

Subject Continuing education by hospitals and birth centers; maternal morbidity studies

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Overview

This bill requires hospitals that provide obstetric care and birth centers to provide continuing education on anti-racism training and implicit bias, and requires the commissioner of health to take steps to improve availability of doulas and midwives and ensure midwife and doula training and licensing meet the needs of groups with disparities in maternal and infant morbidity and mortality. This bill also authorizes the commissioner of health to conduct maternal morbidity studies, in addition to maternal death studies currently authorized in law.

Summary

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1	Dignity in pregnancy and childbirth.
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Adds § 144.1461. Requires hospitals that provide obstetric care and birth centers to provide continuing education on anti-racism training and implicit bias. Also requires the commissioner of health to develop procedures to improve availability of doulas and midwives, propose changes that promote workforce diversity, and ensure midwife and doula training and licensing meet the needs of groups with disparities in maternal and infant morbidity and mortality.

Subd. 1. Citation. Provides that this section may be cited as the Dignity in Pregnancy and Childbirth Act.

Subd. 2. Continuing education requirement. Paragraph (a) requires hospitals with obstetric care and birth centers to provide continuing education on anti-racism training and implicit bias. Requires the continuing education to be evidence-based, and lists criteria that it must include.

Paragraph (b) requires hospitals with obstetric care and birth centers, in addition to providing initial continuing education under paragraph (a), to also provide an

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annual refresher course that reflects current trends on race, culture, identity, and anti-racism principles and institutional implicit bias.

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

Paragraph (d) requires hospitals with obstetric care and birth centers to coordinate with health-related licensing boards to obtain continuing education credits for the training and materials required by this section. Also requires the commissioner of health to monitor compliance with this section, and requires initial training to be completed by December 31, 2022.

Paragraph (e) requires hospitals with obstetric care and birth centers to provide a certification of training completion upon request, and allows a facility to accept the training certificate from another facility for a provider who works in more than one facility.

Subd. 3. Midwife and doula care. In order to improve maternal and infant health and improve birth outcomes in groups with the most significant disparities, requires the commissioner of health, in partnership with certain groups, to develop procedures and services to make midwife and doula services available to groups with the most disparities in maternal and infant morbidity and mortality; propose changes to midwife licensure to allow midwives with nationally recognized credentials practice to the full scope of competency and education; promote racial, ethnic, and language diversity in the midwife and doula workforce; and ensure midwife and doula training and licensing are tailored to the specific needs of groups with the most significant disparities in maternal and infant morbidity and mortality.

2 **Maternal morbidity and death studies.**

Amends § 145.901. Current law authorizes the commissioner of health to conduct maternal death studies. This section expands this authority to also allow the commissioner to conduct maternal morbidity studies.

Subd. 1. Purpose. Authorizes the commissioner of health to conduct maternal morbidity studies, in addition to current authority to conduct maternal death studies, to reduce the numbers of preventable adverse maternal outcomes. Defines maternal morbidity as severe maternal morbidity as defined by the CDC (the CDC uses International Classification of Diseases diagnosis and procedure codes to identify delivery hospitalizations that have severe maternal morbidity indicators. There are currently 21 severe maternal morbidity indicators, including

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acute myocardial infarction, aneurysm, acute renal failure, eclampsia, and blood products transfusion).

Subd. 2. Access to data. Allows the commissioner to access the medical data and health records of a woman who has experienced morbidities during a pregnancy or within 12 months of a fetal death, live birth, or other termination of a pregnancy without the consent of the subject of the data. Specifies that this access includes the names of providers and clinics where care was provided before, during, or related to the pregnancy or death. Permits the commissioner to access records maintained by family home visiting programs, the WIC program, the prescription monitoring program, behavioral health services programs, substance use treatment facilities, law enforcement, medical examiners, coroners, or hospitals for the purpose of providing the name and location of care received before, during, or after pregnancy. Adds the subject of the data to list of individuals the commissioner must make a good-faith effort to notify, before collecting the data. Allows the commissioner to access certain information from a coroner or medical examiner; Department of Human Services data to identify sources of care and services to assist with evaluation of welfare systems to reduce preventable maternal deaths; and law enforcement reports or incident reports.

Subd. 3. Management of records. After the commissioner collects all data about a maternal morbidity subject needed to perform a study, requires the commissioner to transfer data from the source records to a separate record, and to destroy the source records. (This requirement currently applies to data about a subject of a maternal death study.)

Subd. 4. Classification of data. Classifies data held by the commissioner to carry out maternal morbidity studies the same as data held by the commissioner to carry out maternal death studies (confidential data on individuals or confidential data on decedents). Makes public, summary data on maternal morbidity studies created by the commissioner. Requires data provided by the commissioner of human services to maintain the same data classification that the data held when retained by the commissioner of human services.

3 Appropriation; anti-racism and implicit bias training; maternal morbidity and death studies.

Makes a blank appropriation in fiscal year 2022 from the general fund to the commissioner of health for grants for anti-racism and implicit bias training. Also makes blank appropriations in fiscal years 2022 and 2023 from the general fund to the commissioner for maternal morbidity and death studies.



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