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BILL NO: House Bill 783

TITLE: Health Occupations - Structural Racism Training

COMMITTEE: Health and Government Operations

HEARING DATE: February 19, 2025

POSITION: SUPPORT

The Women's Law Center of Maryland is dedicated to ensuring the physical safety, economic security, and bodily autonomy of women throughout the state. We strongly support the Structural Racism Training for healthcare professionals mandated by House Bill 783.

Combating structural racism in healthcare systems starts with understanding the many forms of racial discrimination and prejudice embedded within them. A crucial first step entails identifying and understanding how multiple forms of racial injustice affect patients, healthcare professionals, and healthcare providers — and what changes can make healthcare inclusive and equitable.

Racial and ethnic minority populations experience the greatest health disparities, and last year, the United Health Foundation's America's Health Rankings® Maternal and Infant Health Disparities Data Brief found that Maryland's women of color are facing health disparities above the national average. This is simply untenable for a state that boasts several of the nation's top hospital and education systems.

Metrics such as the infant mortality gap and the maternal mortality gap reveal legacies and current practices of racial exclusion and discrimination in our health systems. Black newborns die 250% more often than white newborns in the United States. Black mothers are at least three times more likely than white mothers to die due to complications in childbirth.

Maryland has a higher rate of infant mortality, 5.9 per 1,000 live births, than the national average of 5.5. Severe maternal morbidity, where mothers develop health issues during or after pregnancy, is also above the national average. Maryland's rate is about 91 per 10,000 delivery hospitalizations, while the national rate is 88.3. Black Americans ultimately wait longer than white patients for life-saving treatments, reflecting who has access to adequate medical care, employment, reliable pay, and safe environments — and who does not.

We know that recent federal legislation is already creating an employment crisis in Maryland. When unemployment rises, so does the racial disparity in medical insurance. For all these reasons we urge a favorable report on HB 783.