

Birth Equity Bills

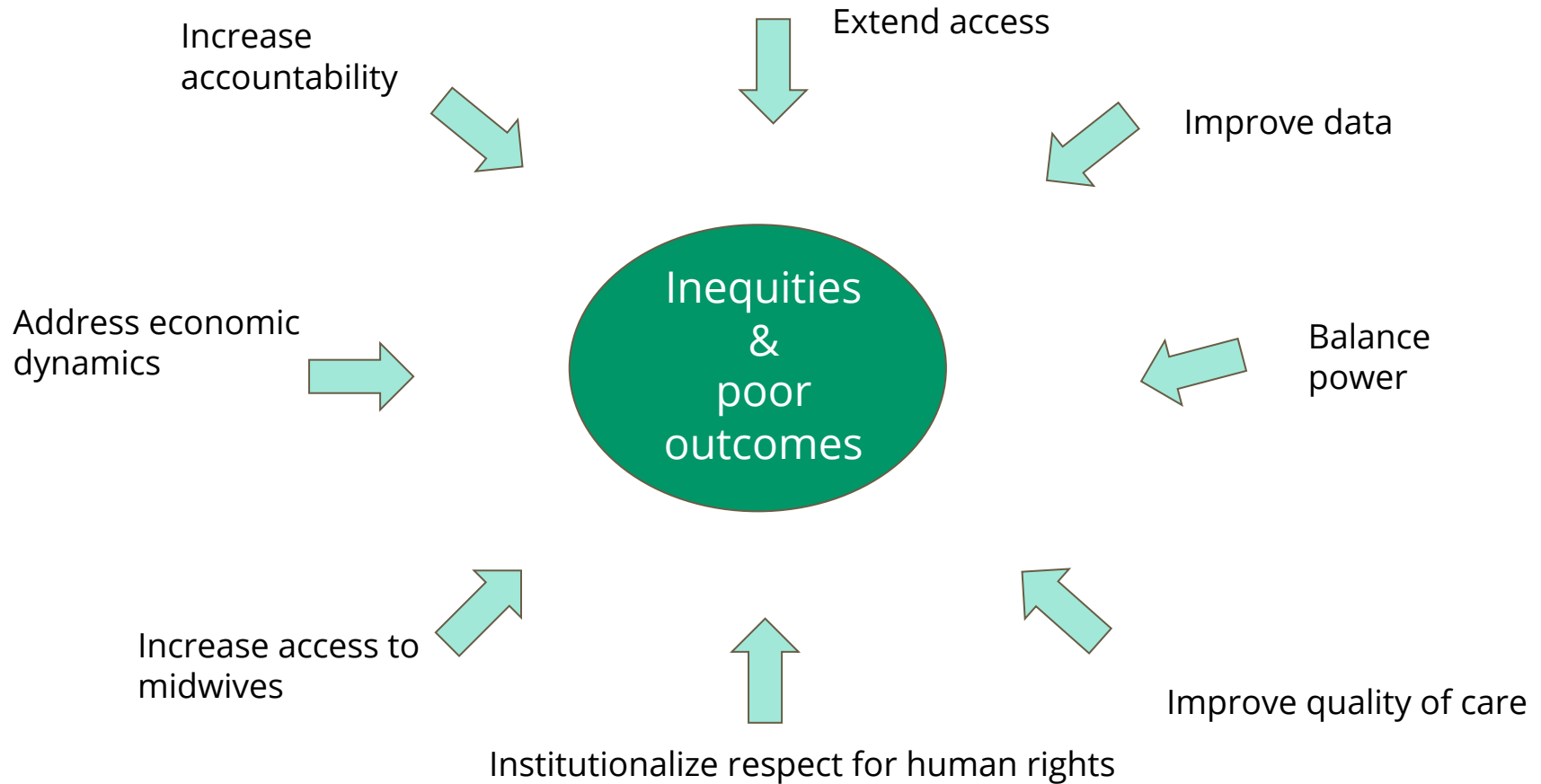
Overview of SB21-193
Sections 4-7, 10-11



Why we need these bills:

- **77% of maternal mortalities in Colorado are preventable**
- Colorado's Black families experience a higher rate of maternal mortality than the national average.
- Infant mortality is the worst for Indigenous Coloradans.
- Maternal mortality is significantly higher for Coloradans who are resource starved

Solutions must address power imbalances that contribute to the problem, including racism.



The nature of this problem requires multi-pronged solutions.

The Federal Momnibus

The Federal Momnibus is an ambitious 12 Bill package taking a multipronged approach to inequities in birth outcomes- including a bill focused on incarcerated pregnant people.

Our bill is ambitious like the Momnibus and seeks to build on the opportunities the Momnibus would create through new funding streams and new reports.

<https://www.elephantcircle.net/s/Side-by-Side-with-Momnibus-n2tr.pdf>

Human Rights - SB21-193

- Human Rights is a Health Outcome
- 6 Sections about prisons, jails, DHS facilities
- 5 Sections about other human rights

<https://www.elephantcircle.net/circle/birthequity2021>

Care for Incarcerated Pregnant People (Sec. 4-7, 10-11)

All facilities would demonstrate basic care for people who are pregnant while in the care of those facilities. Would also increase reporting related to the use of shackles and place and number of birth. C.R.S. § 17-1-113.7, § 17-1-114.5, § 17-26-104.4, § 17-26-104.7, § 26-1-136.8, § 31-15-406

Key Points

- These are basic standards and human rights.
- Change is necessary: Diana Sanchez gave birth in Denver County Jail with no assistance in 2019.

5 parts

The bill requires facilities to do five things: Report, Train, Provide, Develop Policies, Transfer/Connect/Partner for release. These things are the same for each facility (with some exceptions).

Key Points

- These components mirror what the Momnibus legislation includes as standards for facilities.
- The Momnibus would even provide funding to facilities who establish these standards.

Report

The bill requires facilities to make two kinds of reports to the legislature, each year by February 15, starting next year. Section 4, 17-1-113.7 DOC, Section 7 17-26-104.7 (2)(b) Jails (no new reporting required for DHS facilities).

Kinds of reports:

- Use of restraints on pregnant people.
- Number of births and location of births.

Train

There is only one training requirement: Train staff to ensure a pregnant person receives safe and respectful treatment. Section 5, 17-1-114.5 (1) (a), Section 6, 17-26-104.4 (1)(a), Section 10, 26-1-136.8 (1)(a)

Key Points

- Based on reports we have heard about where problems occur – lack of training seems to be a cause.
- This training could include an acknowledgement that some people may be pregnant, and how to recognize the stages of pregnancy and labor.

Provide: basic health resources

The bill requires facilities provide three types of things to pregnant individuals. Starting with basic health resources. Section 5, 17-1-114.5 (1)(c), Section 6, 17-26-104.4 (1)(c), Section 10, 26-1-136.8 (1)(c)

Basic health resources:

- providers that have perinatal care experience
- healthy foods, nutrition, safety
- menstrual products, breast pumps

Provide: counseling and treatment

The bill requires facilities to provide counseling and treatment when the pregnant person has suffered from the following. Section 5, 17-1-114.5 (1)(d), Section 6, 17-26-104.4 (1)(d), Section 10, 26-1-136.8 (1)(d)

When counseling and treatment are required:

- Diagnosed behavioral, mental health or substance use disorder
- Trauma or violence
- HIV
- Sexual abuse
- Pregnancy or infant loss
- Chronic conditions

Provide: education

The bill requires facilities to provide education to pregnant people in the facility. Section 5, 17-1-114.5 (1)(e), Section 6, 17-26-104.4 (1)(e), Section 10, 26-1-136.8 (1)(e)

Education is required about :

- health literacy
- Pregnancy
- childbirth

Develop policies

The bill requires facilities to develop policies for two things.

Section 5 17-1-114.5 (1)(b), Section 6 17-26-104.4 (1)(b), Section 10 26-1-136.8 (1)(b) and Section 5 17-1-114.5 (1)(f), Section 6 17-26-104.4 (1)(f), Section 10 26-1-136.8 (1)(f)

Policies are required to:

- to ensure a trauma informed standard is integrated with current practices to promote the health and safety of a pregnant person
- to identify and offer opportunities for postpartum people to maintain contact with their newborn

Transfer/Connect/Partner

The bill requires facilities to transfer, connect and partner to support the person upon release.

Section 5 17-1-114.5 (1)(g)-(i), Section 6 17-26-104.4 (1)(g)-(i), Section 10 26-1-136.8 (1)(g)-(i)

Facilities are required to:

- Transfer health records to community providers upon exit
- Connect to community-based resources upon exit
- Establish partnership with local entities for exit