

Subject Continuing education on implicit bias; maternal morbidity studies

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Overview

This bill requires hospitals that provide obstetric care and birth centers to provide continuing education on implicit bias, and authorizes the commissioner of health to conduct maternal morbidity studies. Maternal morbidity is defined in the bill and refers to a disease or injury in a woman who is or has been pregnant, from any cause related to or aggravated by the pregnancy or its management.

Summary

Section	Description
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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 implicit bias.

Subd. 1. Citation. Allows this section to be cited as the Dignity in Pregnancy and Childbirth Act.

Subd. 2. Continuing education requirement. Requires hospitals that provide obstetric care and birth centers to provide continuing education on implicit bias. Requires the continuing education to be evidence-based and lists the elements that must be included in the training. Also requires these hospitals and birth centers to provide annual refresher courses that reflect current trends, and requires these hospitals and birth centers to develop continuing education materials and annually provide these materials to employees and contractors who routinely care for pregnant and postpartum women. Directs hospitals that provide obstetric care and birth centers to coordinate with health-related licensing boards to allow persons receiving the implicit bias education to receive continuing education credits for the training. Requires the initial training to be completed by December 31, 2021. Requires the commissioner to monitor compliance with this section, and allows the commissioner to inspect training records or require reports on the training from hospitals that provide obstetric care and birth centers.

Section	Description
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2	Maternal morbidity and death studies.
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Amends § 145.901. Current law authorizes the commissioner of health to conduct maternal death studies. This section also allows the commissioner to conduct maternal morbidity studies.

Subd. 1. Purpose. Authorizes the commissioner of health to conduct maternal morbidity studies to assist with the planning, implementation, and evaluation of health care and social service systems, and to reduce the number of preventable adverse maternal outcomes in the state. Defines maternal morbidity to refer to cases of severe maternal morbidity, in which a patient needed a transfusion of 4 or more units of blood or was admitted to an intensive care unit.

Subd. 2. Access to data. Authorizes the commissioner to access medical data and health records related to maternal morbidities and deaths that include the names of providers and clinics where the pregnant or postpartum woman received care before, during, or related to the pregnancy or death. Also allows the commissioner to access records maintained by substance use treatment facilities, law enforcement, the medical examiner, a coroner, or hospitals to obtain the names and locations of providers of pre-pregnancy, prenatal, or postpartum care received by the pregnant or postpartum woman. Allows the commissioner to access DHS data to assist in the evaluation of welfare systems to reduce preventable maternal deaths.

Subd. 3. Management of records. Requires the commissioner to transfer data held by the commissioner about a subject of a maternal morbidity study to a separate record, and to destroy the source record. (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 the commissioner of health to maintain the same data classification the data held when retained by the commissioner of human services.



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