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AB-1701 Black infant health: California Perinatal Equity Initiative. (2023-2024)

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Assembly Bill No. 1701

CHAPTER 174

An act to amend Sections 123259 and 123260 of the Health and Safety Code, relating to public health.

[Approved by Governor September 08, 2023. Filed with Secretary of State September 08, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1701, Weber. Black infant health: California Perinatal Equity Initiative.

Existing law requires the State Department of Public Health, subject to an appropriation in the annual Budget Act, to establish the California Perinatal Equity Initiative to expand the scope of interventions provided under the Black Infant Health Program by fostering Community Centers of Excellence and promoting the use of interventions designed to fill gaps in current programming offered through the Black Infant Health Program. Existing law requires the department to develop a process to allocate funds to up to 15 county health departments, to work collaboratively with state and local Black Infant Health programs, for the purpose of improving Black infant birth outcomes and reducing infant mortality.

This bill would expand the program to include city health departments, as specified.

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 123259 of the Health and Safety Code is amended to read:

123259. (a) The Legislature finds and declares that there continues to be a statewide gap between mortality rates for Black infants and those for other population groups. While there have been modest but statistically significant declines in infant mortality generally, including a decline in Black infant mortality, the rate of mortality among Black infants continues to be two to four times higher than the rates for other groups statewide. Furthermore, preterm birth, which is the leading cause for infant death, has increased for the third straight year in California. The social support, stress management, and empowerment model of the Black Infant Health Program is an evidence-informed intervention program designed to reduce Black infant mortality. Other interventions that show promise but do not currently receive state support would enhance the impact of current funding for Black infant health.

(b) It is the intent of the Legislature to promote the establishment of Community Centers of Excellence in perinatal health based on public health science concerning the causes of persistent inequality and current best practices to narrow the gap. It is the further intent of the Legislature to direct funding to local health jurisdictions to ensure the leadership and coordination required for widespread and lasting change in public awareness and in public health and clinical practice.

SEC. 2. Section 123260 of the Health and Safety Code is amended to read:

123260. (a) Subject to an appropriation in the annual Budget Act for this purpose, the State Department of Public Health shall establish the California Perinatal Equity Initiative to expand the scope of interventions provided under the Black Infant Health Program. The initiative shall foster Community Centers of Excellence in perinatal health and promote the use of interventions designed to fill gaps in current programming offered through the Black Infant Health Program.

(b) (1) As part of the initiative described in subdivision (a), the department shall develop a process to allocate funds to up to 15 local health jurisdictions and to work collaboratively with state and local Black Infant Health programs for the purpose of improving Black infant birth outcomes and reducing infant mortality.

(2) Participation in the initiative described in subdivision (a) is optional and local health jurisdictions that participate in the program shall agree to the terms of this article.

(3) Allocations made pursuant to paragraph (1) shall be used by local health jurisdictions for any of the following purposes:

(A) Creating a local grant program to develop local Community Centers of Excellence in perinatal health. Recipients of local grants shall be hospitals, federally qualified health centers, health centers that are closely related to federally qualified health centers, women's health clinics, county clinics, clinics operated by a private nonprofit organization that qualifies under Section 501(c)(3) of the United States Internal Revenue Code, or community-based organizations that have demonstrated capacity to work with public health and health care systems as well as within the Black community. Recipients of local grants shall implement or expand at least two of the following:

(i) An evidence-based or evidence-informed group prenatal care program that has shown promise in reducing the incidence of adverse birth outcomes and that includes, but is not limited to, improvement in health provider preterm birth screening and ongoing, risk-appropriate care for Black women to better identify and prevent preterm births.

(ii) Pregnancy intentionality, preconception, and interconception care programs.

(iii) Fatherhood or partnership initiatives that support engagement of partners in pregnancy and childbearing.

(iv) Evidence-based or evidence-informed home visitation programs inclusive of case management to increase advocacy and empowerment for Black women and to ensure linkages to prenatal care, monitoring, life planning, birth spacing, infant development, and well-being.

(v) A strategy that is not described in clauses (i) to (iv), inclusive, that is justified based on local needs and resources, if a local health jurisdiction determines that the strategy combines social interventions with medical interventions, including integration of mental health services in perinatal health care and other wraparound services, including, but not limited to, assessment, personalized case management, doulas, patient navigator services that increase patient empowerment, and access to and utilization of evidence-based interventions that reduce preterm birth and infant mortality, and that the strategy is evidence-based or evidence-informed in relation to reducing adverse birth outcomes.

(B) Providing technical assistance to recipients of local grants, and coordinating with local partners, such as hospitals, federally qualified health centers, health centers that are closely related to federally qualified health centers, county clinics, and other community-based organizations.

(C) Carrying out local public awareness efforts around birth outcome inequities and the importance of preconception health, group prenatal care, evidence-based interventions to prevent preterm births, and social support during pregnancy, and to promote the role of fathers and partners as supports for women during and after pregnancy.

(D) Participating in collaborative statewide learning efforts and sharing best practices.

(E) Collecting and reporting data and information on process and outcome measures regarding the programs and activities carried out with allocated funds.

(c) The department shall, as part of implementing the initiative, consult with stakeholders, including, but not limited to, representatives of county health departments, current or former participants in the strategies described in subparagraph (A) of paragraph (3) of subdivision (b), health providers, or organizations representing health providers that provide services to improve Black infant health outcomes, advocates, and any appropriate state department or agency.

(d) Funds provided to an eligible entity pursuant to this section shall supplement, and not supplant, funds from other sources for infant health equity programs or initiatives.

(e) For purposes of this section, "local health jurisdiction" means a county, city, or city and county health department that meets the requirements of Chapter 3 (commencing with Section 101175) of Part 3 of Division 101.