

1.1 moves to amend H.F. No. 3093 as follows:

1.2 Delete everything after the enacting clause and insert:

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

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

1.6 Subd. 2. **Public policy.** (a) It is the policy of the state:

1.7 (1) that every person is entitled to dignity and respect during pregnancy and after
1.8 childbirth. Parents should receive the best care possible regardless of race, color, creed,
1.9 religion, national origin, gender, marital status, disability, status with regard to public
1.10 assistance, sexual orientation, and familial status; and

1.11 (2) to reduce the effects of implicit bias and decrease racial and ethnic disparities in
1.12 pregnancy, childbirth, and postnatal care so that all people are treated with dignity and
1.13 respect by their health care providers. Access to prenatal and postnatal care, socioeconomic
1.14 status, and general physical health do not fully explain the disparities seen particularly in
1.15 African American and Indigenous community's maternal mortality and morbidity rates.

1.16 (b) It is well documented in literature and in a growing body of evidence that implicit
1.17 bias is a key cause of disparities that impact providing culturally competent care. As used
1.18 in this section, "implicit bias" means a bias in judgment or behavior that results from subtle
1.19 cognitive processes, including implicit prejudice and implicit stereotypes that often operate
1.20 at a level below conscious awareness and without intentional control.

1.21 Subd. 3. **Evidence-based implicit bias education program.** (a) Hospitals with obstetric
1.22 care and birth centers must implement an evidence-based implicit bias education program.
1.23 The program must include at a minimum the following criteria:

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

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

2.5 (3) providing information on the ongoing effects of historical and contemporary exclusion
 2.6 and oppression of minority communities;

2.7 (4) providing information and discussion of health disparities in the perinatal health care
 2.8 field including how implicit bias impacts maternal and infant health outcomes; and

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

2.11 (b) In addition to the initial educational program, the hospitals with obstetric care and
 2.12 birth centers must provide a refresher course on the criteria listed in this subdivision yearly
 2.13 unless a more frequent time frame is necessary to keep up with current trends on race,
 2.14 culture, identity, and institutional implicit bias.

2.15 Subd. 4. **Continuing education on maternal hypertension and hemorrhage.** (a)
 2.16 Continuing education on the two leading causes of maternal death, namely maternal
 2.17 hypertension and obstetric hemorrhage, for direct care personnel in hospitals with obstetric
 2.18 care and birth centers is necessary to improve maternal health and birth outcomes.

2.19 (b) Hospitals with obstetric care and birth centers must develop continuing education
 2.20 materials on maternal hypertension and obstetric hemorrhage that hospitals with obstetric
 2.21 care and birth centers must provide annually to direct care employees and contractors who
 2.22 routinely care for patients who are pregnant or postpartum. The hospitals and birth centers
 2.23 must update continuing education materials annually.

2.24 (c) Hospitals with obstetric care and birth centers shall coordinate with health care
 2.25 licensing boards to obtain continuing education credits for the materials required in this
 2.26 section. The commissioner of health shall monitor compliance with this section. The
 2.27 commissioner may inspect the training records or require reports on the continuing education
 2.28 materials in this section from hospitals with obstetric care and birth centers.

2.29 Subd. 5. **Appropriation; bias education.** \$..... in fiscal year 2021 is appropriated from
 2.30 the general fund to the commissioner of health to be used for implicit bias education in
 2.31 accredited medical and nursing education curriculum in obstetric clinical practice and
 2.32 hospitals with obstetric care and birth centers."

2.33 Delete the title and insert:

- 3.1 "A bill for an act
- 3.2 relating to health; establishing the Dignity in Pregnancy and Childbirth Act;
- 3.3 requiring continuing education on implicit bias, maternal hypertension, and obstetric
- 3.4 hemorrhage; appropriating money; proposing coding for new law in Minnesota
- 3.5 Statutes, chapter 144."