

OBSTETRIC VIOLENCE, OBSTETRIC RACISM, AND MATERNAL MORTALITY

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Senate Bill 818 (S-3) as passed by the Senate
Sponsor: Sen. Erika Geiss
House Committee: Health Policy [Discharged]
Senate Committee: Housing and Human Services
Complete to 12-18-24

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

Senate Bill 818 would amend the Public Health Code to require the Department of Health and Human Services (DHHS) to present studies and reports, and maintain statistics, related to biased or unjust perinatal care, including *obstetric violence* and *obstetric racism*. DHHS would also have to maintain a team to review maternal deaths in Michigan and report to the legislature on pregnancy-related deaths.

Obstetric violence would mean physical abuse, sexual abuse, emotional abuse, verbal abuse, bullying, coercion, humiliation, or assault, perpetrated by a health care professional on a patient during the perinatal period.¹

Obstetric racism would mean that a health facility or agency, health professional, or other person that provides care to a patient during the perinatal period is influenced by the patient's race in making a treatment or diagnostic decision that places the patient's health and well-being at risk.

Studies and reports

The bill would require DHHS to include published, peer-reviewed studies and reports on biased or unjust perinatal care, including studies or reports on instances of obstetric violence and obstetric racism on the informational webpage on minority health it maintains in coordination with the Office of Equity and Minority Health.

Statistics

The bill would require the Health Information System maintained by DHHS to include data related to the incidence and prevalence of obstetric violence and obstetric racism among its general statistics on the causes, effects, extent, and nature of illness and disability of the people, or groups of people, of the state.

Maternal mortality review team

The bill would require DHHS to maintain a team that does all of the following:

- Comprehensively reviews maternal deaths in Michigan.
- Facilitates best practices for sharing data regarding maternal deaths.
- Coordinates meetings with maternal mortality review teams throughout the country.
- Participates in regional or national maternal mortality review activities.

¹ The perinatal period begins a few weeks before birth and ends a few weeks after birth and includes labor and birth. Note that the definition of *obstetric violence* for the related Senate Bill 819 includes only labor and birth, while for this bill the term would apply to the entire perinatal period.

DHHS would have to study the use of research evidence in policies related to the perinatal period in Michigan, including all of the following:

- Public payment systems and their policies related to labor and delivery services.
- Private payment systems and their policies related to labor and delivery services.
- Malpractice insurance policies related to perinatal care, including labor and delivery services.

By January 1, 2026, DHHS would have to make a report of the results of the study, using the implementation science framework, to the legislative health policy standing committees.

Triennial report

Finally, by January 1, 2026, and every three years after that, DHHS would have to submit a report to the legislative health policy standing committees on all of the following:

- A list of the most preventable causes of maternal mortality that DHHS identifies as having the greatest impact on the pregnant and postpartum population in Michigan.
- In consultation with the Perinatal Care Quality collaborative designated for Michigan, a list of recommendations for best practices and quality improvement in clinical settings that may reduce the incidence of pregnancy-related deaths, maternal mortality, and morbidity in prenatal, perinatal, and postnatal clinical settings.

Any findings from the Department of Civil Rights under the Biased and Unjust Care Reporting Act would have to be included in the report described above.²

Other provisions

The bill cannot take effect unless both Senate Bill 819 and Senate Bill 821 are also enacted. Senate Bill 819 would create the Biased and Unjust Care Reporting Act to require DHHS to identify instances of obstetric violence and obstetric racism in Michigan. Senate Bill 821 would require medical malpractice insurers to report their perinatal care services policies to DHHS.

MCL 333.2227 et seq.

FISCAL IMPACT:

Senate Bill 818 would increase state expenditures to the Department of Health and Human Services by an indeterminate amount and have no significant fiscal impact on local units of government. The fiscal impact would be dependent on the administrative cost of maintaining a team to review maternal mortality data and provide a report to the legislature by January 1, 2026, and every three years after.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.

² This act would be created by Senate Bill 819. However, as passed by the Senate, that bill does not require a report or findings from the Department of Civil Rights.