
28          (b)    Task Force Membership. – In making appointments or designating representatives,  
29          appointing authorities shall use best efforts to select members or representatives with sufficient  
30          knowledge and experience to effectively contribute to the issues examined by the Task Force  
31          and, to the extent possible, to reflect the geographical, political, gender, and racial diversity of  
32          this State. The Task Force shall be composed of the following members:  
33               (1)    Two representatives of the Department, one of whom shall be a representative  
34                of the Division of Public Health, to be appointed by the Secretary.  
35               (2)    Four representatives of State agencies that perform services related to  
36                maternal care, to be appointed by the Governor.  
37               (3)    Two representatives of a federally recognized Indian Tribe, to be appointed  
38                by the Governor.  
39               (4)    Two obstetrician-gynecologists or other physicians licensed to practice in this  
40                State who provide obstetric care, with consideration for physicians who are  
41                from, or work in, communities experiencing a high rate of mortality and  
42                morbidity from COVID-19, to be appointed by the Governor, in consultation  
43                with the Secretary.  
44               (5)    Two midwives certified in this State who provide obstetric care, with  
45                consideration for midwives who are from, or work in, communities  
46                experiencing a high rate of mortality and morbidity from COVID-19, one each  
47                to be appointed by the Speaker of the House of Representatives and the  
48                President Pro Tempore of the Senate.  
49               (6)    Two nurses licensed in this State who provide obstetric care, with  
50                consideration for nurses who are from, or work in, communities experiencing  
51                a high rate of mortality and morbidity from COVID-19, one each to be

- 1 appointed by the Speaker of the House of Representatives and the President  
2 Pro Tempore of the Senate.
- 3 (7) Two perinatal health workers, to be appointed by the Majority Leader of the  
4 House of Representatives.
- 5 (8) Two individuals who were pregnant or gave birth during the COVID-19  
6 public health emergency, to be appointed by the Majority Leader of the  
7 Senate.
- 8 (9) Two individuals who had the virus that causes COVID-19 and later gave birth,  
9 to be appointed by the Minority Leader of the House of Representatives.
- 10 (10) Two individuals who have received support from a perinatal health worker, to  
11 be appointed by the Minority Leader of the Senate.
- 12 (11) Three independent experts with knowledge of racial and ethnic disparities,  
13 one each with a background in public health; maternal health, maternal  
14 mortality, and severe maternal morbidity; or respectful maternity care, to be  
15 appointed by the Governor, in consultation with the Secretary.
- 16 (c) Task Force Chair and Meetings. – The Secretary shall select a chair from among the  
17 members of the Task Force, and the Task Force shall meet at least quarterly upon the call of the  
18 chair.
- 19 (d) Task Force Report. – Not later than January 1, 2023, and every two years thereafter,  
20 the Department of Health and Human Services, in consultation with the Task Force on Birthing  
21 Experience and Safe Maternity Care During a Public Health Emergency shall submit to the  
22 Governor and the General Assembly a report on maternal health and public health emergency  
23 preparedness. In addition to the recommendations described in subsection (a) of this section, the  
24 report shall include all of the following:
- 25 (1) A review of prenatal, labor and delivery, and postpartum experiences of  
26 individuals during the COVID-19 public health emergency, including the  
27 following:
- 28 a. Barriers to accessing pregnancy, birth, and postpartum care during the  
29 COVID-19 public health emergency.
- 30 b. Information on public and private insurance coverage with respect to  
31 maternal health care during the COVID-19 public health emergency,  
32 including telehealth services.
- 33 c. To the extent practicable, maternal and infant health outcomes by race  
34 and ethnicity, including information about quality of care, mortality,  
35 morbidity, cesarean section rates, preterm birth, prevalence of prenatal  
36 and postpartum mental health conditions, and substance use disorders.
- 37 d. With respect to such health outcomes, the impact of federal and State  
38 policy changes during the public health emergency.
- 39 e. Contributing factors to population-based disparities in health  
40 outcomes, including bias and discrimination toward individuals from  
41 racial and ethnic minority groups.
- 42 f. The effect of increased unemployment, changes in health care  
43 coverage or delivery, and other social, economic, or policy changes  
44 that shape social determinants of health for pregnant and postpartum  
45 individuals during the public health emergency.
- 46 (2) Recommendations for improving the State's public health emergency response  
47 and preparedness efforts with respect to maternal health, with a focus on  
48 ensuring respectful maternity care and improving outcomes for pregnant,  
49 birthing, and postpartum individuals from racial and ethnic minority groups,  
50 including the following:

- 1           a.     Improving research, surveillance, and data collection with respect to
- 2                     maternal health.
- 3           b.     Factoring maternal health outcomes and disparities into decisions
- 4                     regarding distribution of resources.
- 5           c.     Improving the distribution of public health funds, data, and
- 6                     information to Indian tribes and tribal organizations with regard to
- 7                     maternal health during a public health emergency.
- 8           d.     Improving communications during a public health emergency with the
- 9                     following groups:
  - 10                    1.     Maternity care providers.
  - 11                    2.     Maternal mental and behavioral health care providers.
  - 12                    3.     Researchers who specialize in maternal health, maternal
  - 13                     mortality, or severe maternal morbidity.
  - 14                    4.     Individuals who experienced pregnancy or childbirth during
  - 15                     the public health emergency.
  - 16                    5.     Representatives from community-based organizations that
  - 17                     address maternal health.
  - 18                    6.     Perinatal health workers."

19           **SECTION 4.5.(b)** This section becomes effective October 1, 2021.

20  
21 **PART V. EFFECTIVE DATE FOR ACT**

22           **SECTION 5.1.** Except as otherwise provided, this act is effective when it becomes  
23 law.