

1 AN ACT relating to maternal health disparities in perinatal care.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 211.680 is amended to read as follows:

4 ~~[(The Kentucky General Assembly declares that the purpose of KRS 211.680 to 211.686~~
5 ~~and KRS 72.029 is to reduce the number of child and maternal fatalities.)]~~ The ***Kentucky***

6 General Assembly finds ***and declares that:***

7 ***(1)*** ~~[(That)]~~ Establishing priorities and developing programs to prevent child and
8 maternal fatalities requires the:

9 ~~***(a)*** [(1)]~~ Accurate determination of the cause and manner of death;

10 ~~***(b)*** [(2)]~~ Cooperation and communication among agencies responsible for the
11 investigation of child and maternal fatalities; and

12 ~~***(c)*** [(3)]~~ Collection and analysis of data to:

13 ~~***1.*** [(a)]~~ Identify trends, patterns, and risk factors; and

14 ~~***2.*** [(b)]~~ Evaluate the effectiveness of prevention and intervention
15 strategies; ~~[-]~~

16 ***(2)*** ***Every person should be entitled to dignity and respect during and after pregnancy***
17 ***and childbirth, and patients should receive the best care possible regardless of***
18 ***their race, age, class, sexual orientation, disability, language proficiency,***
19 ***nationality, or religion;***

20 ***(3)*** ***For women of color, particularly black women, the maternal mortality rate***
21 ***remains two (2) to three (3) times higher than white women both in the United***
22 ***States and in Kentucky;***

23 ***(4)*** ***Access to prenatal care, socioeconomic status, and general physical health do not***
24 ***fully explain the disparity seen in black women's maternal mortality and***
25 ***morbidity rates, as there is a growing body of evidence that black women are***
26 ***often treated unfairly and unequally in the health care system; and***

27 ***(5)*** ***Kentucky has a responsibility to decrease the number of preventable maternal***

1 deaths.

2 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
3 READ AS FOLLOWS:

4 As used in Sections 2 to 5 of this Act:

5 (1) "Perinatal care" means the provision of care during pregnancy, labor, delivery,
6 and postpartum and neonatal periods; and

7 (2) "Pregnancy-related death" means the death of a person while pregnant or within
8 three hundred sixty-five (365) days of the end of a pregnancy, irrespective of the
9 duration or site of the pregnancy, from any cause related to, or aggravated by, the
10 pregnancy or its management, but not from accidental or incidental causes.

11 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
12 READ AS FOLLOWS:

13 (1) A health facility licensed under KRS Chapter 216B that provides perinatal care
14 shall provide each patient, upon admission or as soon thereafter as reasonably
15 practical, with written information regarding the patient's right to:

16 (a) Be informed of continuing health care requirements following discharge
17 from the hospital;

18 (b) Be informed that, if the patient so authorizes, a friend or family member
19 may be provided information about the patient's continuing health care
20 requirements following discharge from the hospital;

21 (c) Participate actively in decisions regarding medical care and the right to
22 refuse treatment;

23 (d) Appropriate pain assessment and treatment;

24 (e) Be free of discrimination on the basis of race, color, religion, ancestry,
25 national origin, disability, medical condition, genetic information, marital
26 status, sex, gender, sexual orientation, citizenship, or primary language;

27 and

- 1 (f) Receive information on how to file a grievance with the following entities:
2 1. The State Board of Medical Licensure, in accordance with KRS
3 311.591; and
4 2. The Kentucky Commission on Human Rights.
5 (2) A hospital may include the information required by subsection (1) of this section
6 with other notices to the patient regarding patient rights.

7 ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
8 READ AS FOLLOWS:

- 9 (1) A health facility licensed under KRS Chapter 216B that provides perinatal care
10 shall implement an evidence-based training program on maternal health
11 disparities for all health care providers involved in the perinatal care of patients
12 within that facility.
13 (2) A maternal health disparities program implemented pursuant to subsection (1) of
14 this section shall include all of the following:
15 (a) Corrective measures to improve maternal health outcomes at the
16 interpersonal and institutional levels, including ongoing policies that do not
17 center the patient or that no longer support best practices within the field;
18 (b) Information on the ongoing personal effects of intergenerational trauma
19 and oppression in communities of color;
20 (c) Information about understanding cultural trauma, racism, and centering
21 the complex identity of the pregnant person;
22 (d) Strategies to foster effective communication between patient and physician
23 by employing a range of positive communication techniques;
24 (e) Discussion on health inequities within the perinatal care field;
25 (f) Perspectives of diverse, local constituency groups, and experts on particular
26 racial, identity, cultural, and provider-community relations issues in the
27 community;

1 (g) Information on reproductive justice and understanding of the ways that
2 social detriments of health such as transportation, economic status, mental
3 health, access to adequate information, immigration status, environmental
4 justice, and toxic lead exposure impact reproductive health; and

5 (h) Materials and resources provided by the Cabinet for Health and Family
6 Services.

7 (3) (a) A health care provider described in subsection (1) of this section shall
8 complete initial basic training through the maternal health disparities
9 program based on the components described in subsection (2) of this
10 section.

11 (b) Upon completion of the initial basic training, a health care provider shall
12 complete a refresher course under the maternal health disparities program
13 every two (2) years thereafter, or on a more frequent basis if deemed
14 necessary by the facility, in order to keep current with changing racial,
15 identity, and cultural trends, and best practices in decreasing maternal
16 health disparities in perinatal facilities.

17 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
18 READ AS FOLLOWS:

19 (1) The Department for Public Health shall track data on maternal death and severe
20 morbidity, including but not limited to the following health conditions:

21 (a) Obstetric hemorrhage;

22 (b) Hypertension;

23 (c) Preeclampsia and eclampsia;

24 (d) Venous thromboembolism;

25 (e) Sepsis;

26 (f) Cerebrovascular accident;

27 (g) Amniotic fluid embolism;

- 1 (h) Other indirect obstetric complications; and
2 (i) Other complications pertaining to the pregnancy and puerperium period.
3 (2) The data collected pursuant to subsection (1) of this section shall be published by
4 region, race, and ethnicity on the website of the Department for Public Health.