

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

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HOUSE BILL 1141

Short Title: Study Implicit Bias Program/Maternal Health. (Public)

Sponsors: Representatives Hawkins and von Haefen (Primary Sponsors).  
*For a complete list of sponsors, refer to the North Carolina General Assembly web site.*

Referred to: Appropriations, if favorable, Rules, Calendar, and Operations of the House

May 18, 2020

A BILL TO BE ENTITLED

AN ACT REQUIRING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, TO STUDY WHETHER IMPLEMENTATION OF AN EVIDENCE-BASED IMPLICIT BIAS PROGRAM FOR HEALTH CARE PROVIDERS WOULD IMPROVE MATERNAL HEALTH AND REDUCE INFANT MORTALITY AMONG AFRICAN AMERICANS RESIDING IN NORTH CAROLINA; AND APPROPRIATING FUNDS FOR THIS PURPOSE.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** The Department of Health and Human Services, Division of Public Health, Office of Minority Health and Health Disparities, shall study whether the implementation of an evidence-based implicit bias program for all health care providers involved in perinatal care of patients within hospitals, ambulatory surgical centers, and birth centers would improve maternal health and reduce infant mortality rates among African Americans residing in North Carolina. As used in this section, birth center means any facility that has the primary purpose of performing normal, uncomplicated deliveries that is not a hospital or ambulatory surgical facility, and where births are planned to occur away from the mother's usual residence following a low-risk pregnancy.

**SECTION 1.(b)** In evaluating the benefits and disadvantages of implementing an evidence-based implicit bias program to improve maternal health and reduce infant mortality rates among African Americans residing in North Carolina, the Office of Minority Health and Health Disparities shall assume that all of the following components would be included in such a program:

- (1) Identification of previous or current unconscious biases and misinformation.
- (2) Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion.
- (3) Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.
- (4) Information on the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of minority communities.
- (5) Information about cultural identity across racial or ethnic groups.
- (6) Information about communicating more effectively across identities, including racial, ethnic, religious, and gender identities.
- (7) Discussion on power dynamics and organizational decision making.



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- 1 (8) Discussion on health inequities within the perinatal care field, including
- 2 information on how implicit bias impacts maternal and infant health
- 3 outcomes.
- 4 (9) Perspectives of diverse, local constituency groups and experts on particular
- 5 racial, identity, cultural, and provider-community relations issues in the
- 6 community.
- 7 (10) Information on reproductive justice.

8 **SECTION 1.(c)** The Department of Health and Human Services, Division of Public  
9 Health, Office of Minority Health and Health Disparities, may contract with an independent third  
10 party to conduct research for the study required by this act, using funds appropriated to the  
11 Department for this purpose in Section 2 of this act. The Department of Health and Human  
12 Services, Division of Public Health, Office of Minority Health and Health Disparities, shall  
13 report its findings and recommendations, together with any proposed legislation, to the Joint  
14 Legislative Oversight Committee on Health and Human Services on or before April 15, 2021.

15 **SECTION 2.** There is appropriated to the Department of Health and Human  
16 Services, Division of Public Health, Office of Minority Health and Health Disparities, the sum  
17 of fifty thousand dollars (\$50,000) in nonrecurring funds for the 2020-2021 fiscal year, to be  
18 used to conduct the study required by Section 1 of this act.

19 **SECTION 3.** This act becomes effective July 1, 2020.