1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	2nd Session of the 57th Legislature (2020)
4	COMMITTEE SUBSTITUTE
5	FOR HOUSE BILL NO. 3088 By: Pittman and Albright of the House
6	
7	and
8	Hicks of the Senate
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L1	<u>COMMITTEE SUBSTITUTE</u>
L2	An Act relating to maternal and infant mortality; defining terms; requiring hospitals and birthing
L3	centers to implement an implicit bias training program; providing requirements of program; requiring
L 4	training program for certain health care professional; directing the State Department of
L5	Health to promulgate rules; providing for codification; and providing an effective date.
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	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
L9	SECTION 1. NEW LAW A new section of law to be codified
20	in the Oklahoma Statutes as Section 1-242.5 of Title 63, unless
21	there is created a duplication in numbering, reads as follows:
22	A. As used in this section:
23	1. "Implicit bias" means a bias in judgment or behavior that
24	results from subtle cognitive processes, including implicit

prejudice and implicit stereotypes, that often operate at a level below conscious awareness and without intentional control; and

- 2. "Implicit stereotypes" means the unconscious attributions of particular qualities to a member of a certain social group, influenced by experience, and based on learned associations between various qualities and social categories, including race and gender.
- B. 1. Every hospital that provides inpatient maternity services and every birthing center licensed pursuant to Sections 1-701 through 1-706 of Title 63 of the Oklahoma Statutes may implement an evidence-based implicit bias training program for all health professionals who provide perinatal treatment and care to pregnant women at the hospital or birthing center.
 - 2. The training program may include, but not be limited to:
 - a. identifying previous and current unconscious biases and misinformation when providing perinatal treatment and care to pregnant women,
 - identifying personal, interpersonal, institutional,
 and cultural barriers to inclusion,
 - c. information on the effects of historical and contemporary exclusion and oppression of minority communities,
 - d. information about cultural identity across racial and ethnic groups,

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- e. information about communicating more effectively across racial, ethnic, religious, and gender identities,
- f. information about reproductive justice,
- g. a discussion on power dynamics and organizational decision-making and their effects on implicit bias,
- h. a discussion on health inequities and racial and ethnic disparities within the field of perinatal care, and how implicit bias may contribute to pregnancyrelated deaths and maternal and infant health outcomes, and
- i. corrective measures to decrease implicit bias at the interpersonal and institutional levels.
- 3. A health care professional who provides perinatal treatment and care to pregnant women at a hospital that provides inpatient maternity services or a birthing center licensed pursuant to Sections 1-701 through 1-706 of Title 63 of the Oklahoma Statutes shall:
 - a. complete the training program on implicit bias at such times and intervals as the hospital or birthing center shall require,
 - b. complete a refresher course under the training program, designed to provide the health care professional with updated information about racial,

1 ethnic, and cultural identity, and best practices in 2 decreasing interpersonal and institutional implicit 3 bias, every two (2) years or on a more frequent basis, 4 if deemed necessary by the hospital or birthing 5 center, and receive a certification from the hospital or birthing 6 C. 7 center upon successful completion of the training 8 program. 9 С. The State Department of Health shall promulgate rules to 10 effectuate the purpose of this section. 11 The State Department of Health shall track the results of 12 the training program, infant and maternal mortality rates and 13 causes, infant and maternal mortality rates by race or ethnicity, 14 location in Oklahoma, age, and any other relevant factors deemed 15 necessary by the State Department of Health to help create a strong 16 evidence-based training program to be used in the future. 17 SECTION 2. This act shall become effective November 1, 2020. 18 19 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 02/26/2020 -DO PASS, As Amended and Coauthored. 20 2.1 22 23 2.4