

Assemblymember Mia Bonta, 18th Assembly District

AB 3161: HEALTH FACILITIES: PATIENT SAFETY & ANTI-DISCRIMINATION

(Updated - 2.20.24)

SUMMARY

AB 3161 requires hospitals to provide the Department of Public Health (DPH) with demographic information regarding the affected patient when reporting adverse advents.

BACKGROUND

According to the University of San Francisco's Office of Outreach and Diversity, bias is a prejudice in favor of or against one thing, person, or group compared with another, usually in a way that is considered to be unfair. Biases may be held by an individual, group, or institution and can have negative or positive consequences. There are 2 types of biases: conscious bias (also known as explicit bias) and unconscious bias (also known as implicit bias). Biases, conscious or unconscious, are not limited to ethnicity and race. Though racial bias and discrimination are well documented, biases may exist toward any social group. Age, gender, gender identity, physical abilities, religion, sexual orientation, weight, and many other characteristics are subject to bias.

It is well-documented that implicit bias among health care professionals is prevalent and impacts patient care. A July 2022 article, "Tackling Implicit Bias in Health Care," published in the *New England Journal of Medicine*, notes our individual biases operate within larger social, cultural, and economic structures whose biased policies and practices perpetuate systemic racism, sexism, and other forms of discrimination. The article notes that in medicine, bias-driven discriminatory practices and policies not only negatively affect patient care and the medical training environment, but also limit the diversity of the health care workforce, lead to inequitable distribution of research funding, and can hinder career advancement.

The article also discusses a review of studies involving physicians, nurses, and other medical professionals which found that health care providers' implicit racial bias is associated with diagnostic uncertainty and, for Black patients, negative ratings of their clinical interactions, less patient-centeredness, poor provider communication, under-treatment of pain, and views of Black patients as less medically adherent than white patients.

EXISTING LAW

Existing law requires health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, to report adverse events and cases of health-care associated infections to DPH. Existing law also requires hospitals to develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events.

PROBLEM

Racial bias in healthcare disproportionately affects communities of color. According to the National Institute of Health, compared to more advantaged groups (usually the white population), people from racial and ethnic minority groups are more likely to live in segregated and disadvantaged neighborhoods, largely due to structural discrimination and racism. Structural discrimination and racism in workplaces, schools, health care settings, and daily life can increase the exposure of people from racial and ethnic minority groups to unhealthy, unsafe, low-resource environments that limit access to treatment and preventive health care, which in turn, increases their risks for morbidity and mortality. Adverse event reporting requirements in existing law do not gather demographic data, making it impossible to understand the scope of the problem in California.

SOLUTION

AB 3161 will require hospitals to analyze patient safety events by sociodemographic factors to identify disparities in these events. AB 3161 also requires hospital safety plans to include a process for addressing racism and discrimination and its impacts on patient health and safety, including monitoring sociodemographic disparities in patient safety events and developing interventions to remedy known disparities, and encouraging facility staff to report suspected instances of racism and discrimination

SUPPORT

- Black Women for Wellness Action Project (cosponsor)
- California Pan-Ethnic Health Network (cosponsor)
- California Legislative LGBTQ Caucus

FOR MORE INFORMATION

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