



FACT SHEET

AB 2319

SUMMARY

AB 2319 (Wilson, Weber) aims to reduce the alarming and disproportionate maternal mortality rate of Black women and other pregnant persons of color by ensuring successful implementation of the SB 464 (Mitchell), the California Dignity in Pregnancy and Childbirth Act of 2019 (Act).

BACKGROUND

The United States has the highest maternal mortality rate in the developed world. In California, people of color, particularly Black women, continue to die at three to four times the rate of White women.

A recent study by the California Department of Public Health found that women of color, in particular Black women, die of pregnancy-related complications at much higher rates than White women in California. This disparity exists across all income levels.

Evidence suggests one key cause of this disparity is the implicit bias of healthcare providers. A provider's level of bias, whether conscious or unconscious, can influence their interactions with patients and their diagnoses and treatment of the patient's pain, and can undermine patients' trust and engagement in care.

To address this, the California State Legislature passed the Act in 2019, which requires hospitals, alternative birth centers and primary care clinics, which are the facilities covered under the Act, to

conduct evidence-based implicit bias training for all health professionals who provide care during a patient's pregnancy, childbirth, and immediate postpartum period.

PROBLEM

In August 2021, the Department of Justice (DOJ) launched an investigation to ascertain compliance with the Act. While some facilities went above and beyond the requirements of the Act, there is still work to be done to ensure full compliance. DOJ's investigation revealed that there is a need 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.

SOLUTION

1. Provides clarity on which facilities are mandated to administer anti-bias trainings and which employees need to be trained.
2. Confers enforcement powers to CDPH and the Attorney General, along with accountability measures.
3. Establishes administrative penalties for noncompliant facilities.
4. Empowers CDPH to issue guidance on model trainings to ensure these trainings are actually effective at reducing implicit bias.

5. Requires compliance data to be posted online so the public is made aware of which facilities have provided anti-bias trainings and which have not.
6. Establishes firm deadlines by which trainings must be completed to better guide compliance.
7. Adds inclusive language to account for nonbinary people and men of transgender experience who also carry children and give birth.

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SUPPORT

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