A bill for an act

relating to health; requiring medical assistance to cover doula services; establishing a doula registry; ensuring in the patient bill of rights the presence of a doula if requested by a patient; requiring a study; amending Minnesota Statutes 2006, sections 144.651, subdivisions 9, 10; 256B.0625, by adding a subdivision; proposing coding for new law as Minnesota Statutes, chapter 146B.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2006, section 144.651, subdivision 9, is amended to read:

Subd. 9. **Information about treatment.** Patients and residents shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative<u>, or both</u>. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Sec. 2. Minnesota Statutes 2006, section 144.651, subdivision 10, is amended to read:

Subd. 10. **Participation in planning treatment; notification of family members.** (a) Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences. A patient who is an expectant mother has the right to the presence of a doula of the patient's choice except in the case of an emergency as provided in section 144.652, subdivision 2.

(b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include:

(1) examining the personal effects of the patient or resident;

(2) examining the medical records of the patient or resident in the possession of the facility;

(3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician to whom the patient or resident normally goes for care; and

(4) inquiring of the physician to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the

family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient or resident and the medical records of the patient or resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient or resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

Sec. 3. **[146B.01] DEFINITIONS.**

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Certified doula.** "Certified doula" means an individual who has received a certification to perform doula services from the International Childbirth Education Association, the Doulas of North America (DONA), the Association of Labor Assistants and Childbirth Educators (ALACE), Birthworks, Childbirth and Postpartum Professional Association (CAPPA), or Childbirth International.

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 4. **Doula services.** "Doula services" means emotional and physical support during pregnancy, labor, birth, and postpartum.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 4. **[146B.02] REGISTRY.**

Subdivision 1. **Establishment.** The commissioner of health shall maintain a registry of certified doulas who have met the requirements listed in subdivision 2.

Subd. 2. **Qualifications.** The commissioner shall include on the registry any individual who:

(1) submits an application on a form provided by the commissioner. The form must include the applicant's name, address, and contact information;

(2) maintains a current certification from one of the organizations listed in section 146B.01, subdivision 3;

(3) completes a criminal background check; and

(4) pays the fees required under section 146B.04.

Subd. 3. **Renewal.** Inclusion on the registry maintained by the commissioner is valid for three years. At the end of the three-year period, the certified doula may submit a new application to remain on the doula registry by meeting the requirements described in subdivision 2.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 5. **[146B.03] COMMISSIONER DUTIES.**

The commissioner shall establish and maintain the doula registry and:

(1) provide registry application forms;

(2) complete the criminal background checks on registry applicants; and

(3) maintain public access to the registry by providing a link to the registry on the Department of Health's Web site.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 6. **[146B.04] FEES.**

Subdivision 1. **Fees.** (a) The application fee is $.....

(b) The criminal background check fee is $.....

Subd. 2. **Nonrefundable fees.** The fees in this section are nonrefundable.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 7. Minnesota Statutes 2006, section 256B.0625, is amended by adding a subdivision to read:

Subd. 28b. **Doula services.** Medical assistance covers doula services provided by a certified doula as defined in section 146B.01, subdivision 2, of the mother's choice. For purposes of this section, "doula services" means childbirth education and support services, including emotional and physical support, provided during pregnancy, labor, birth, and postpartum.

EFFECTIVE DATE. This section is effective July 1, 2007, and applies to services provided on or after that date.

Sec. 8. **DOULA SERVICES STUDY.**

The commissioner of human services shall conduct a study relating to medical assistance, comparing the use of epidurals and cesarean sections among women who use doula services compared to women who do not. The study must:

(1) evaluate the frequency with which epidurals are provided to women who use doula services compared to women who do not use these services; and

(2) evaluate the frequency with which cesarean sections are performed on women who use doula services compared to women who do not.

The commissioner must report findings to the legislature by August 1, 2008.