SENATE
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NINETY-SECOND SESSION

S.F. No. 877

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DATE	D-PG	OFFICIAL STATUS
02/11/2021	324	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
02/15/2021	403	Authors added Wiklund; Hawj
02/17/2021	439	Author added Murphy
03/04/2021	701	Author added McEwen
		See First Special Session 2021, HF33, Art. 3, Sec. 21; Art. 16, Sec. 3, Sub. 2(j)

A bill for an act

relating to health; establishing the Dignity in Pregnancy and Childbirth Act; requiring continuing education on anti-racism training and implicit bias; expanding the maternal death studies conducted by the commissioner of health to include maternal morbidity; appropriating money; amending Minnesota Statutes 2020, section 145.901; proposing coding for new law in Minnesota Statutes, chapter 144.

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

Section 1. **[144.1461] DIGNITY IN PREGNANCY AND CHILDBIRTH.**

Subdivision 1. **Citation.** This section may be cited as the "Dignity in Pregnancy and Childbirth Act."

Subd. 2. **Continuing education requirement.** (a) Hospitals with obstetric care and birth centers must provide continuing education on anti-racism training and implicit bias. The continuing education must be evidence-based and must include at a minimum the following criteria:

(1) education aimed at identifying personal, interpersonal, institutional, structural, and cultural barriers to inclusion;

(2) identifying and implementing corrective measures to promote anti-racism practices and decrease implicit bias at the interpersonal and institutional levels, including the institution's ongoing policies and practices;

(3) providing information on the ongoing effects of historical and contemporary exclusion and oppression of Black and Indigenous communities with the greatest health disparities related to maternal and infant mortality and morbidity;

(4) providing information and discussion of health disparities in the perinatal health care field including how systemic racism and implicit bias have different impacts on health outcomes for different racial and ethnic communities; and

(5) soliciting perspectives of diverse, local constituency groups and experts on racial, identity, cultural, and provider-community relationship issues.

(b) In addition to the initial continuing educational requirement in paragraph (a), hospitals with obstetric care and birth centers must provide an annual refresher course that reflects current trends on race, culture, identity, and anti-racism principles and institutional implicit bias.

(c) Hospitals with obstetric care and birth centers must develop continuing education materials on anti-racism and implicit bias that must be provided and updated annually for direct care employees and contractors who routinely care for patients who are pregnant or postpartum.

(d) Hospitals with obstetric care and birth centers shall coordinate with health care licensing boards to obtain continuing education credits for the trainings and materials required in this section. The commissioner of health shall monitor compliance with this section. Initial training for the continuing education requirements in this subdivision must be completed by December 31, 2022. The commissioner may inspect the training records or require reports on the continuing education materials in this section from hospitals with obstetric care and birth centers.

(e) A facility described in paragraph (d) must provide a certificate of training completion to another facility or a training attendee upon request. A facility may accept the training certificate from another facility for a health care provider that works in more than one facility.

Subd. 3. **Midwife and doula care.** In order to improve maternal and infant health as well as improving birth outcomes in groups with the most significant disparities that include Black, Indigenous, and other communities of color; rural communities; and people with low incomes, the commissioner of health in partnership with patient groups and culturally based community organizations shall:

(1) develop procedures and services designed for making midwife and doula services available to groups with the most maternal and infant mortality and morbidity disparities;

(2) propose changes to licensing of midwifes in order to allow midwifes with nationally recognized credentials to practice the full scope of competencies and education the midwife has attained;

(3) promote racial, ethnic, and language diversity in the midwife and doula workforce that better aligns with the childbearing population in groups with the most significant maternal and infant mortality and morbidity disparities; and

(4) ensure that midwife and doula training and licensing is tailored to the specific needs of groups with the most significant maternal and infant mortality and morbidity disparities, including trauma-informed care, maternal mood disorders, intimate partner violence, and systemic racism.

Sec. 2. Minnesota Statutes 2020, section 145.901, is amended to read:

145.901 MATERNAL MORBIDITY AND DEATH STUDIES.

Subdivision 1. **Purpose.** (a) The commissioner of health may conduct maternal morbidity and death studies to assist the planning, implementation, and evaluation of medical, health, and welfare service systems and to reduce the numbers of preventable adverse maternal outcomes and deaths in Minnesota.

(b) For purposes of this section, "maternal morbidity" means a health condition of a pregnant or postpartum woman, the treatment of which includes the transfusion of four or more units of blood to the pregnant or postpartum woman or admission of the pregnant or postpartum woman to an intensive care unit.

Subd. 2. **Access to data.** (a) The commissioner of health has access to medical data as defined in section 13.384, subdivision 1, paragraph (b), medical examiner data as defined in section 13.83, subdivision 1, and health records created, maintained, or stored by providers as defined in section 144.291, subdivision 2, paragraph ~~(i)~~ (c), without the consent of the subject of the data, and without the consent of the parent, spouse, other guardian, or legal representative of the subject of the data, when the subject of the data is a woman who died or experienced morbidities during a pregnancy or within 12 months of a fetal death, a live birth, or other termination of a pregnancy.

The commissioner has access only to medical data and health records related to maternal morbidities and deaths that occur on or after July 1, 2000, including the names of the providers and clinics where care was received before, during, or related to the pregnancy or death. The commissioner has access to records maintained by substance use treatment facilities, law enforcement, the medical examiner, coroner, or hospitals for the purpose of

providing the name and location of any pre-pregnancy, prenatal, or postpartum care received by the subject of the data.

(b) The provider or responsible authority that creates, maintains, or stores the data shall furnish the data upon the request of the commissioner. The provider or responsible authority may charge a fee for providing the data, not to exceed the actual cost of retrieving and duplicating the data.

(c) The commissioner shall make a good faith reasonable effort to notify the subject of the data, or the subject's parent, spouse, ~~other~~ guardian, or legal representative ~~of the subject of the data~~ before collecting data on the subject. For purposes of this paragraph, "reasonable effort" means one notice is sent by certified mail to the last known address of the subject of the data, or the subject's parent, spouse, guardian, or legal representative informing the recipient of the data collection and offering a public health nurse support visit if desired.

(d) The commissioner does not have access to coroner or medical examiner data that are part of an active investigation as described in section 13.83.

(e) The commissioner may request and receive from a coroner or medical examiner the name of the health care provider that provided prenatal, postpartum, and other health services to the subject of the data.

(f) The commissioner may access Department of Human Services data to identify sources of care and services to assist with the evaluation of welfare systems to reduce preventable maternal deaths.

Subd. 3. **Management of records.** After the commissioner has collected all data about a subject of a maternal morbidity or death study needed to perform the study, the data from source records obtained under subdivision 2, other than data identifying the subject, must be transferred to separate records to be maintained by the commissioner. Notwithstanding section 138.17, after the data have been transferred, all source records obtained under subdivision 2 possessed by the commissioner must be destroyed.

Subd. 4. **Classification of data.** (a) Data provided to the commissioner from source records under subdivision 2, including identifying information on individual providers, data subjects, or their children, and data derived by the commissioner under subdivision 3 for the purpose of carrying out maternal morbidity and death studies, are classified as confidential data on individuals or confidential data on decedents, as defined in sections 13.02, subdivision 3, and 13.10, subdivision 1, paragraph (a).

(b) Information classified under paragraph (a) shall not be subject to discovery or introduction into evidence in any administrative, civil, or criminal proceeding. Such information otherwise available from an original source shall not be immune from discovery or barred from introduction into evidence merely because it was utilized by the commissioner in carrying out maternal morbidity and death studies.

(c) Summary data on maternal morbidity and death studies created by the commissioner, which does not identify individual data subjects or individual providers, shall be public in accordance with section 13.05, subdivision 7.

(d) Data provided by the commissioner of human services to the commissioner of health under this section retains the same classification the data held when retained by the commissioner of human services, as required under section 13.03, subdivision 4, paragraph (c).

Sec. 3. **APPROPRIATION; ANTI-RACISM AND IMPLICIT BIAS TRAINING.**

$..... in fiscal year 2022 is appropriated from the general fund to the commissioner of health to be used for grants for anti-racism and implicit bias training in accredited medical, nursing, midwifery, and doula education curriculum in obstetric clinical practice.