

**Senate Bill 5 Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities**  
Finance Committee  
February 2, 2021  
**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present this **testimony in support of Senate Bill 5**.

SB 5 will require the Office of Minority Health and Health Disparities to collect health data that includes race and ethnicity information and to publish that information on its website at least every six months. The bill also requires the completion of implicit bias training for purposes of health occupation licensure/certification and renewal.

Racial and ethnic disparities in the delivery of health care have been extensively documented. Making progress toward eliminating disparities will require widespread, reliable, and consistent data and an appropriately trained workforce. Health data that includes race and ethnicity information is essential to identify the nature and extent of disparities, target quality improvement efforts, and monitor progress. Tracking the racial and ethnic composition and changing health care needs of different populations is vital if our health care system, which includes both public health and the delivery of personal health care services, is to fulfill its essential functions. Measurement, reporting, and benchmarking are critical to improving care.

Ensuring an appropriately trained health care workforce is equally important. Maryland is becoming increasingly diverse. Demographic shifts have profound implications for health and health care because minority populations experience a disproportionate health burden. There are many contributing factors to these disparities, including sociocultural, socioeconomic, behavioral, and biological risk factors, and environmental living conditions ((Robert and House, 2000; Fremont and Bird, 2000; Williams, 1999). The results of implicit bias training in health care will accomplish three goals: 1) determine the degree of different implicit biases across various groups; 2) assess the associations among implicit bias and processes and outcomes of care; and 3) test interventions to reduce implicit bias and discrimination in health care.

The collection of race and ethnicity data and an increased focus on addressing implicit bias is **critical** in the battle to reduce health disparities in our state. For this reason, MHAMD strongly supports SB 5 and urges a favorable report.

*For more information, please contact Derrell Frazier at (443) 854-1413*