

**MOTION BY SUPERVISOR HOLLY J. MITCHELL**

July 23, 2024

**Support for Assembly Bill 2319 (Bonta): California Dignity in Pregnancy and Childbirth Act**

While California has some of the lowest rates of pregnancy-related deaths in the nation, these positive health outcomes are not equitably distributed. In California, Black women are more than three times more likely than their White counterparts to be at risk for maternal mortality; this trend is similarly supported by data from births in Los Angeles County (County). Infant mortality also remains persistently elevated among Black infants in comparison to rates for the overall population.

Higher mortality rates among Black women and Black infants versus other races persist across income, education levels, and geography. The intersections of historical and structural racism, gender oppression, and inequities in the social determinants of health, contribute to disproportionate stress and trauma on Black women and subsequent unequal health outcomes. The bias and discrimination that Black women and other pregnant women of color experience in their interactions with health care providers and systems are key contributors to maternal health disparities. Provider bias, conscious and unconscious, can influence care quality, patient experience, and, ultimately, birth outcomes. These biases, however, can be remedied with intention and effort.

To mitigate the health harms of provider bias in the perinatal care delivery system, the [California Dignity in Pregnancy and Childbirth Act \(Mitchell\)](#) (Act) was passed in 2019

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to require hospitals, alternative birth centers, and primary care clinics to provide evidence-based implicit bias training for all health professionals that a patient might encounter during prenatal care, birth, and the postpartum period. Training medical staff and providers in the County to recognize and address racism and implicit bias within health care settings is an essential component of addressing childbirth disparities.

The California Department of Justice's (DOJ) investigations into compliance with the provider training requirements of the Act were carried out in 2021 and 2022. In both instances, it was found that many facilities had not trained their staff as required. These findings call for an enforcement mechanism, public transparency of compliance data, firm compliance deadlines, and additional specificity and clarity so that facilities are better equipped to know which providers need to be trained.

[Assembly Bill 2319 \(Bonta\)](#) will strengthen implementation of the Act by: 1) clarifying language on which facilities/providers must complete the training requirements; 2) providing guidance to facilities with respect to quality trainings and compliance deadlines; 3) giving the California Department of Public Health and the California Attorney General the power to enforce and monitor compliance with the Act (*includes penalties for noncompliance*); and 4) supporting transparency by calling for the public posting of training compliance data by facility.

Assembly Bill 2319 aligns with the County's African American Infant and Maternal Mortality Prevention Initiative (AAIMM), which was created to address birth outcome inequities and strive to improve pregnancy and birth outcomes through a range of direct services, supports, and funding for communities. Through a unique partnership of County government with local community and faith-based organizations, clinicians, doulas, midwives, health care plans, funders and, most importantly, the Black/African American community, AAIMM seeks to reduce exposure to stressors in the social environment, block the pathway from social stress to physiological stress, intervene as early as possible when stress takes a toll on health, and create infrastructure to achieve these strategies.

AAIMM's key priority is undoing the racism in the health care system, a core barrier to Black birth equity. AAIMM's efforts to support provider education would be supported by Assembly Bill 2319 as the response to this crisis requires all stakeholders coming together to practice anti-racism, advance change, and ensure access to high quality,

comprehensive, culturally relevant reproductive and maternal health care. AAIMM acknowledges that addressing bias in maternal care is a vital component of a multi-strategy, comprehensive effort to advance joyous and healthy births.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS** direct the Chief Executive Office, through the Legislative Affairs and Intergovernmental Relations Branch, to support Assembly Bill 2319 (Bonta).

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