

WHAT IS SB 464 AND WHAT IS IT SUPPOSED TO DO?

SB 464 is a new law in California that aims to decrease racial disparities, decrease perinatal care provider bias, and make more data available about maternal deaths in California.

It is trying to address unequal health outcomes:

- Black women in the U.S. are 3 to 4 times more likely to die from pregnancy-related death than white women. Differences like these are called **racial disparities**.
- These **racial disparities can result from healthcare providers' biases**, for example if they treat Black women and parents unequally or unfairly in pregnancy, childbirth, and the postpartum period.

The new law started January 1, 2020 and requires that:

1. **Doctors, nurses, and other healthcare providers** involved in pregnancy, childbirth, or postpartum care—“perinatal” care—**must now receive implicit bias training** every 2 years.
 - **Implicit biases** are unconscious prejudices, attitudes, and stereotypes that individuals may have about certain people or groups. Implicit bias training tries to reduce these biases.
2. **Death certificates must now include more information** about when a patient was pregnant in relation to time of death.
3. California Department of Public Health (CDPH) **must track and publicly share information about pregnancy-related deaths**, and differences by race, ethnicity, and region.
4. Hospitals must provide information to every patient about their **right to be free of discrimination and where they can file a report** if they experience discrimination in their health care.

WHAT WILL MY HEALTH CARE PROVIDERS HAVE TO DO?

Implicit Bias Training

- ⇒ Doctors, nurses, and other providers **involved in perinatal care at hospitals or alternative birth centers must take implicit bias training**.
- ⇒ The training must be evidence-based and address:
 - Perinatal providers' implicit bias, including its effects on maternal and infant health, and how they can decrease bias in themselves and their institutions.
 - Topics such as: health inequities, barriers to care and inclusion, cultural identity, provider-community relationships, communication, and reproductive justice (page 2 ↓).
- ⇒ **The law does not say how long the training must be, how it should be taught, or how the law will be enforced.**
- ⇒ **The law does not necessarily apply to workers who provide prenatal or postpartum care only outside of hospitals or alternative birth centers.**

WHAT INFORMATION WILL BE AVAILABLE TO ME?

CDPH Information for the Public

- ⇒ You will be able to go to the California Department of Health's website to see information on pregnancy-related deaths. New information will be posted every 3 years.

Your Rights as a Patient

- ⇒ Your hospital must give you information about your rights and where to report if you feel mistreated while receiving health care.

THE 10 REQUIRED TOPICS FOR SB464 IMPLICIT BIAS TRAINING

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