

Testimony for HB 1042 - Structural Racism Training- Funding Sources
March 4, 2026
Support with Amendment

Thank you Chair Bagnall, Vice Chair Cullison, and all the members of the Health Committee for addressing a needed clarification concerning the intent of the General Assembly when passing HB783 Health Occupations - Implicit Bias and Structural Racism Training during the 2025 legislative session. HB783 added the topic of structural racism to the required implicit bias training that is required for all health care professionals in Maryland, including social workers.

While discussion around amendments to legislation centered on easing any potential fiscal burden, HB783 has since been interpreted to designate the Maryland Nurses Association as the only provider for the required training. This interpretation is inconsistent with the legislation intent of the 2025 legislation and inconsistent with how such trainings have historically and are currently developed by the health care professions. Accordingly, HB 1042 is necessary to clarify that the Maryland Nurses Association is just one source of the required training. Thank you for your consideration of this important clarification.

We respectfully offer the following amendment for further clarification:

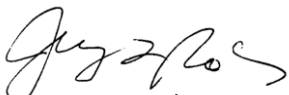
On page 1, in lines 14-15 "...using funding from **EXTERNAL SOURCES, SUCH AS BUT NOT LIMITED TO** the grant provided to the Maryland Nurses Association"

While both health care and behavioral health care are affected by implicit bias and structural racism, these forces and the harms they cause show up differently in these two systems of care. Implicit bias and structural racism in medical health care often show up in: treatment disparities, differences in medical diagnosis, limited access to specialty or preventive care, and worse outcomes for maternal health, cardiovascular disease, and diabetes. In behavioral health services, these manifest differently because the mental health diagnosis relies on the DSM-5 for diagnosing mental disorders which is different from medical tests and measures. Additionally, in behavioral health care systems we find implicit bias and structural racism in the pathologizing of cultural expression, bias in risk assessments, lack of culturally responsive therapy models, and higher rates of crises and emergency interventions.

This is why HB 1042 is necessary to clarify that the Maryland Nurses Association is not the ONLY provider of the required training on implicit bias and structural racism. The requirement of training that covers both implicit bias and structural racism connects to our ethical obligations as social workers. The School of Social Work's Office of Continuing Education is committed to dismantling the barriers that perpetuate behavioral health disparities and ensure that behavioral health professionals are examining their practice and their systems of care.

I respectfully request a favorable committee report on HB 1042 with the proposed clarifying amendment.

Respectfully submitted by,



Judy L. Postmus, Ph.D., ACSW, Dean & Professor

Seantè Hatcher, LCSW-C, LICSW, Assistant Dean, Office of Continuing Professional Education (CPE)

cc: Delegate Teresa Woorman, sponsor of HB 1042