AMENDED

March 9, 2021

**H. 3225**

Introduced by Reps. Garvin, Robinson, Thigpen, Cobb‑Hunter, Matthews, K.O. Johnson, Brawley and Hill

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Read the first time January 12, 2021.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “SOUTH CAROLINA DIGNITY IN PREGNANCY AND CHILDBIRTH ACT” BY ADDING CHAPTER 42 TO TITLE 44 SO AS TO REQUIRE PERINATAL HEALTH CARE PROVIDERS TO IMPLEMENT AN EVIDENCE‑BASED IMPLICIT BIAS PROGRAM TO TRAIN HEALTH CARE STAFF, TO ESTABLISH REQUIREMENTS FOR THE PROGRAM, AND FOR OTHER PURPOSES.

Amend Title To Conform

Whereas, every person should be entitled to dignity and respect during and after pregnancy and childbirth. Obstetric and gynecological patients should receive the best care possible regardless of race, gender, age, class, disability, language proficiency, nationality, immigration status, or religion; and

Whereas, among developed nations, the United States has the highest maternal mortality rate, which refers to the death of a woman during her pregnancy or up to a year after her pregnancy has terminated but only including causes related to her pregnancy and excluding accidental causes. About 700 women die each year in the United States from childbirth, and another 50,000 suffer from severe complications; and

Whereas, according to the Centers for Disease Control and Prevention (CDC), in 2017, the maternal morbidity rate for African American women in the United States was 43.5 for every 100,000, a rate three to four times higher than for any other race. For every thirteen white women, there are forty‑four Black women who die from pregnancy complications; and

Whereas, South Carolina’s maternal mortality rate is the eighth highest in the country with 26.5 mothers dying from pregnancy complications for every 100,000 births, compared to the national average of 20.7; and

Whereas, from 2011‑2015, non‑Hispanic Black women had a maternal mortality rate nearly four times greater than White women. A ‘pregnancy‑related death’ means the death of a person while pregnant or within three hundred sixty‑five days of the end of a pregnancy, irrespective of the duration or site of the pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental causes; and

Whereas, severe bleeding, cardiovascular conditions, and hypertension are a few of the most common causes of maternal morbidity in this State, and more than half of the deaths have been deemed preventable by the CDC; and

Whereas, the combination of access to prenatal care, socioeconomic status, general physical health, and other factors negatively affect maternal morbidity among non‑Hispanic Black women in South Carolina. Training and testing on all aspects of these influencing factors should be developed for health care providers. Additionally, a system for tracking and measuring data related to these influencing factors needs to be developed because what cannot be measured cannot be improved; and

Whereas, it is the intent of the General Assembly to reduce the maternal mortality rate in South Carolina. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. (A)(1) There is created a study committee to examine:

(a) the maternal mortality rate among non‑Hispanic Black women in South Carolina, and how this varies from the rates experienced by other women;

(b) maternal mortality data associated with perinatal care, including by race or ethnicity, to determine any statewide trends, statistically significant differences in maternal mortality rates among races or ethnicities, and reasons for the differences; and

(c) all methods and practices that will improve rates of maternal mortality among non‑Hispanic Black women in South Carolina.

(2) For purposes of this SECTION:

(a) ‘Health care provider’ means a hospital, as defined in Section 44‑7‑130, that provides perinatal care, a birthing center, as defined in Section 44‑89‑30, and any primary health care clinic or physician’s office in the State delivering perinatal care services.

(b) ‘Perinatal care’ means the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods.

(B) The study committee shall provide a report that:

(1) addresses the areas of examination set forth in subsection (A); and

(2) makes recommendations for legislative or policy changes to decrease maternal mortality rates and disparities in maternal mortality rates associated with perinatal care.

(C)(1) The study committee is composed of thirteen members, consisting of:

(a) two administrators of hospitals that provide perinatal care whose patient demographics are well represented by communities of color, appointed in consultation with the South Carolina Hospital Association as follows:

(i) one member appointed by the Chair of the Senate Medical Affairs Committee; and

(ii) one member appointed by the Chair of the House Medical, Military, Public and Municipal Affairs Committee;

(b) two obstetrician gynecologists providing perinatal care whose patient demographics are well represented by communities of color, appointed in consultation with the South Carolina Medical Association as follows:

(i) one member appointed by the Senate Minority Leader; and

(ii) one member appointed by the House Minority Leader;

(c) a psychologist appointed by the Senate Majority Leader, in consultation with the South Carolina Board of Examiners in Psychology;

(d) a mental health professional appointed by the House Majority Leader, in consultation with the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho‑Educational Specialists;

(e) two advanced practice registered nurses providing perinatal care whose patient demographics are well represented by communities of color, appointed by the Governor, in consultation with the Board of Nursing;

(f) one birthing center administrator and one licensed lay midwife, whose patient demographics are well represented by communities of color, appointed by the Governor, in consultation with the state Midwifery Advisory Council;

(g) one individual with public health expertise, relating specifically to perinatal public health issues, appointed by the Director of the Department of Health and Environmental Control;

(h) one individual with public health expertise, relating specifically to perinatal public health issues and who actively participates in the South Carolina Birth Outcomes Initiative, appointed by the Director of the Department of Health and Human Services;

(i) one member of the state Maternal Morbidity and Mortality Review Committee, appointed by the Director of the Department of Health and Environmental Control; and

(j) one member with expertise in health data and statistics appointed by the Executive Director of the South Carolina Revenue and Fiscal Affairs Office.

(2) A vacancy in the membership of the study committee must be filled in the manner of the original appointment.

(3) Members of the study committee shall serve without per diem, mileage, or other compensation generally provided to members of boards and commissions.

(D) The Senate Medical Affairs Committee and the House Medical, Military, Public and Municipal Affairs Committee shall provide appropriate staffing for the study committee.

(E) The study committee shall provide a report with findings and recommendations to the General Assembly by January 1, 2022. The study committee shall dissolve upon providing its report to the General Assembly or on January 1, 2022, whichever occurs first.

SECTION 2. This act takes effect upon approval of the Governor.

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