

February 10, 2021

Dear Chair Liebling and members of the House Health Finance and Policy Committee:

UnRestrict Minnesota writes in strong support of HF 660 (Richardson), the Dignity in Pregnancy and Childbirth Act. UnRestrict Minnesota, led by a multi-racial coalition of cross-sector organizations, works to achieve full reproductive justice in Minnesota, where every person can decide if, when, and how to become a parent; raise healthy children in safe and thriving communities; and have gender and bodily autonomy.

The Dignity in Pregnancy and Childbirth Act tackles a major public health crisis facing our state and country: massive and growing racial disparities in maternal health outcomes. Black women in particular suffer from disproportionately negative health outcomes. In the United States today, the maternal death ratio for Black women is 2.5 times the ratio for white women. In addition, a Black mother with a college education is at 60 percent greater risk for a maternal death than a white or Hispanic woman with less than a high school education.¹

HF 660 (Richardson) takes critical steps to address these staggering inequities. We strongly support expanded requirements and greater investment in anti-bias training for providers. Such training would equip providers to better identify their own implicit biases, and proactively take steps to prevent those biases from undermining patient care.

Expanding access to doula and midwifery care within BIPOC communities—and bringing greater racial and ethnic diversity to those workforces—is equally important. Research has pointed to the value of a racially diverse maternal care workforce, and racial concordance between patients and providers. One recent study by University of Minnesota faculty member Rachel Hardeman found a significantly lower rate of infant mortality for Black newborns who were cared for by Black physicians.²

Finally, we strongly support the expansion of MDH's research purview to encompass severe maternal morbidity. Severe morbidity is 50 to 100 times more common in the U.S. than maternal mortality, and it has increased disproportionately among women of color.³ Expanding MDH's scope to research not only maternal mortality, but also severe morbidity, will deepen our collective understanding of these growing inequities and inform future policymaking.

As a network of organizations committed to reproductive justice and health equity, we urge your support for HF 660. Thank you.

Sincerely,
Erin Maye Quade

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¹ [Maternal Mortality in the United States: A Primer | Commonwealth Fund](#)

² [Mortality rate for Black babies is cut dramatically when Black doctors care for them after birth, researchers say - The Washington Post](#)

³ Leonard, S.A., Main, E.K., Scott, K.A., Profit, J., Carmicheal, S.L. (2019). Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of Epidemiology* 33: 30-36. Cited in [Maternal Morbidity and Mortality \(state.mn.us\)](#)