

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

Black women are 3 to 4 times more likely to die from pregnancy-related causes than white women.¹ Racial bias is a factor that impacts the quality of care that Black women receive during and after pregnancy and childbirth. **SB464 is a new state law that aims to decrease racial disparities, decrease provider bias, and make more data available about maternal deaths in California.**

Effective as of January 1, 2020, the law requires:

1. Hospitals and alternative birth centers (ABCs) **must provide implicit bias training for perinatal providers every 2 years.**
2. Updates to the California Electronic Death Registration System to reflect the U.S. Standard Death Certificate and **more detailed information about pregnancy status in relation to time of death.**
3. The California Department of Public Health (CDPH) **must track and publish maternal mortality data by race, ethnicity, and region.**
4. **Hospitals must provide more information to every patient upon admission about their right to be free of discrimination and where they can report discrimination in their health care.**

HOW DOES IT WORK?**1. Implicit Bias Training**

- ⇒ Hospitals and alternative birth centers must provide implicit bias training for providers involved in the perinatal care of patients.
- ⇒ Perinatal providers at these facilities must complete an initial training, then a refresher course every 2 years. Hospitals will issue certificates of completion.
- ⇒ Training must be evidence-based and address:
 - Provider implicit bias, its effects, and steps to decrease it at individual and institutional levels.
 - Topics such as: health inequities, barriers to care and inclusion, cultural identity, provider-community relationships, communication, and reproductive justice (see 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 ABCs.**

2. Death Certificate Reporting

- ⇒ The California Electronic Death Registration System will **more precisely report** when a patient was pregnant in relation to time of death.

3. CDPH Publication of Data

- ⇒ CDPH will **track and publish information on pregnancy-related deaths**, and present data by region and race/ethnicity.

4. Patient Education

- ⇒ Hospitals are required to provide patients with the following written information on admission:
 - **That patients have a right to be free of discrimination.**
 - **How to file a complaint** with CDPH, CA Department of Fair Employment and Housing, or the Medical Board of California **if they have experienced discrimination.**

¹ Petersen EE, Davis NL, Goodman D, et al. Racial/ethnic disparities in pregnancy-related deaths — United States, 2007–2016. *MMWR Morbidity & Mortality Weekly Report*. 2019;68:762–765.

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**.