

File No. 190551

Committee Item No. \_\_\_\_\_

Board Item No. 17

### COMMITTEE/BOARD OF SUPERVISORS

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Board of Supervisors Meeting

Date: May 21, 2019

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Prepared by: Lisa Lew

Date: May 17, 2019

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

1 [Supporting California State Senate Bill No. 464 (Mitchell) - California Dignity in Pregnancy  
2 and Childbirth Act of 2019

3 **Resolution supporting California State Senate Bill No. 464, the California Dignity in**  
4 **Pregnancy and Childbirth Act of 2019, introduced by Senator Holly Mitchell, which**  
5 **would require maternal healthcare providers to complete implicit bias training; require**  
6 **hospitals to provide patients with information on how to file a discrimination**  
7 **complaint; and would require the California Department of Public Health to track and**  
8 **publish data on maternal death and morbidity, disaggregated by county, facility, and**  
9 **racial and ethnic identity.**

10  
11 WHEREAS, The United States has among the worst maternal mortality rates in the  
12 developed world; and

13 WHEREAS, The Centers for Disease Control and Prevention (CDC) reported that  
14 approximately 700 women die every year in the United States as a result of pregnancy or  
15 delivery complications, and the World Health Organization estimates the number to be closer  
16 to 1,200; and

17 WHEREAS, Maternal morbidity rates disproportionately impact American born Black  
18 women and Latina women born outside the United States; and

19 WHEREAS, A study published in the journal of Clinical Obstetrics and Gynecology  
20 found that Black women are three to four times more likely to die in a pregnancy-related death  
21 than white women, and identifies quality of health care as a major contributing factor to this  
22 disparity; and

23 WHEREAS, The California Pregnancy-Associated Mortality Review (CA-PAMR)  
24 published a report that while Black women make up only 5 percent of the state's birthing  
25 population, they account for more than 20 percent of pregnancy-related deaths; and

1           WHEREAS, Black women from middle and high income backgrounds have higher  
2 maternal morbidity rates than white women living in poverty; and

3           WHEREAS, Existing law requires the California Department of Public Health to  
4 maintain a program of maternal and child health, which may include, among other things,  
5 facilitating services directed toward reducing infant mortality and improving the health of  
6 mothers and children; and

7           WHEREAS, Existing law requires the Office of Health Equity within the Department of  
8 Public Health to serve as a resource for ensuring that programs collect and keep data and  
9 information regarding ethnic and racial health statistics, and to provide strategies and  
10 programs that address multicultural health issues, including, but not limited to, infant and  
11 maternal mortality; and

12           WHEREAS, The University of Virginia released a study identifying implicit bias as a  
13 contributing factor to poor maternal health outcomes for Black women; and

14           WHEREAS, California State Senate Bill No. 464 (SB 464) aims to reduce the effects of  
15 implicit bias in pregnancy, childbirth, and postnatal care so that all women are treated with  
16 dignity and respect by their healthcare providers; and

17           WHEREAS, SB 464 would make legislative findings relating to implicit bias and racial  
18 disparities in maternal mortality rates; and

19           WHEREAS, SB 464 would require hospitals that provide perinatal care, alternative birth  
20 centers, and primary clinics that provide services as an alternative birth center, to implement  
21 an evidence-based implicit bias training program for all health care providers involved in  
22 perinatal care of patients within those facilities; and

23           WHEREAS, The goal of implicit bias trainings is to limit the impact of bias on maternal  
24 health by hosting important discussions on race, historical and contemporary oppression of  
25

1 minority communities, and health inequities that result in a higher mortality rates for Black  
2 women; and

3 WHEREAS, SB 464 would require health care providers to complete an initial basic  
4 implicit bias training through the program and a refresher course every 2 years thereafter, or  
5 on a more frequent basis if deemed necessary by the facility; and

6 WHEREAS, existing law requires that each death be registered with the local registrar  
7 of births and deaths in the district in which the death was officially pronounced or the body  
8 was found; and

9 WHEREAS, Existing law sets forth the persons responsible for completing the  
10 certificate of death and requires certain medical and health content on the certificate, including  
11 information indicating whether the decedent was pregnant at the time of death or within the  
12 year prior to the death, if known; and

13 WHEREAS, SB 464 would require the Department of Public Health to track and publish  
14 data on maternal death and severe morbidity, disaggregated by county, facility, and racial and  
15 ethnic identity; and

16 WHEREAS, Existing law requires hospitals to provide specified information regarding  
17 patient's rights to each patient upon admission or as soon as reasonably possible, including,  
18 among other things, information about the right to be informed of continuing health care  
19 requirements following discharge from the hospital and makes violations of these  
20 requirements a crime; and

21 WHEREAS, Patients have the right to be free of discrimination on the basis of race,  
22 color, religion, ancestry, national origin, disability, medical condition, genetic information,  
23 marital status, sex, gender, gender identity, gender expression, sexual-orientation, citizenship,  
24 primary language, or immigration status; and

1        WHEREAS, SB 464 would require hospitals to additionally provide patients with  
2 information on how to file a discrimination complaint with the hospital as well as state entities  
3 if the patient feels they were discriminated against on the basis of race, gender, age, class,  
4 sexual orientation, gender identity, disability, language proficiency, nationality, immigration  
5 status, gender expression, or religion; and

6        WHEREAS, SB 464 is already co-sponsored by ACT for Women and Girls, Black  
7 Women for Wellness, Western Center on Law & Poverty, and NARAL Pro-Choice California;  
8 now, therefore, be it

9        RESOLVED, That the San Francisco Board of Supervisors endorses SB 464, also  
10 known as the California Dignity in Pregnancy and Childbirth Act, introduced by Sen. Holly  
11 Mitchell (D-Los Angeles) and co-authored by Assembly Member Dr. Shirley Weber (D-San  
12 Diego); and be it

13        FURTHER RESOLVED, That the Clerk of the Board be directed to send a copy of this  
14 resolution to the offices of California State Senator Holly Mitchell; California State Assembly  
15 Member Shirley Weber; the Chair of the Senate Appropriations Committee; and Governor  
16 Gavin Newsom.

AMENDED IN SENATE APRIL 11, 2019

AMENDED IN SENATE APRIL 1, 2019.

**SENATE BILL**

**No. 464**

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**Introduced by Senator Mitchell**  
(Coauthor: Assembly Member Weber)

February 21, 2019

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An act to amend Sections 1262.6 and 102875 of, and to add Article 4.6 (commencing with Section 123630) to Chapter 2 of Part 2 of Division 106 of, the Health and Safety Code, relating to maternal health.

LEGISLATIVE COUNSEL'S DIGEST

SB 464, as amended, Mitchell. California Dignity in Pregnancy and Childbirth Act.

Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Existing law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality.

This bill would make legislative findings relating to implicit bias and racial disparities in maternal mortality rates. The bill would require a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an *evidence-based* implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. The bill would require the health care provider to

complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility.

The bill would require the department to track and publish data on maternal death and severe morbidity, ~~disaggregated by county, facility, and racial and ethnic identity, except as specified.~~

Existing law requires that each death be registered with the local registrar of births and deaths in the district in which the death was officially pronounced or the body was found. Existing law sets forth the persons responsible for completing the certificate of death and requires certain medical and health content on the certificate, including information indicating whether the decedent was pregnant at the time of death or within the year prior to the death, if known. Certain violations of these requirements are a crime.

This bill would require the certificate to indicate whether the decedent was pregnant within 42 days of death or within 43 to 365 days of death. By changing the definition of existing crimes, the bill would impose a state-mandated local program.

Existing law requires hospitals to provide specified information regarding patient's rights to each patient upon admission or as soon thereafter as reasonably practical, including, among other things, information about the right to be informed of continuing health care requirements following discharge from the hospital. Existing law makes violations of these requirements a crime.

This bill would require the hospital to additionally provide patients with information on how to file a discrimination complaint, ~~as specified, if the patient feels they were discriminated against on the basis of race, gender, age, class, sexual orientation, gender identity, disability, language proficiency, nationality, immigration status, gender expression, or religion. the patient's right to be free of discrimination on the basis of race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, citizenship, primary language, or immigration status. The bill would additionally require the hospital to provide patients with information on how to file a complaint with specified state entities.~~ By expanding the scope of a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1262.6 of the Health and Safety Code is  
2 amended to read:

3 1262.6. (a) Each hospital shall provide each patient, upon  
4 admission or as soon thereafter as reasonably practical, written  
5 information regarding the patient's right to the following:

6 (1) To be informed of continuing health care requirements  
7 following discharge from the hospital.

8 (2) To be informed that, if the patient so authorizes, that a friend  
9 or family member may be provided information about the patient's  
10 continuing health care requirements following discharge from the  
11 hospital.

12 (3) Participate actively in decisions regarding medical care. To  
13 the extent permitted by law, participation shall include the right  
14 to refuse treatment.

15 (4) Appropriate pain assessment and treatment consistent with  
16 Sections 124960 and 124961.

17 ~~(5) Information on how to file a discrimination complaint with  
18 the State Department of Public Health's Center for Health Care  
19 Quality and the Department of Fair Employment and Housing as  
20 well as the procedure for filing a complaint against a specific  
21 provider covered by the Medical Board of California with the  
22 Medical Board of California's Central Complaint Unit if the patient  
23 feels they were discriminated against on the basis of race, gender,  
24 age, class, sexual orientation, gender identity, disability, language  
25 proficiency, nationality, immigration status, gender expression, or  
26 religion.~~

27 *(5) To be free of discrimination on the basis of race, color,  
28 religion, ancestry, national origin, disability, medical condition,  
29 genetic information, marital status, sex, gender, gender identity,  
30 gender expression, sexual orientation, citizenship, primary  
31 language, or immigration status as set forth in Section 51 of the  
32 Civil Code.*

33 (6) *Information on how to file a complaint with the following:*



1 (A) *The State Department of Public Health, in accordance with*  
2 *Section 1288.4.*

3 (B) *The Department of Fair Employment and Housing.*

4 (C) *The Medical Board of California.*

5 (b) A hospital may include the information required by this  
6 section with other notices to the patient regarding patient rights.  
7 If a hospital chooses to include this information along with existing  
8 notices to the patient regarding patient rights, ~~this any newly~~  
9 *required* information shall be provided when the hospital exhausts  
10 its existing inventory of written materials and prints new written  
11 materials.

12 SEC. 2. Section 102875 of the Health and Safety Code is  
13 amended to read:

14 102875. The certificate of death shall be divided into two  
15 sections.

16 (a) The first section shall contain those items necessary to  
17 establish the fact of the death, including all of the following and  
18 those other items as the State Registrar may designate:

19 (1) (A) Personal data concerning decedent including full name,  
20 sex, color or race, marital status, name of spouse, date of birth and  
21 age at death, birthplace, usual residence, occupation and industry  
22 or business, and whether the decedent was ever in the Armed  
23 Forces of the United States.

24 (B) A person completing the certificate shall record the  
25 decedent's sex to reflect the decedent's gender identity. The  
26 decedent's gender identity shall be reported by the informant,  
27 unless the person completing the certificate is presented with a  
28 birth certificate, a driver's license, a social security record, a court  
29 order approving a name or gender change, a passport, an advanced  
30 health care directive, or proof of clinical treatment for gender  
31 transition, in which case the person completing the certificate shall  
32 record the decedent's sex as that which corresponds to the  
33 decedent's gender identity as indicated in that document. If none  
34 of these documents are presented and the person with the right, or  
35 a majority of persons who have equal rights, to control the  
36 disposition of the remains pursuant to Section 7100 is in  
37 disagreement with the gender identity reported by the informant,  
38 the gender identity of the decedent recorded on the death certificate  
39 shall be as reported by that person or majority of persons.

1 (C) If a document specified in subparagraph (B) is not presented  
2 and a majority of persons who have equal rights to control the  
3 disposition of the remains pursuant to Section 7100 do not agree  
4 with the gender identity of the decedent as reported by the  
5 informant, any one of those persons may file a petition, in the  
6 superior court in the county in which the decedent resided at the  
7 time of the decedent's death, or in which the remains are located,  
8 naming as a party to the action those persons who otherwise have  
9 equal rights to control the disposition and seeking an order of the  
10 court determining, as appropriate, who among those parties shall  
11 determine the gender identity of the decedent.

12 (D) A person completing the death certificate in compliance  
13 with subparagraph (B) is not liable for any damages or costs arising  
14 from claims related to the sex of the decedent as entered on the  
15 certificate of death.

16 (E) A person completing the death certificate shall comply with  
17 the data and certification requirements described in Section 102800  
18 by using the information available to the person prior to the  
19 deadlines for completion specified in that section.

20 (2) Date of death, including month, day, and year.

21 (3) Place of death.

22 (4) Full name of father and birthplace of father, and full maiden  
23 name of mother and birthplace of mother.

24 (5) Informant.

25 (6) Disposition of body information, including signature and  
26 license number of embalmer, if the body is embalmed, or name of  
27 embalmer if affixed by attorney-in-fact; name of funeral director,  
28 or person acting as such; and date and place of interment or  
29 removal. Notwithstanding any other law, an electronic signature  
30 substitute, or some other indicator of authenticity, approved by  
31 the State Registrar may be used in lieu of the actual signature of  
32 the embalmer.

33 (7) Certification and signature of attending physician and  
34 surgeon or certification and signature of coroner when required to  
35 act by law. Notwithstanding any other law, the person completing  
36 the portion of the certificate setting forth the cause of death may  
37 attest to its accuracy by use of an electronic signature substitute,  
38 or some other indicator of authenticity, approved by the State  
39 Registrar in lieu of a signature.

1 (8) Date accepted for registration and signature of local registrar.  
2 Notwithstanding any other law, the local registrar may elect to use  
3 an electronic signature substitute, or some other indicator of  
4 authenticity, approved by the State Registrar in lieu of a signature.

5 (b) The second section shall contain those items relating to  
6 medical and health data, including all of the following and other  
7 items as the State Registrar may designate:

8 (1) Disease or conditions leading directly to death and  
9 antecedent causes.

10 (2) Operations and major findings thereof.

11 (3) Accident and injury information.

12 (4) Information indicating whether the decedent was pregnant  
13 at the time of death, or within the year prior to the death, if known,  
14 as determined by observation, autopsy, or review of the medical  
15 record. This paragraph shall not be interpreted to require the  
16 performance of a pregnancy test on a decedent, or to require a  
17 review of medical records in order to determine pregnancy. The  
18 certificate shall indicate whether the decedent was pregnant within  
19 42 days of death or within 43 to 365 days of death.

20 SEC. 3. Article 4.6 (commencing with Section 123630) is  
21 added to Chapter 2 of Part 2 of Division 106 of the Health and  
22 Safety Code, to read:

23  
24 Article 4.6. California Dignity in Pregnancy and Childbirth Act  
25

26 123630. This article shall be known, and may be cited, as the  
27 California Dignity in Pregnancy and Childbirth Act.

28 123630.1. The Legislature hereby finds and declares all of the  
29 following:

30 (a) Every person should be entitled to dignity and respect during  
31 and after pregnancy and childbirth. Patients should receive the  
32 best care possible regardless of their race, gender, age, class, sexual  
33 orientation, gender identity, disability, language proficiency,  
34 nationality, immigration status, gender expression, or religion.

35 (b) The United States has the highest maternal mortality rate in  
36 the developed world. About 700 women die each year from  
37 childbirth, and another 50,000 suffer from severe complications.  
38 In California, since 2006, the rate of maternal death has decreased  
39 55 percent, in contrast to the steady increase in the United States  
40 as a whole.

1 (c) However, for women of color, particularly Black women,  
2 the maternal mortality rate remains three to four times higher than  
3 White women. Black women make up 5 percent of the pregnancy  
4 cohort in California, but 21 percent of the pregnancy-related deaths.

5 (d) Forty-one percent of all pregnancy-related deaths had a good  
6 to strong chance of preventability. California has a responsibility  
7 to decrease the number of preventable maternal deaths.

8 (e) Maternal deaths among Black women are also more likely  
9 to be miscoded. Thirty-five percent of pregnancy-related deaths  
10 among Black women in California were miscoded, misidentifying  
11 pregnancy-related deaths as other deaths.

12 (f) Access to prenatal care, socioeconomic status, and general  
13 physical health do not fully explain the disparity seen in Black  
14 women's maternal mortality and morbidity rates. There is a  
15 growing body of evidence that Black women are often treated  
16 unfairly and unequally in the health care system.

17 (g) Implicit bias is a key cause that drives health disparities in  
18 communities of color. At present, health care providers in  
19 California are not required to undergo any implicit bias testing or  
20 training. Nor does there exist any system to track the number of  
21 incidents where implicit prejudice and implicit stereotypes have  
22 led to negative birth and maternal health outcomes.

23 (h) It is the intent of the Legislature to reduce the effects of  
24 implicit bias in pregnancy, childbirth, and postnatal care so that  
25 all people are treated with dignity and respect by their health care  
26 providers.

27 123630.2. For the purposes of this article, the following terms  
28 have the following meanings:

29 (a) "Pregnancy-related death" is the death of a person while  
30 pregnant or within 365 days of the end of a pregnancy, irrespective  
31 of the duration or site of the pregnancy, from any cause related to,  
32 or aggravated by, the pregnancy or its management, but not from  
33 accidental or incidental causes.

34 (b) "Implicit bias" is a bias in judgment or behavior that results  
35 from subtle cognitive processes, including implicit prejudice and  
36 implicit stereotypes that often operate at a level below conscious  
37 awareness and without intentional control.

38 (c) "Implicit prejudice" is prejudicial negative feelings or beliefs  
39 about a group that a person holds without being aware of them.

1 (d) “Implicit stereotypes” are the unconscious attributions of  
2 particular qualities to a member of a certain social group. Implicit  
3 stereotypes are influenced by experience and are based on learned  
4 associations between various qualities and social categories,  
5 including race or gender.

6 (e) “Perinatal care” is the provision of care during pregnancy,  
7 labor, delivery, and postpartum and neonatal periods.

8 123630.3. (a) A hospital as defined in subdivision (a) or (f)  
9 of Section 1250 that provides perinatal care, and an alternative  
10 birth center or primary care clinic subject to Section 1204.3, shall  
11 implement an *evidence-based* implicit bias program for all health  
12 care providers involved in the perinatal care of patients within  
13 those facilities.

14 (b) An implicit bias program implemented pursuant to  
15 subdivision (a) shall include all of the following:

16 (1) Identification of previous or current unconscious biases and  
17 misinformation.

18 (2) Identification of personal, interpersonal, institutional,  
19 structural, and cultural barriers to inclusion.

20 (3) Corrective measures to decrease implicit bias at the  
21 interpersonal and institutional levels, including ongoing policies  
22 and practices for that purpose.

23 (4) Information on the effects, including, but not limited to,  
24 ongoing personal effects, of historical and contemporary exclusion  
25 and oppression of minority communities.

26 (5) Information about cultural identity across racial or ethnic  
27 groups.

28 (6) Information about communicating more effectively across  
29 identities, including racial, ethnic, religious, and gender identities.

30 (7) Discussion on power dynamics and organizational  
31 decisionmaking.

32 (8) Discussion on health inequities within the perinatal care  
33 field, including information on how implicit bias impacts maternal  
34 and infant health outcomes.

35 (9) Perspectives of diverse, local constituency groups and  
36 experts on particular racial, identity, cultural, and  
37 provider-community relations issues in the community.

38 (10) Information on reproductive justice.

1 (c) (1) A health care provider described in subdivision (a) shall  
2 complete initial basic training through the implicit bias program  
3 based on the components described in subdivision (b).

4 (2) Upon completion of the initial basic training, a health care  
5 provider shall complete a refresher course under the implicit bias  
6 program every two years thereafter, or on a more frequent basis  
7 if deemed necessary by the facility, in order to keep current with  
8 changing racial, identity, and cultural trends and best practices in  
9 decreasing interpersonal and institutional implicit bias.

10 123630.4. (a) The State Department of Public Health shall  
11 track and publish data on maternal death and severe morbidity,  
12 including, but not limited to, all of the following health conditions:

- 13 (1) Obstetric hemorrhage.
- 14 (2) Hypertension.
- 15 (3) Preeclampsia and eclampsia.
- 16 (4) Venous thromboembolism.
- 17 (5) Sepsis.
- 18 (6) Cerebrovascular accident.
- 19 (7) Amniotic fluid embolism.
- 20 (8) Other indirect obstetric complications.
- 21 (9) Other complications pertaining to the pregnancy and  
22 puerperium period.

23 ~~(b) The data on maternal death and severe morbidity published~~  
24 ~~pursuant to subdivision (a) shall be disaggregated by county,~~  
25 ~~facility, and racial and ethnic identity, except where disaggregation~~  
26 ~~would permit the identification of individuals. Data that cannot be~~  
27 ~~completely disaggregated shall be aggregated into categories that~~  
28 ~~facilitate comparisons and identify disparities.~~

29 *(b) The data on maternal severe morbidity collected pursuant*  
30 *to subdivision (a) shall be published after all of the following have*  
31 *occurred:*

32 *(1) The data has been risk-adjusted pursuant to a valid*  
33 *methodology.*

34 *(2) The data has been aggregated by state regions with*  
35 *populations of 100,000 to 200,000, inclusive.*

36 *(3) The data has been disaggregated by racial and ethnic*  
37 *identity.*

38 *(c) The data on maternal deaths collected pursuant to*  
39 *subdivision (a) shall be published after all of the following have*  
40 *occurred:*

1 (1) *The data has been aggregated by state regions with*  
2 *populations of 100,000 to 200,000, inclusive.*

3 (2) *The data has been disaggregated by racial and ethnic*  
4 *identity.*

5 SEC. 4. No reimbursement is required by this act pursuant to  
6 Section 6 of Article XIII B of the California Constitution because  
7 the only costs that may be incurred by a local agency or school  
8 district will be incurred because this act creates a new crime or  
9 infraction, eliminates a crime or infraction, or changes the penalty  
10 for a crime or infraction, within the meaning of Section 17556 of  
11 the Government Code, or changes the definition of a crime within  
12 the meaning of Section 6 of Article XIII B of the California  
13 Constitution.

O

Print Form

# Introduction Form

By a Member of the Board of Supervisors or Mayor

BUREAU OF THE CLERK  
SARAH W. FISCO

2019 MAY 14 PM 4:46

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor [ ] inquiries"
- 5. City Attorney Request.
- 6. Call File No. [ ] from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No. [ ]
- 9. Reactivate File No. [ ]
- 10. Topic submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Haney

Subject:

Resolution Supporting CA Senate Bill No. 464 (Mitchell) – Reducing the Effects of Implicit Bias in Maternal Health Care

The text is listed:

Resolution supporting California State Senate Bill No. 464, the California Dignity in Pregnancy and Childbirth Act of 2019, introduced by California Senator Holly Mitchell which would require maternal healthcare providers to complete implicit bias training; require hospitals to provide patients with information on how to file a discrimination complaint; and would require the Department of Public Health to track and publish data on maternal death and morbidity, disaggregated by county, facility, and racial and ethnic identity.

Signature of Sponsoring Supervisor: [ ]

For Clerk's Use Only