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HB 639

Public Health - Health Care Professionals - Cultural Competency Coursework or Training Hearing of the House Health & Government Operations Committee

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1:00pm

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports HB 639, which would prohibit hospitals and related institutions from employing or granting privileges to health care professionals who have not received cultural competency training.

Cultural competency and humility are integral parts of quality healthcare as they aid healthcare providers in improving health outcomes, quality of care and patient experience. In the United States, people of color are less likely to receive preventative health services and more likely to receive lower quality care as compared to their white counterparts.¹ They also are more likely to have worse health outcomes for certain health conditions.² When people of color are able to access healthcare, it is critical that healthcare providers are able to effectively communicate and empathize with different cultures to whom they provide care, and HB 639 would require clinicians to acquire the necessary knowledge for working with diverse populations. Key to working with racially and ethnically diverse populations is understanding the barriers that hinder different cultures from attaining good health. Learning cultural humility ("the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the other [person]") is a life-long process of self-exploration,

¹ Martha Hostetter, et. al., *In Focus: Reducing Racial Disparities in Health Care by Confronting Racism* (2018), <https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting>.

² *Id.*

self-critique and willingness to continue learning how to honor the customs, values and beliefs of others.³ If passed, HB 639 could positively impact the way that clinicians hear and treat the health concerns of people of color.

Over the years, the Health Rights Project has grown increasingly concerned about the ability of Maryland's Limited English proficient (LEP) population to access quality healthcare. Maryland has a large population of people who speak a language other than English at home. In 2015, the U.S. Census Bureau reported that of Maryland's total population at the time of the survey (5,467,945 people), 16.7% (914,305) of people spoke a language other than English at home.⁴ More specifically, 347,459 people of the total population spoke English less than "very well."⁵ Given that Maryland's total population has risen since this survey, it is reasonable to believe that Maryland's LEP population has increased as well. Though Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act prohibit discrimination against protected classes by federal funds recipients in administering program activities, we continually see situations in which healthcare providers do not provide interpretation or translation services to LEP individuals trying to access care.

When we have challenged denial of access to care for LEP people, we have heard from some providers that they were not prepared to accommodate language needs of this population. We have also heard accounts from patients and patient advocates of situations where language services were not provided to a patient because the provider believed that the patient could speak more English than they revealed to the provider. The health of the LEP population in Maryland is significantly impacted by failures of healthcare providers to provide language services. Vital information that a LEP patient communicates to their healthcare provider is lost when culturally and linguistically appropriate language services are not provided. This can lead to poor comprehension and adherence to treatment and poor health outcomes, including undiagnosed or untreated illness and death. If passed, HB 639 would require that cultural competency coursework build in training on language and ethnicity. We believe strongly that this type of training is necessary to ensure that LEP populations are not denied access to healthcare and that care is provided in a timely manner.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **HB 639**. If you have any questions, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

³ Amanda Waters, et. al., *Reflections on Cultural Humility* (2013) <https://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility>.

⁴ 2009-2013 American Community Survey, U.S. Census Bureau (October 2015), <https://www2.census.gov/library/data/tables/2008/demo/language-use/2009-2013-ac-s-lang-tables-state.xls?#>.

⁵ *Id.*