

BIASED AND UNJUST CARE REPORTING ACT

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Senate Bill 819 (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 819 would create a new act, the Biased and Unjust Care Reporting Act, to require the Department of Health and Human Services (DHHS) to identify instances of obstetric violence and obstetric racism in Michigan and report on them to the governor and legislature.

Specifically, DHHS would have to use a **validated tool** to receive reports, in a form and manner it prescribes, from individuals who are pregnant or in the postpartum period and who receive gynecological or perinatal¹ care to which one or more of the following apply:

- The care is not provided in a way that is culturally congruent, unbiased, and just.
- The care does not maintain dignity, privacy, and confidentiality.
- The care does not prevent harm or mistreatment.
- The care does not meet requirements for informed consent.

Validated tool would mean a written or oral survey instrument that can demonstrate empirical evidence for reliability and validity.

DHHS would have to use the validated tool, among other methods, to identify incidences of **obstetric violence** and **obstetric racism**.

Obstetric violence would mean physical, sexual, emotional, or verbal abuse; bullying; coercion; humiliation; or assault, perpetrated by a health care professional on an individual who is laboring and birthing a child.²

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 treatment or diagnostic decisions that place the patient's health and well-being at risk.

DHHS would have to provide a report that contains **de-identified data** on the incidence and prevalence of obstetric violence and obstetric racism to the DHHS director and to all of the following:

- The governor.
- The legislative public health standing committees.
- The Department of Licensing and Regulatory Affairs.

¹ The perinatal period begins a few weeks before birth and ends a few weeks after birth and includes labor and birth.

² Note that the definition of *obstetric violence* for the related Senate Bill 818 includes the entire perinatal period, while for this bill the term would apply only to labor and birth.

De-identified data would mean health information that meets both of the following:

- It does not identify an individual.
- There is no reasonable basis to believe it can be used to identify an individual.

The report described above also could not contain identifying information of a health facility or agency, health professional, or other person that provides care to a patient during the perinatal period.

FISCAL IMPACT:

Senate Bill 819 would increase state expenditures to the Department of Health and Human Services by an indeterminate amount and would have no significant fiscal impact on local units of government. The fiscal impact would be dependent on the administrative cost of creating and implementing a validated tool to survey pregnant and postpartum individuals. Additional administrative costs would include the cost of creating and providing the report using validated tool data to the legislature.

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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.