

STATE OF OKLAHOMA

1st Session of the 58th Legislature (2021)

HOUSE BILL 2730

By: Pittman

AS INTRODUCED

An Act relating to maternal and infant mortality; defining terms; requiring hospitals and birthing centers to implement an implicit bias training program; providing requirements of program; requiring training program for certain health care professional; directing the State Department of Health to promulgate rules and to track program results; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-242.5 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Implicit bias" means a bias in judgment or behavior that 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,

1 influenced by experience, and based on learned associations between  
2 various qualities and social categories, including race and gender.

3 B. 1. Every hospital that provides inpatient maternity  
4 services and every birthing center licensed pursuant to Sections 1-  
5 701 through 1-706 of Title 63 of the Oklahoma Statutes may implement  
6 an evidence-based implicit bias training program for all health  
7 professionals who provide perinatal treatment and care to pregnant  
8 women at the hospital or birthing center.

9 2. The training program may include, but shall not be limited  
10 to:

- 11 a. identifying previous and current unconscious biases  
12 and misinformation when providing perinatal treatment  
13 and care to pregnant women,
- 14 b. identifying personal, interpersonal, institutional,  
15 and cultural barriers to inclusion,
- 16 c. information on the effects of historical and  
17 contemporary exclusion and oppression of minority  
18 communities,
- 19 d. information about cultural identity across racial and  
20 ethnic groups,
- 21 e. information about communicating more effectively  
22 across racial, ethnic and religious identities,
- 23 f. a discussion on power dynamics and organizational  
24 decision-making and their effects on implicit bias,

- g. a discussion on health inequities and racial and ethnic disparities within the field of perinatal care, and how implicit bias may contribute to pregnancy-related deaths and maternal and infant health outcomes, and
- h. 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, ethnic, and cultural identity, and best practices in decreasing interpersonal and institutional implicit bias, every two (2) years or on a more frequent basis, if deemed necessary by the hospital or birthing center, and

1           c.     receive a certification from the hospital or birthing  
2                   center upon successful completion of the training  
3                   program.

4           C.    The State Department of Health shall promulgate rules to  
5   effectuate the purpose of this section.

6           D.    The State Department of Health shall track the results of  
7   the training program, infant and maternal mortality rates and  
8   causes, infant and maternal mortality rates by race or ethnicity,  
9   location in Oklahoma, age, and any other relevant factors deemed  
10   necessary by the State Department of Health to help create a strong  
11   evidence-based training program to be used in the future.

12          SECTION 2.   This act shall become effective November 1, 2021.

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