

2a - FIN - SB 05 - Implicit Bias Training - Board

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Maryland Board of
Acupuncture
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4766**

February 2, 2021

The Honorable Delores Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: SB 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities – Letter of Support

Dear Chair Kelley and Committee Members:

The Maryland Board of Acupuncture is submitting this letter of support for Senate Bill 5 (SB 5), Implicit Bias Training and the Office of Minority Health and Health Disparities.

As you know, SB 5 will require that all licensed health care practitioners in Maryland, complete an implicit bias training course as a basis for their first renewal after October 1, 2021. The Board believes this training is necessary in today's climate and will be a good first step for the health boards to assist in bringing awareness to unconscious discrimination and improve practitioners' attitudes toward minority groups. The Board believes it is important to educate licensees on potential biases and provide strategies they can apply in their daily lives. The Board looks forward to the implementation of implicit bias training for our licensees.

Thank you for your consideration of this information. If you have questions or need more information, please do not hesitate to contact me at 410-764-4766 or penny.heisler@maryland.gov.
Sincerely,

Penny Heisler

Penny Heisler
Executive Director

The opinion of the Board expressed in this letter of support does not necessarily reflect that of the Department of Health or the Administration.

2b - FIN - SB05 - Implicit Bias Training - Board o

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Maryland Board of Examiners for Audiologists,
Hearing Aid Dispensers & Speech-Language
Pathologists**
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4723

February 2, 2021

The Honorable Delores Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

**RE: SB 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities –
Letter of Support**

Dear Chair Kelley and Committee Members:

The Maryland Board of Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists (the “Board”) is submitting this letter of support for Senate Bill 5 (SB 5), Implicit Bias Training and the Office of Minority Health and Health Disparities.

As you are aware, SB 5 will require that all licensed health care practitioners in Maryland complete an implicit bias training course as a basis for their first renewal after October 1, 2021. The Board believes this training is a critical area of education that should be required of our licensees, to address any such potential discrimination towards minority groups, both inside and outside of clinical practice. The Board is very much in favor of such training counting toward the total continuing education (CEU) that is already in place as part of their renewal requirements, and believes that this training will be accessible via the professional organizations from which our licensees currently obtain CEUs through. The Board looks forward to the critical implementation of implicit bias training for all of the licensees we regulate.

Thank you for your consideration of this information. If you have questions or need more information, please do not hesitate to contact me at 443-915-7981 or candace.robinson@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Candace G. Robinson, Au.D.".

Candace G. Robinson, Au.D.
Executive Director

The opinion of the Board expressed in this letter of support does not necessarily reflect that of the Department of Health or the Administration.

2c -FIN - SB 5 - Implicit Bias training - MHCC - L

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV

STATE OF MARYLAND



Andrew N. Pollak, MD
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 2, 2021

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities – Letter of Support

Dear Chair Kelley and Committee Members:

The Maryland Health Care Commission (MHCC) is submitting this letter of support for Senate Bill 5 (SB 5) – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.

Research has shown that implicit bias can negatively impact both patient experience and patient outcomes. This bill requires the implementation of training programs for health care professionals on implicit bias in the delivery of health care services. The bill applies to health care professions including physicians, nurses, dentists, social workers, psychologists, pharmacists, health educators and other allied health professions. The training would be incorporated as a requirement in the health occupations licensure and certification process. MHCC supports the requirements in SB 5 and believe the training will reduce health care disparities in Maryland.

The bill further requires the MHCC and the Maryland Department of Health Office of Minority Health and Health Disparities (OMHHD) to annually publish a “Health Care Disparities Policy Report Card”. The report is intended to track Maryland’s progress in reducing disparities in access to insurance coverage, the distribution of the healthcare professionals by race and ethnicity, and the continuing differences in morbidity and mortality for various medical conditions that deserve remediation.

MHCC supports this bill as it aligns with work already underway related to our data collection and public reporting initiatives. The MHCC maintains a consumer website that provides quality and performance information on hospitals, nursing homes, assisted living facilities and other health care providers. A major redesign is now underway. Should SB 5 pass, we are

committed to expanding the focus on health disparities in the newly redesigned website. A partnership with OMHHD will enable the organizations to identify effective strategies for collecting, analyzing, and reporting information to the public that facilitates and promotes health equity. We believe that publicly reporting of this information will promote informed decision making among users of health care services and enable policymakers to track progress in achieving health equity.

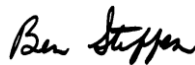
Other states, including Virginia, have taken major steps in developing that track progress in achieving health equity. Now is the time for Maryland to follow the lead of those states.

If you would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov.

Sincerely,



Andrew Pollack
Chair, MHCC



Ben Steffen
Executive Director, MHCC

cc: Senator Griffith
Finance Committee Members

2d -FIN - SB 5 - Implicit Bias training - Board of

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Maryland Board of Physical Therapy Examiners
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4718

February 2, 2021

The Honorable Delores Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: SB 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities – Letter of Support

Dear Chair Kelley and Committee Members:

The Maryland Board of Physical Therapy Examiners (the “Board”) is submitting this letter in support of Senate Bill 5 (SB 5), Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.

SB 5 requires all licensed health care practitioners in Maryland to attest that they completed an implicit bias training program on their first renewal application after October 1, 2021. The Board recognizes the critical importance of implicit bias education for health professionals, particularly given the current national movement towards racial equity and justice, and the ongoing pandemic, which has clearly demonstrated the tragic consequences of health disparities. The Board currently requires 30 hours of continuing education for physical therapists and 20 hours of continuing education for physical therapist assistants, and is in favor of an implicit bias training program being a part of those hours. The Board looks forward to the implementation of implicit bias training for all of our licensees.

Thank you for your consideration of the Board’s support of this important initiative. If you have questions or need more information, please do not hesitate to contact me at (443) 610-8047 or laurie.kendall-ellis@maryland.gov.

Sincerely,

Laurie Kendall-Ellis, PT, CAE
Executive Director

The opinion of the Board expressed in this letter of support does not necessarily reflect that of the Department of Health or the Administration.

2e -FIN - SB 5 - Implicit Bias training - Board of

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Maryland Board of Dietetic Practice
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4733

February 2, 2021

The Honorable Delores Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

**RE: SB 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities –
Letter of Support**

Dear Chair Kelley and Committee Members:

The Maryland Board of Dietetic Practice (the “Board”) is submitting this letter of support for Senate Bill 5 (SB 5), Implicit Bias Training and the Office of Minority Health and Health Disparities.

Pertaining to the Health Occupations Boards, SB 5 will require that all licensed health care practitioners in Maryland complete an implicit bias training course as a basis for their first renewal after October 1, 2021. The Board believes implicit bias training is an important area of education that each health occupations licensee should complete. The Board supports the training to fulfill an education component as part of the 30 continuing education credit hours required for Licensed Dietitian-Nutritionists. The Board looks forward to working with the Office of Minority Health and Health Disparities on the implementation of implicit bias training for our licensees.

Thank you for your consideration of this information. If you have questions or need more information, please do not hesitate to contact me at 410-764-4741 or marie.savage@maryland.gov.

Sincerely,

Marie M. Savage

Marie M. Savage
Executive Director

The opinion of the Board expressed in this letter of support does not necessarily reflect that of the Department of Health or the Administration.

MDDCDAM - SB 5 FAV - Implicit Bias.pdf

Uploaded by: Adams, MD, Joseph

Position: FAV

SB 5 Public Health – Implicit Bias Training and the Office of Minority Health Disparities

Senator Griffith, Lead Sponsors Senate Finance Committee

Hearing: February 2, 2021

SUPPORT

My name is Anika Alvanzo and I am an addiction medicine physician. I appreciate the opportunity to submit written testimony on behalf of The Maryland-DC Society of Addiction Medicine (MDDCSAM). MDDCSAM is a chapter of the American Society of Addiction Medicine and represents physicians and associated healthcare professionals from different disciplines with expertise in treatment of addiction. Our goals are to diagnose, treat, and advocate for people with the chronic disease of addiction and its related problems.

As addiction medicine physicians and other professionals, we treat patients with a disease that has been highly stigmatized and criminalized, with **profound racial and ethnic disparities in the consequences of substance use and differential access to evidence-based treatment**. Thus, we are keenly aware of the importance of **regular collection and dissemination of data to inform health policy designed to mitigate racial and ethnic disparities**. Additionally, we recognize the importance of **having a diverse and inclusive health care workforce, with providers who are aware of their own subconscious prejudices and biases and thus are better equipped to respond to and implement policies designed to advance health equity**.

Therefore, we strongly endorse the legislative package that includes:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill provides funding for the Office of Minority Health and Health Disparities (the Office). Additionally, HB0028 would require that health providers complete an accredited implicit bias training prior to licensure or certification and at least every 2 years thereafter;
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes the Maryland Commission on Health Equity to ensure State agencies use a health equity lens when developing policies, an approach that will enhance the State’s efforts to address social determinants of health; and
- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances the capacity of the Office of Minority Health and Health Disparities to collect and annually disseminate a Health Care Disparities Policy Report Card, inclusive of data on racial and ethnic disparities in medical comorbidities, health insurance coverage and the population of physicians and other health care professionals. This data would be used to guide policy decisions to address health inequities, inclusive of but not limited to establishment of priorities for programs, services, and resources designed to mitigate and eliminate minority health disparities in the State; funding of community-based programs designed to reduce or eliminate these disparities; funding community-based organizations and historically black colleges and universities to research the efficacy and effectiveness of projects targeting at-risk racial and ethnic minority populations; and developing a statewide plan for creating a more racially and ethnically diverse and inclusive health care workforce.

MDDCSAM is committed to being an active participant in addressing health equity. We urge a favorable vote on SB 5.

SB 5 - PGCEX Support.pdf

Uploaded by: Alsobrooks, Angela

Position: FAV



THE PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

BILL: Senate Bill 5 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

SPONSOR: Senator Griffith, *et al.*

HEARING DATE: February 2, 2021

COMMITTEE: Finance

CONTACT: Intergovernmental Affairs Office, 301-780-8411

POSITION: SUPPORT

The Office of the Prince George's County Executive **SUPPORTS Senate Bill 5 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities** which requires health care providers applying for a license renewal to complete an implicit bias training program. The bill also directs the Office of Minority Health and Health Disparities to publish on its website health data including race and ethnicity to be updated at least every six months and mandates an annual appropriation for the Office that is the greater of \$1,788,314 or 1.2% of the total funds appropriated by the Maryland Department of Health.

Implicit biases are beliefs that can affect behavior, even when individuals are not aware that they hold these beliefs.¹ Evidence shows that implicit bias impedes successful communication between patients and their health care providers.² This results in interactions where a patient of colors sees a doctor with implicit bias, and afterwards the patient feels that the doctor does not care about them and that the treatment they've been prescribed may not work.³

We can see the negative effects that stem from implicit biases when comparing maternal and infant health, where they have been identified as a contributing

¹ Project Implicit, "Frequently Asked Questions," <https://implicit.harvard.edu/implicit/faqs.html> (last visited Feb. 25, 2020).

² Howell EA. Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clin Obstet Gynecol.* 2018;61(2):387–399. doi:10.1097/GRF.0000000000000349.

³ Bendix J. How Implicit Bias Harms Patient Care. *Medical Economics Journal.* December 10, 2019; 96(23). <https://www.medicaleconomics.com/view/how-implicit-bias-harms-patient-care> (last visited Jan. 22, 2021).

factor in persistent disparities in United States birth outcomes.⁴ Nationally, black women are four times more likely to die during or after pregnancy than their white counterparts.⁵ In Prince George's County, black women are more likely to have preterm and low birth weight infants compared to other races and ethnicities.⁶ The American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention both recommend implicit bias training to reduce disparities in birth outcomes.⁷ Requiring implicit bias training is an important first step in addressing this problem.

For these reasons, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 5** and asks for a **FAVORABLE** report.

⁴ See Howell, *supra* note 2.

⁵ *Id.*

⁶ Christina Gray & Donna Perkins, Office of Assessment and Planning, Prince George's County Health Dept., 2019 Maternal and Infant Health Report, <https://www.princegeorgescountymd.gov/ArchiveCenter/ViewFile/Item/3107>.

⁷ See The American College of Obstetricians and Gynecologists, *supra* note 2; Centers for Disease Control and Prevention, *supra* note 3.

SB0005-FAV-DTMG-2-2-21.pdf

Uploaded by: Bartlett, Olivia

Position: FAV



Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Finance Committee

Testimony on: SB0005 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

Position: Favorable

Hearing Date: February 2, 2021

Bill Contact: Senator Melony Griffith

DoTheMostGood (DTMG) is a progressive grass-roots organization with more than 2500 members who live in a wide range of communities in Montgomery and Frederick Counties, from Bethesda near the DC line north to Frederick and from Poolesville east to Silver Spring and Olney. DTMG supports legislation and activities that keep its members healthy and safe in a clean environment and which promote equity across all of our diverse communities. DTMG strongly supports SB0005 because overcoming health disparities is an important step in promoting equity and the Implicit Bias Training proposed in SB0005 will go a long way to achieve that goal.

The pandemic has focused national attention on already flagrant disparities in healthcare. COVID-19 has hit minority communities at disproportionately high rates in Maryland. Prince George's County has the highest number of COVID cases in Maryland, and the 20783 zipcode in PG County, a largely immigrant and Latino community, has Maryland's highest number of COVID cases. While Maryland's population is 29.8% black, 36% of COVID-19 deaths are black patients.

Furthermore, studies show that unconscious implicit bias against people of color and women is a barrier to quality care for a wide variety of diseases and conditions. For example:

- Maryland's maternal mortality rate for black women is 3.7 times that of white women due to disparities in maternal and child health care.
- Racial and ethnic minorities and women are subject to less accurate diagnoses, curtailed treatment options, less pain management, and worse clinical outcomes.
- White physicians, particularly males, may associate black patients with being uncooperative and noncompliant, which may limit the extent and quality of the care they receive.
- Black and Hispanic patients are significantly less likely than whites to receive pain medications, even for acute injuries like bone fractures.
- Physicians are less likely to treat suicidal thoughts in elderly patients despite those 85 and older having the second highest rate of suicide of any age group.
- Women are three-times less likely to be referred for total knee replacement than men even when clinically indicated and are less likely to be diagnosed with chronic obstructive pulmonary disease than men despite having similar histories and medical examinations.

SB005 directly addresses health care disparities caused by implicit bias by mandating both data collection and training of health care professionals.

SB0005 will expand the collection of health data by the Office of Minority Health and Health Disparities to include race and ethnicity information in the Maryland Policy Report card – last done in 2010. This data should be submitted yearly and updated every 6 months. SB0005 also mandates implicit bias training for all licensed and certified health care providers.

Importantly, SB0005 includes dedicated funding for the Office of Minority Health and Health Disparities to carry out the data collection and to identify and approve appropriate bias training courses.

The saying goes “an ounce of prevention is better than a pound of cure.” SB0005 directly addresses prevention of implicit bias which will improve health care and increase equity. Therefore, DTMG strongly supports SB0005 and urges a **FAVORABLE** report on this bill.

Respectfully submitted,

Olivia Bartlett
Co-lead, DoTheMostGood Maryland Team
olviabartlett@verizon.net
240-751-5599

SB 5_PJC_Black_Support.pdf

Uploaded by: Black, Ashley

Position: FAV



Ashley Black, Staff Attorney
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
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blacka@publicjustice.org

SB 5

Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
Hearing of the Senate Finance Committee
February 2, 2021
1:00 PM

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 SB 5, which would require the Maryland Office of Minority Health and Health Disparities (OMHHD) to update and publish its public health data that includes race and ethnicity every 6 months. The bill would also provide additional funding to OMHHD and require it to identify and approve implicit bias training programs for licensure and certification for health occupations.

Timely and accurate health data is crucial to eliminating racial disparities in health outcomes. At one time, OMHHD maintained and reported data on certain chronic health conditions by race and ethnicity as well as statistics on Marylanders with limited English proficiency. However, that data became severely outdated and unusable in the state's efforts to reduce and eliminate racial disparities in Maryland. Though the website now houses recent COVID-19 data related to race and ethnicity, the most recent health data related to race and ethnicity for other health conditions is from 2013. By failing to collect and publish recent health data, OHMMD cannot meet its mission to address social determinants of health, eliminate health disparities and guide policy decisions on behalf of the state. Likewise, Maryland cannot address the health disparities that COVID-19 has created and exacerbated without this data. SB 5 will finally hold OMHHD accountable for keeping state officials and community members informed on health disparities in Maryland.

OHMMD needs additional funding to continue its work of achieving health equity in Maryland. OHMMD envisions a Maryland where "all individuals and communities have the opportunity and access to achieve and maintain good health."¹ However, the Office currently relies on limited federal and special funding to supplement its state funding.

¹ Maryland Office of Minority Health and Health Disparities, <https://health.maryland.gov/mhhd/Pages/home.aspx> (last visited on January 21, 2021).

SB 5 would require the Governor to appropriate a portion of the Department of Health's total budget to OHMMD. This funding demonstrates a commitment from the State to address health disparities and would enable OHMMD to increase its community outreach and education efforts, technical assistance and training to health providers, and data collection.

Implicit bias training can help reduce health disparities among patients. 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.² They also are more likely to have worse health outcomes for certain health conditions.³ Research supports that implicit bias, subconscious assumptions that we make about the world around us, can negatively impact the way that clinicians provide care to patients and discuss treatment options. Compounding these factors are the many barriers to healthcare that disproportionately affect people of color, such as segregation in low-income neighborhoods that have poor housing, limited access to healthy food, insufficient transportation options, and few nearby health provider locations. By requiring healthcare professionals to complete evidence-based implicit bias training, SB 5 recognizes that we cannot eliminate racial disparities in health outcomes without first addressing the implicit bias that plagues our healthcare system. By passing this bill, Maryland would be joining the state of California which signed into law a bill that requires implicit bias training for health care providers.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 5**. If you have any questions, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

² 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>.

³ *Id.*

SB 5_RHEAM_Support.pdf

Uploaded by: Black, Ashley

Position: FAV



Andrea Williams-Muhammad, Co-Chair

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Ashley Black, Esq., Co-Chair

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SB 5

Public Health- Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing of the Senate Finance Committee

February 2, 2021

1:00 PM

SUPPORT

The Reproductive Health Equity Alliance of Maryland is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality reproductive, pregnancy and infant health options designed to build healthy and stable families of color. Among our advocacy priorities is implicit-bias training for professionals and community support specialists along all spectrums of maternal and infant health. We strongly support SB 5, which is another step forward in our state's efforts to dismantle health disparities, particularly for those who continue to face challenges with systems and institutions with both implicit and explicit racially discriminatory practices and policies.

We believe that understanding how personal biases on the part of those supporting birthing persons has a direct impact on outcomes is vital to reducing disparities. As a coalition, we've supported legislation in previous General Assembly sessions to address birth disparities among Black and Brown communities. In our society, implicit bias has become an umbrella term that puts a name to preconceived beliefs that impact how we view people who may be different from us. When considering how this term relates to race, it is an acknowledgement of how much work there is left to be done in order to produce equity among all races and ethnicities. Our alliance members have committed countless hours to learning about, advocating for, and educating others on how to create safe, equitable spaces. During that time, our team has come to learn that, to date, there is a critical need for accurate and aggregate data to understand not only the impact of implicit bias, but also the effectiveness of proposed interventions. However, there is so much more work needed to grasp the attention of those exercising implicit bias.

By requiring the Office of Minority Health and Health Disparities (OMHHD) to collect vital data on race and ethnicity, SB 5 will allow other key stakeholders across the state to access data that is currently not available. The collection, analysis, and publication of such data allows for transparency in the effectiveness of current efforts to eliminate health disparities as well as targeting key areas within the state in which more attention and programming should be focused. In order to solve the challenges of systemic racism, we must know where target populations reside and how current programming is addressing their needs and challenges.

Data, the driving force in any system analysis, should be done efficiently and through a lens and scope of practice specifically designed to capture key data sets and trends. SB 5 will strengthen the capacity to develop programming and policy on the local and state levels, as well as community-based public health entities currently working with these communities. Understanding the correlation between race, ethnicity and the effectiveness of implicit bias training is crucial to our understanding of the challenges to improving health outcomes. Providing OMHHD with sustainable funding to continue their efforts to improve health for minorities is needed for the state of Maryland to fulfill its commitment to improving health outcomes for all of its residents.

For these reasons, we urge this committee to issue a **favorable** report on **SB 5**. Thank you for your time and consideration. Please do not hesitate to contact Andrea Williams-Muhammad at 443-452-7283 or andnic.williams@gmail.com or Ashley Black at 410-625-9409, ext. 224 or blacka@publicjustice.org if you have any questions about this testimony.

SB 5- Public Health Implicit Bias Training and th

Uploaded by: Braithwaite, Shamonda

Position: FAV



Maryland
Hospital Association

Senate Bill 5- Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

Position: Support
February 2, 2021
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 5.

Unequivocally, 2020 was the year of the syndemic— the “compounding effect of multiple, distinct health catastrophes.”¹ The COVID-19 pandemic stretched our hospitals and health care systems beyond what we thought was imaginable, while underscoring the longstanding epidemic of racial inequity in the United States. In Maryland and nationally, population adjusted data shows that Black and Hispanic people have been disparately impacted by COVID-19 with higher cases, hospitalizations and deaths compared with Whites.^{2,3} These negative outcomes likely stem from well-documented inequities in access and care delivery.⁴ Even among children, who were less affected by the virus, 70% of those who contract Multisystem Inflammatory Syndrome, a rare condition associated with COVID-19, are Black and Hispanic.⁵

Racism is a public health crisis. Inequities in health care access and quality and outcomes of care harm the health of our whole community. Last year Maryland hospitals supported legislation to require implicit bias training for maternal health care providers. The disparities in maternal health outcomes for Black women are stark and persist regardless of income, level of education, socio-economic status, and access to care.⁶ Maryland’s birthing hospitals are working with state partners to implement the training and improve quality. Unfortunately, disparities and inequities exist across all health settings, not just maternal health.

As part of MHA’s [commitment to racial equity](#), Maryland hospitals are evaluating organizational values to ensure they promote equity and inclusion. We are working with members of our

¹ WIRED. (June 5, 2020). [Covid-19 Cases Were Already Rising Before the George Floyd Protests](#)

² Maryland Department of Health - Coronavirus Disease 2019 (COVID-19) Outbreak Dashboard

³ Population – United States Census Bureau, 2019: Population, Population Change, and Estimated Components of Population Change

⁴ Kaiser Family Foundation. (September 16, 2020). [Analysis of Epic Electronic Health Record Data Shows People of Color Fare Worse than White Patients at Every Stage of the COVID-19 Pandemic, Including Higher Rates of Infection, Hospitalization and Death](#)

⁵ Centers for Disease Control and Prevention. (January 8, 2021). [Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children \(MIS-C\) in the United States](#)

⁶ Centers for Disease Control and Prevention. (September 6, 2019). [Racial/Ethnic Disparities in Pregnancy-Related Deaths- United States, 2007-2016](#).

Diversity, Equity & Inclusion Advisory Group and Health Equity Task Force to equip hospital leaders to address race while understanding their own biases. Hospitals are committed to embracing culturally competent care to address disparities in health outcomes and ensure all Marylanders have the opportunity to be as healthy as possible.

Everyone can help dismantle systemic racism. SB 5 engages health care providers by requiring those licensed by a health occupations board to complete implicit bias training to renew their license or certificate. The first step to curb unconscious bias is to recognize that it exists. Implicit bias training offers this opportunity for self-reflection and education.⁷ Expanding this requirement to all health care providers encourages discourse and empathy for patients who interact with providers who do not look like them or identify with their social or cultural history.

The Office of Minority Health and Health Disparities has historically been under resourced and limited in its ability to address the health disparities. Past legislation, although well-intentioned, did little to expand the Office's authority. SB 5 requires the Governor to include a \$1.7-million annual appropriation to ensure this office can engage in the critical work it was created to undertake. Under our unique Total Cost of Care Model, Maryland recently committed to reduce rates of severe maternal morbidity, uncontrolled asthma in children, and the impact of diabetes within the next three-to-five years. These priorities were chosen, in part, because of the wide disparities in outcomes by race and ethnicity. Our state can only meet these aggressive targets if we improve the health of Black Marylanders, who disproportionately suffer from those conditions. It is critical that the State use every available resource to address the disproportionate impact on historically marginalized populations. The Office of Minority Health and Health Disparities could have a key role in addressing health disparities and advancing the health of all Marylanders if given the opportunity, authority, and resources to do so.

For these reasons, we request a favorable report on SB 5.

For more information, please contact:
Shamonda Braithwaite Director, Quality & Health Improvement
sbraithwaite@mhaonline.org

⁷ American Medical Association. (2019). [Cultural Humility & Implicit Bias: Moving Toward Equitable Healthcare](#)

MAND - Support - SB 5 - Implicit Bias Training.pdf

Uploaded by: Brocato, Barbara

Position: FAV

MARYLAND ACADEMY OF NUTRITION AND DIETETICS



Date: February 2, 2021

Bill: SB 5 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

Committee: Senate Finance Committee
The Honorable Delores Kelley, Chair

Position: Support

The Maryland Academy of Nutrition and Dietetics (MAND), is an organization representing approximately 1,200 licensed dietitians and nutritionists, dietetic interns, and students within the state of Maryland. We support the goals of this legislation to require the Cultural and Linguistic Health Care Professional Competency Program to identify and approve certain implicit bias training programs.

Additional training requirements that ensure health care providers, including registered dietitian nutritionists, are better able to address their own internal biases related to race, gender and other social categories is something the Academy supports. In a recent statement, Academy President Linda T. Farr, RDN, CSOWM, LD, FAND, stated that “[t]he Academy of Nutrition and Dietetics believes American society, leaders and organizations must commit to doing more to address systemic racism and pervasive inequities across all facets of society.” This bill embodies that sentiment and works toward broader goals related to diversity, equity and inclusion the Academy is committed to.

For these reasons we ask for a FAVORABLE report on Senate Bill 5.

Dr. Glenda L. Lindsey , Dr. PH, MS, RDN, LDN
Public Policy Coordinator
Public Policy Panel

Helene Fletcher MS, RDN, LDN
MAND President

Health Care for the Homeless - SB 5 FAV - Implicit

Uploaded by: Diamond, Joanna

Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 5 - PUBLIC HEALTH – IMPLICIT BIAS TRAINING AND THE
OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES

Senate Finance Committee
February 2, 2021



Health Care for the Homeless strongly supports SB 5, which would require the Office of Minority Health and Health Disparities to publish health data that includes race and ethnicity information and would require the Governor to include at least \$1.8 million in the annual budget for the Office of Minority Health and Health Disparities beginning in FY 2023.

Health Care for the Homeless is deeply committed to deliberately addressing racial inequities, racial disparities and system racism. Our society is rife with both interpersonal and institutional racism, and our workplace is no different. The challenge now is to acknowledge this and then to address it in a deliberate and transparent manner. It is critical that our approach be grounded in data collection and analyses, policies and practices that replace systemic racialization with systemic equity. This bill speaks directly to those actions.

Addressing REI is a formidable, yet necessary task within the health care setting, where health disparities are highest among communities of color. Data can help guide how health care providers, like Health Care for the Homeless, approach its work and provide services. We must develop an understanding of the drivers of social determinants of health that drive, among other things, homelessness. Such an understanding is a critical step to understanding the health disparities that exist. For instance, patients in health care settings have raised concerns about the lack of diversity when it comes to choosing a health provider. They have expressed frustration around an inability to be genuinely transparent, convey true feelings, or be understood by white providers. This discomfort has readily led clients to vocalize a desire to transfer to different health care clinics. Clients have often stated that having a diverse provider pool can be life-changing. According to a Stanford study *Does Diversity Matter for Health? Experimental Evidence from Oakland* (2018),

African American males are more likely to talk with a black doctor about their health problems and black doctors are more likely to write additional notes about the subjects. The results are most consistent with better patient-doctor communication during the encounter rather than discrimination or measures of doctor quality and effort. Our findings suggest black doctors could help reduce

cardiovascular mortality by 16 deaths per 100,000 per year leading to a 19% reduction in the black-white male gap in cardiovascular mortality (Alsan et al., 2018).¹

The study indicates the role and importance communication, trust and familiarity plays in the field of health equity.

Research also indicates that the level of cultural mistrust of Black patients for the health care system significantly impacts their willingness to seek out care (Brooks and Hopkins, 2017).² A trustful patient-provider relationship is a strong predictor of both a positive patient experience and positive patient outcomes (Earl, et. al., 2013).³

This bill is a critical step to addressing these pervasive racial and ethnic disparities in our health care system. We urge a favorable report.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

¹ Alsan, M., Garrick, O., & Graziani, G. (2018). Does diversity matter for health? Experimental evidence from Oakland. Stanford Institute for Economic Policy Research (SIEPR), 18–30.

² Brooks and Hopkins. (2017). *Cultural Mistrust and Health Care Utilization: The Effects of a Culturally Responsive Cognitive Intervention*. Journal of Black Studies 48(8) 816-834.
<https://journals.sagepub.com/doi/abs/10.1177/0021934717728454?journalCode=jbsa>

³ Bersin, J. (2013). *Why Diversity and Inclusion Will Be a Top Priority in 2016*. Forbes.
<https://www.forbes.com/sites/joshbersin/2015/12/06/why-diversity-and-inclusion-will-be-a-top-priority-for-2016/#6777d1942ed5>

LoS - Implicit Bias Training - Public Health.pdf

Uploaded by: Dove, Spencer

Position: FAV

State of Maryland

Commission on Civil Rights

“Our vision is to have a State that is free from any trace of unlawful discrimination.”



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Jeff Rosen
Gina McKnight-Smith, PharmD, MBA

February 2, 2021

Senate Bill 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities POSITION: Support

Dear Chairperson Kelley, Vice Chairperson Feldman, and Members of the Senate Finance Committee:

The Maryland Commission on Civil Rights (“MCCR”; “The Commission”) is the State agency responsible for the enforcement of laws prohibiting discrimination in employment, housing, public accommodations, and state contracts based upon race, color, religion, sex, age, national origin, marital status, familial status, sexual orientation, gender identity, genetic information, physical and mental disability, and source of income.

Senate Bill 5 requires the Office of Minority Health & Health Disparities to identify and approve implicit bias training programs for licensed health professionals, who must attest that they have completed such training when applying for or renewing a license or certificate to practice medicine in the State of Maryland. The bill includes mandated funding and reporting provisions, while authorizing the Office to seek supplemental grant funding from federal and special fund sources.

The Maryland Commission on Civil Rights supports SB5 given the correlation between the measures this bill seeks to codify and those outlined in §19-355 of the Health General Article, which prohibits a hospital or related institution from discriminating against any individual with respect to medical care because of their protected class. Despite Maryland’s success in expanding access to health care for all over the past decade, much work remains to be done in order to achieve health care parity, especially for minority groups and other marginalized groups. MCCR believes that SB5 will provide vital education to our licensed health care professionals, thereby moving Maryland closer to realizing our collective vision of a health care system that is free from any trace of unlawful discrimination. MCCR believes that SB5 will be an important tool in educating our licensed health professionals in the hope of achieving a health care system in Maryland that is free from any trace of unlawful discrimination.

Headlines were made in December, 2020, when Dr. Susan Moore of Indiana complained on a series of social media posts of being subjected to discriminatory behavior by doctors while she was hospitalized for COVID-19. On December 4, Dr. Moore stated, “I put forth and maintain, if

I was white, I wouldn't have to go through that... This is how Black people get killed, when you send them home, and they don't know how to fight for themselves." She was discharged from Indiana University Health System on December 7, only to again be hospitalized 12 hours later at Ascension St. Vincent. While she said she was receiving better care at Ascension, Dr. Moore died soon thereafter on December 20. Dr. Moore's story is not unique to Indiana, and Maryland is not immune from similar instances. We must remain steadfast and proactive in our efforts to prevent each and every Marylander from being victims of unlawful discrimination in any form.

For these reasons, MCCR urges a favorable vote on SB5. Thank you for your time and consideration of the information contained in this letter. The Maryland Commission on Civil Rights looks forward to the continued opportunity to work with you to improve and promote civil rights in Maryland.

2021 ACNM SB 5 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee
Bill Number: Senate Bill 5
Title: Implicit Bias Training and the Office of Minority Health and Health Equity
Hearing Date: February 2, 2021
Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports Senate Bill 5 as part of a comprehensive legislative package to address health equity issues. ACNM is committed to advancing positive health outcomes for all disenfranchised communities and specifically Black and brown communities. The health equity legislative package includes:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** It is critical that all health care practitioners complete implicit bias training. We supported House Bill 837 in 2020 as a first step. House Bill 837 required facilities to ensure prenatal and postpartum providers received implicit bias training. Senate Bill 5 requires implicit bias training for all health care providers across the full continuum of services; and
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill requires State agencies to address health equity across all policy areas by the establishment of a commission. The bill is named in honor of Senator Shirley Nathan-Pulliam, who is still leading the State’s advocacy efforts on health equity in her retirement.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MCHS SB 5 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill Number: Senate Bill 5 - Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing Date: February 2, 2021

Position: Support

The Maryland Community Health System (MCHS) supports *Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. As a network of federally qualified health centers, MCHS is committed to advancing health equity in all of our communities across Maryland. We are advocating for the legislative package dedicated to health equity:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill advances two critical goals: 1) Ensuring all health care practitioners receive implicit bias training. This training is an important component of efforts to eliminate bias and institutional racism in the health care system; 2) Ensuring that the Office of Minority Health and Health Disparities has sufficient funding to support its mission to address health disparities and advance health equity; and
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes a commission of state agency leadership to examine State policies with a health equity lens. The Commission will support the State’s efforts to address social determinants of health, such as housing and transportation. The bill honors the work of retired Senator Shirley-Nathan Pulliam, who has been instrumental in advancing the State’s work to address health disparities.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

**5850 Waterloo Road, Suite 140, Columbia, Maryland 21045
410-761-8100**

2021 MDAC SB 5 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee

Bill Number: Senate Bill 5 - Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing Date: February 2, 2021

Position: Support

The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. MDAC strongly supports prioritizing health equity issues, as there is stark evidence of the impact of inequities in oral health. For example, the rate of untreated tooth decay among children age 2 to 9 points to wide gaps for Black and brown communities: 67.9% for non-Hispanic Black children, 70.5% for Mexican American children, and 57.2 % for non-Hispanic white children.¹ This statistic demonstrates why MDAC supports the following legislative package:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** The bill requires all health care practitioners, including dental providers, to receive implicit bias training. Implicit bias training is an important strategy in addressing systemic racism in our health care system. The bill also requires the State to make an investment in addressing health equity by mandating funding for the Office of Minority Health and Health Disparities.
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** The bill supports the State’s efforts to address social determinants of health. Almost all State agencies would have seats on the Maryland Commission on Health Equity. The Commission would create a mechanism to infuse policies in all arenas, from transportation to housing, with a health equity perspective.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

ⁱ Oral Health in America: A Report of the Surgeon General, 2020.

<https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>

Optimal Oral Health for All Marylanders

2021 MFeast SB 5 Senate Side.docx.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 5 - Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing Date: February 2, 2021

Position: Support

Moveable Feast supports *Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. This bill is an important component of a legislative package to advance health equity in Maryland. Racism is a driving force of the social determinants of health including food security and is a barrier to health equity. Moveable Feast is supportive of these efforts because of our commitment to improve the lives and health of Marylanders who live at the intersection of food insecurity and critical illness. Therefore, we support the legislative package that includes:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** The bill requires all licensed health care practitioners to complete implicit bias training upon their next licensure renewal cycle. The timeline conveys the urgency of the addressing implicit bias within the health care system. The bill also ensure that there is sufficient funding for the Office of Minority Health and Health Disparities;
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes a commission to ensure State agencies develop policies through a health equity lens. This approach will enhance the State’s efforts in addressing social determinants of health including food security, affordable housing, and accessible transportation.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • www.mfeast.org

Moveable Feast is a 501 (c)(3) charitable organization, contributions to which are tax-deductible. A copy of our current financial statement is available upon request by contacting our accounting office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.

2021 MNA SB 5 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 5 - Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing Date: February 2, 2021

Position: Support

The Maryland Nurses Association (MNA) supports *House Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. MNA is supportive of the bill as one provision of a critical package of bills to address health equity issues. We must address the system issues that contribute to poor health outcomes for Black, brown, and disadvantaged communities. This package of bills continues the work begun by former State Senator Shirley Nathan-Pulliam, who as a nurse legislator, began educating policymakers about the issue decades ago:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill requires all licensed or certified health care providers to complete implicit bias training before the next renewal cycle. This training supports practitioners in their efforts to eliminate implicit bias in clinical practice. The bill also ensures that there are sufficient resources for the work of the Office of Minority Health and Health Disparities; and
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** The bill requires the formation of a Commission, consisting of leadership in State agencies, to ensure that all State policy decisions are made with a health equity lens. This critical bill brings a public health perspective to transportation, workforce development, environmental, and other policy areas.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 PPM SB 5 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Finance Committee

Bill Number: Senate Bill 5 - Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing Date: February 2, 2021

Position: Support

Planned Parenthood of Maryland supports *Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. Planned Parenthood of Maryland’s mission is to support equity for all Marylanders. We support health policies that focus on Black and brown communities, as institutional racism has had an enduring negative impact on health outcomes. As part of our legislative advocacy, we support the legislative package that includes the following critical bills :

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities:** Implicit bias profoundly affects the delivery of health care services. We support the bill’s goal on ensuring all health care practitioners complete implicit bias training. We also support the bill’s focus on ensuring the State invests resources into the Office of Minority Health and Health Disparities; and
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** In honor of former State Senator Shirley Nathan-Pulliam, this bill creates a commission that focuses State agencies on addressing social determinants of health including affordable housing, stable employment, and sufficient transportation options; and

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB 5 MAS Letter of Testimony.pdf

Uploaded by: Evans, Hayley

Position: FAV

Senator Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

Senator Guy Guzzone, Chair
Senate Budget and Taxation Committee
3 West, Miller Senate Office Building
Annapolis, MD 21401



The Maryland
Acupuncture
Society, Inc.

January 21, 2021

Re: SENATE BILL 5 – FAVORABLE – PUBLIC HEALTH – IMPLICIT BIAS TRAINING AND THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES.

Dear Chairman Kelley and Chairman Guzzone:

Please accept this letter on behalf of the Maryland Acupuncture Society (“MAS”) as our support of Senate Bill 5– Implicit Bias Training and the Office of Minority Health and Health Disparities. MAS represents over 1000 licensed practitioners throughout the State of Maryland and we are in strong support of this bill.

Senate Bill 5 would directly address the problem of implicit bias and racism in the health care field. The existence of racism and implicit bias in health care needs to be considered a public health crisis and addressed immediately. Organizations such as the American Public Health Association, the American Medical Association, the American Academy of Pediatrics, and the American College of Emergency Physicians have all recognized the negative impact on public health as a result of implicit biases.

Implicit attitudes and beliefs are one of the factors that contribute to health disparities for people of color. As a field, we cannot continue to let this happen. It is our position that all healthcare providers be responsible for the awareness of implicit biases to be renewed on a continual basis in order to address widespread racial health disparities. For the reasons stated above we **SUPPORT** SB 5. Thank you for your consideration of this important piece of legislation and please do not hesitate to contact us should you have any questions.

Sincerely,

Denise Tyson
President
Maryland Acupuncture Society

2021 MOTA SB 5 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee: Senate Finance Committee
Bill Number: Senate Bill 5
Title: Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
Hearing Date: February 2, 2021
Position: Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities*. This requires all licensed and certified health care providers to complete implicit bias training; establishes annual funding for the Office of Minority Health and Health Disparities; and established requirements for the collection and reporting of data.

Occupational therapy practitioners work in a variety of settings and with a multitude of populations groups. This includes education settings working with students with disabilities, older adults in assisted living and nursing homes, and children and adults of all ages in hospitals and outpatient community health settings. With this, we understand the importance of continuing education courses focused on implicit bias and support the efforts of this bill.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 NASW SB 5 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Testimony before the House Health and Government Operations Committee

****Support****

SB 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health

February 2, 2021

Maryland’s Chapter of the National Association of Social Workers (NASW-MD), which represents professional social workers across the state, supports SB 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities. This bill requires implicit bias training of all licensed health care professionals when they renew their licenses.

Normally we oppose this sort of legislation, because beyond Ethics training it is hard to say that there is any one topic which all health care professionals need and we don’t like to limit the choices that our professionals have to choose from to make up their bi-annual requirement of 40 CEUs. However, it has become painfully clear that racism is a serious problem in our country and that it is structural and imbedded in all of our professions and institutions. Therefore, last year after a good deal of racial unrest in our country the “Social Workers Unraveling Racism” (SWUR) Committee of our Chapter circulated a petition which was subsequently sent to the Board of Social Work Examiners (BSWE) with over 400 signatures. The petition read as follows:

“Petition to Maryland Board of Social Workers Examiners to Add a Requirement for 3 Category 1 CEUs in Anti-racism for Bi-annual Licensure Renewal.

Statement of Intent: We the undersigned licensed Maryland social workers believe that it is important that members of our profession be a part of the solution when it comes to issues of social injustice. Given the importance of the issue and the urgency of the times in which we are living, we are petitioning the Board of Social Work Examiners to add a requirement of three Category I CEUs in anti-racism work for bi-annual licensure renewal.

Recognizing the importance of anti-racism work, NASW has issued several statements in response to the current crisis in many cities across the country. The work of ending racism against people of color on a national level begins with each of us doing our part on a local level. This begins with educating ourselves beyond cultural competence. Practicing in a culturally competent way is an important standard of our profession; however, committing to understand the culture of another is not the same as committing to fight for social justice specifically by challenging individual and structural racism.

We therefore look forward to the Board of Social Work Examiner’s addition of 3 Category 1 CEUs in Anti-Racism to the requirements for bi-annual licensure renewal.”

The BSWE took a favorable view of the petition and it is our understanding that they are currently working on regulations to add such training to the CE requirements for social workers. Since SB 5 seems to be in keeping of our concerns for training in anti-racism we believe that it is a good idea and should be encouraged. We ask that you give a favorable report on SB 5.

We ask that you give a favorable report on SB 5.

Respectfully,

Daphne McClellan, Ph.D., MSW
Executive Director, NASW-MD

5750 Executive Drive, Suite 100, Baltimore, MD 21228
(410) 788-1066 · FAX (410) 747-0635 · nasw.md@verizon.net · www.nasw-md.org

SB 0005 Public Health-Implicit Bias.pdf

Uploaded by: frazier, derrell

Position: FAV

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

SB0005 -- 02.02.21-- Public Health - Implicit Bias

Uploaded by: Fry, Donald

Position: FAV



POSITION STATEMENT

TESTIMONY PRESENTED TO THE SENATE FINANCE COMMITTEE

SENATE BILL 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

Sponsor: Senators Griffith, Benson, Ellis, Kelley, Washington, and West

February 2, 2021

DONALD C. FRY
PRESIDENT & CEO
GREATER BALTIMORE COMMITTEE

Position: Support

The Greater Baltimore Committee (GBC) supports Senate Bill 5, which would require the Office of Minority Health and Health Disparities to publish health data that includes race and ethnicity information collected by the Office and to provide updates at least every 6 months. It would also require the Governor, beginning in fiscal year 2023, to include an appropriation of at least \$1,788,314 in the annual budget bill for the Office and would require the Cultural and Linguistic Health Care Professional Competency Program to identify and approve certain implicit bias training programs.

The coronavirus pandemic has brought to the forefront of the American consciousness a hard truth that has existed since the founding of this country: minorities, and especially African-Americans, are systematically denied equal access to health care and suffer as a result. The Centers for Disease Control (CDC) reports that minorities are at a higher risk of getting sick and dying from COVID-19 for the following reasons:

- **Discrimination:** Minorities experience systematic exclusion and limited access to, housing, education, finance, among other vectors.
- **Healthcare Access:** Minorities are more likely to be uninsured and are more likely to distrust the government and healthcare systems due to historical events such as the Tuskegee Syphilis Study that forcibly sterilized African-American men without their knowledge or consent.
- **Occupation:** Minorities form a disproportional percentage of essential workers, thereby increasing exposure risk.
- **Education, Wealth, and Income Gap:** Minorities are less likely to receive high quality education, limiting access to job opportunities and in turn leaving them little choice but to continue working in industries or jobs that increase their risk of exposure.
- **Housing:** Minorities make up a high percentage of urban populations, which in the case of a pandemic, increases their risk of virus transmission simply based on the increased population density.

Given these facts, it is no wonder Indigenous Americans, African-Americans, Hispanic-Americans, and Asian Americans are all more likely than their White American counterparts to contract COVID-19, be hospitalized as a result, or to die from the virus.

GREATER BALTIMORE COMMITTEE

111 South Calvert Street • Suite 1700 • Baltimore, Maryland • 21202-6180

(410) 727-2820 • www.gbc.org

Senate Bill 5 would allow us to begin to address some of these health inequities. The bill would require regular updates and public posting of certain health data including race and ethnicity. It would also provide an appropriation for the Office of Minority Health and Health Disparities and would require the Cultural and Linguistic Health Care Professional Competency Program to identify and approve certain implicit bias training programs. All of these are crucial steps in mitigating the effects of health inequities imposed on minorities and is necessary for the economic prosperity of not just minorities but all Marylanders.

The GBC published a report *Gaining a Competitive Edge: Keys to Economic Growth and Job Creation in Maryland* to outline our organization's findings of policies and strategies that would position Maryland to compete in the global economy. One of those pillars was **strategic and effective state investments in business growth**. In our view, investments in the health of Marylanders is an investment in business growth. Employees are the backbone of all businesses, and investing in health care solutions for the Marylanders that make up the workforce is a direct benefit for businesses.

For these reasons, the Greater Baltimore Committee urges a favorable report on Senate Bill 5.

Click [here](#) for a comprehensive list of the GBC's 2021 legislative priorities.

The Greater Baltimore Committee (GBC) is a non-partisan, independent, regional business advocacy organization comprised of hundreds of businesses -- large, medium and small -- educational institutions, nonprofit organizations and foundations located in Anne Arundel, Baltimore, Carroll, Harford, and Howard counties as well as Baltimore City. The GBC is a 66-year-old, private-sector membership organization with a rich legacy of working with government to find solutions to problems that negatively affect our competitiveness and viability.

Johns Hopkins - S. Golden - SB 5 Public Health - I

Uploaded by: Golden, Sherita

Position: FAV

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Dr. Sherita Hill Golden, M.D., M.H.S.
Hugh P. McCormick Family Professor of Endocrinology and Metabolism
Vice President, Chief Diversity Officer, Johns Hopkins Medicine

DATE: February 2, 2021

Johns Hopkins University and Medicine supports **Senate Bill 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities**. This bill would authorize the Office of Minority Health and Health Disparities (“Office”) to publish on its website health data that includes race and ethnicity information that would be updated, at least, every six months. It would also require the Governor to include in the annual budget bill an appropriation for the Office in the amount of, at least, \$1,788,314 or 1.2% of the total funds appropriated to the Department for the fiscal year, beginning in fiscal year 2023 and thereafter. This bill will also mandate the Cultural and Linguistic Health Care Professional Competency Program (“Program”), in collaboration with the Office, to identify and approve implicit bias training programs that an individual may complete to satisfy the requirements of the various state health occupations boards. An applicant for a new license or the renewal of a license or certificate issued by the state health occupations board will have to attest to having completed an implicit bias training program approved by the Program.

Diversity and inclusion is a core value of Johns Hopkins Medicine. As an institution it remains dedicated and committed to reducing health disparities that are present throughout the State of Maryland. Health disparities, unfortunately, have been a long-standing systemic problem in the Black, Hispanic, and Indigenous communities. The COVID-19 pandemic has only further exacerbated these disparities and has heightened the need for this and other legislation aimed at reducing this blight in our communities. Nationally, Black and Indigenous Americans continue to suffer the highest mortality, with both groups experiencing a COVID-19 death toll exceeding 1 in 750. Latino, Black, and Indigenous Americans all have COVID-19 death rates of double or more that of White and Asian Americans (<https://www.apmresearchlab.org/covid/deaths-by-race>). In Maryland African Americans/Blacks are 29% of the population but account for 33% of COVID-19 cases and 36% of COVID-19 deaths; Latinx account for 10% of our state’s population but 19% of COVID-19 cases (<https://covidtracking.com/race/dashboard#state-md>).

Unfortunately, implicit biases likely play a significant role in perpetuating these health disparities and inequities that have plagued the Black and Brown communities for generations. Implicit bias in health care must be addressed. These biases prove to be a barrier to patient care and may negatively impact access to important resources. Implicit biases may affect treatment through the effects on interpersonal communication and

Government and Community Affairs

medical decision making. Those negative interactions may then contribute to a lack of trust in the health care system by certain communities, leading to poor outcomes or creating barriers to treatment plan adherence. For real change to occur, these biases must be exposed, challenged, and mitigated. Mandating unconscious or implicit bias training is an initial step in the right direction to address this enormous problem. Assurance that proactive steps are being taken to eliminate implicit bias among health care providers brings a level of trust that enables all patients to take responsibility for their health care needs in partnership with their care providers.

Eliminating health disparities is critical **now!** While the measures included in this bill are not a panacea to these challenges, this bill is the first of many necessary steps, in reducing health disparities. At Johns Hopkins Medicine, we recognized the critical need for this type of training and we will execute mandated unconscious and implicit bias training for managers and above starting in February 2021. We will require unconscious bias training for health professionals, every two years, and are using an evidence-based approach shown to reduce bias, improve climate, and increase hiring of diverse health care providers. House Bill 28 would create another opportunity for creating an equitable, inclusive environment for health care delivery to which all of our patients are entitled. Johns Hopkins University and Medicine urges a **favorable report on Senate Bill 5 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.**

cc: Members of the Senate Finance Committee
Senator Melony Griffith

SB 5 Testimony.pdf

Uploaded by: Griffith, Melony

Position: FAV

MELONY G. GRIFFITH
Legislative District 25
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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 2, 2021

Testimony in Favor of SB0005

Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities

Good afternoon Chair Kelley, Vice Chair Feldman and the members of the Committee. I am here to request a favorable report on Senate Bill 5 Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities. This bill has two working parts to potentially drastically reduce implicit biases in Maryland's healthcare system.

1. Senate Bill 5 will expand the data reporting requirements of the Office of Minority Health and Health Disparities to include racial and ethnic data in their annual healthcare disparity policy report cards. Currently there is a requirement that the report card be done annually and published on the Maryland Department of Health website, however it has not been done since 2010. Senate Bill 5 will not only require the additional information it also requires that the website is updated every six months. As of right now on the website, the last update to information was in 2013.
2. The bill also requires all licensed and certified healthcare professionals to complete an implicit bias training course approved by the Cultural and Linguistic Healthcare Professional Competency Program.

Thank you for your consideration of this important policy.

MAP_SB 5_ImplicitBias_Favorable.pdf

Uploaded by: Jefferson , Stacey

Position: FAV



TESTIMONY IN SUPPORT OF SB 5

Public Health-Implicit Bias Training and the Office of Minority Health and Health Disparities

Senate Finance Committee
February 2, 2021

Submitted by Stacey Jefferson and Julia Gross, Co-Chairs

Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
Behavioral Health System Baltimore
CASH Campaign of Maryland
Catholic Charities
Episcopal Diocese of Maryland
Family League of Baltimore
Fuel Fund of Maryland
Health Care for the Homeless
Homeless Persons
Representation Project
Job Opportunities Task Force
League of Women Voters of Maryland
Loyola University Maryland
Maryland Catholic Conference
Maryland Center on Economic Policy
Maryland Community Action
Partnership
Maryland Family Network
Maryland Hunger Solutions
Paul's Place
Public Justice Center
St. Vincent de Paul of Baltimore
Welfare Advocates

Marylanders Against Poverty

Stacey Jefferson, Co-Chair
P: 410-637-1900 ext 8578
C: 443-813-9231

E: stacey.jefferson@bhsbaltimore.org

Julia Gross, Co-Chair
P: 410-528-0021x6029

E: jgross@mdhungersolutions.org

Marylanders Against Poverty (MAP) supports Senate Bill 5. There are significant racial disparities in birth outcomes for Black women and Black babies. Black women in Maryland are 4 times more likely to die after childbirth than White women. According to the State's Maternal Mortality Review Program, "compared to 2008- 2012, the 2013-2017 White MMR in Maryland decreased 35.4 percent and the Black MMR increased 11.9 percent, increasing the racial difference. The 2013-2017 Black MMR is 4 times the White MMR."

The racial disparities in birth outcomes for Black individuals cannot be explained by biological differences, socio-economic status, or even education level. Rather, Black patients are treated differently by medical providers than White patients. We know it is critical that medical providers serving pregnant individuals receive training on implicit bias to reduce this bias and eliminate the racial disparities in birth outcomes for Black pregnant individuals and their babies. SB 5 expands upon HB 837 which passed in the 2020 Legislative Session and requires implicit bias training for all health care practitioners and to see that training become a requirement for the recertification of their medical license. While we recognize that training on implicit bias alone is not enough to eliminate bias by medical providers and eliminating racial bias by medical providers alone will not eliminate racial disparities in health outcomes, we applaud the steps forward SB 5 takes towards that goal.

The only way to eliminate racial disparities in health outcomes is to collect health data that is disaggregated by race and ethnicity and study the root causes of those disparities. We applaud SB 5's requirement that Maryland's Department of Health publish and update bi-annually health data disaggregated by race and ethnicity on their Health Equity Data page. Finally, SB 5's inclusion of a budget appropriation and the requirement to seek additional funding ensures that the Office of Minority Health and Health Disparities has the resources it needs to robustly address racial disparities in health outcomes across Maryland.

MAP appreciates your consideration and we strongly urge a favorable report on SB 5 so we can more effectively eliminate racial disparities in health outcomes.

Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.

SB5 Public Health Implicit Bias Training and the

Uploaded by: Kalla, Karen

Position: FAV



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

Good Afternoon Chairwoman Kelley and Members of the Finance Committee. I am Karen Kalla, Executive Council Member and lead advocacy volunteer for AARP MD. AARP Maryland is one of the largest membership-based organizations in the state, encompassing almost 850,000 members. **AARP MD overwhelmingly supports SB5 Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.**

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities, and protection from financial abuse.

SB5 requires the Governor's Office of Small, Minority and Women Business Affairs and in collaboration with the Maryland Health Care Commission to publish on the Department's website and report on health care disparities that include health data on race and ethnicity at least once every six (6) months.

Eleven months into the coronavirus pandemic, it's clear that COVID-19 is impacting some communities much more severely than others. We know, for example, that members of the Black and Hispanic communities are far more likely to experience severe illness and death from many health conditions, including COVID-19.

To reduce these health disparities, AARP believes that state public health departments and health care systems need to start by compiling comprehensive data, and providers and policymakers need to act on it. Public reporting of COVID-19 data by race and ethnicity has revealed troubling patterns, including incomplete information, missing data, and inconsistencies in labeling racial and ethnic groups.

Since the pandemic's onset, the AARP Public Policy Institute has been tracking how states report COVID-19 data by race and ethnicity. This tracking revealed wide

Real Possibilities

variability in their reporting and the findings indicate that the collection of accurate data is a best practice for state public health officials to use in their public reporting. The collection of race and ethnicity data will provide critical information to help inform actions to improve the health and well-being of all communities, especially those historically unrecognized and underserved.

For these reasons, AARP supports SB 5. For questions, please contact Tammy Bresnahan tbresnahan@arp.org or by calling 410-302-8451.

SB5_Support_MCHI.pdf

Uploaded by: Klapper, Stephanie

Position: FAV



MARYLAND CITIZENS' HEALTH INITIATIVE

TESTIMONY IN SUPPORT OF SENATE BILL 5

Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
Before the Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative, Inc.

February 2, 2021

Madam Chair and Members of the Finance Committee, thank you for this opportunity to testify in support of Senate Bill 5, which would require health providers to undergo implicit bias training and require that the Office of Minority Health and Disparities regularly public health data that include race and ethnicity.

A growing body of evidence shows the social and cultural forces that unconsciously create race--based implicit biases within individuals, affect how health care practitioners make decisions and deliver services, which contributes to the widening of racial health disparities in this country.^{1,2} No one is immune to the unconscious development of implicit biases. Implicit bias training will help set up health care practitioners for success in providing quality care to all Marylanders. The seriousness of the issue and its documented contribution to inequities in health outcomes requires the immediate attention of our State and health care practices in order to ensure that we are taking measurable steps to reverse this trend. We believe that SB 5 takes an effective step at reducing the impact of implicit bias in health care delivery in Maryland.

In addition, as Maryland takes steps to improve health equity in Maryland, it is important that the state provide timely relevant data to the public so that we may see where the state is making progress, and where there remains work to be done.

Thank you again to the committee for your recognized efforts toward improving access to quality, affordable health care for all Marylanders. We urge a favorable report from the Committee on Senate Bill 5.

¹ Chapman E, Kaatz A, Carnes M. Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities. *J Gen Intern Med.* 2013; 28: 1504---10. <https://pubmed.ncbi.nlm.nih.gov/23576243/>

² Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *American journal of public health, 105*(12), e60–e76. <https://doi.org/10.2105/AJPH.2015.302903>

Implicit Bias Training in Health Care - SB5 Write

Uploaded by: Martin, Rhya

Position: FAV

**Public Health - Implicit Bias Training and the Office of Minority Health
Senate Bill 5
Before the Senate Finance Committee
February 2, 2021**

POSITION: SUPPORT

The University of Maryland Medical System (“UMMS”) supports Senate Bill 5. This bill would (1) require the Office of Minority Health (“Office”) to publish health data that includes race and ethnicity information semi-annually, (2) require additional state funding for the Office beginning in fiscal year 2023, (3) direct the Office to seek supplemental funding from federal and special funding sources and report those efforts and results annually to the legislature, (4) define “implicit bias”, (5) directs the Cultural and Linguistic Health Care Professional Competency Program to “identify and approve implicit bias training programs for health occupation licensure and certification...” from amongst training programs that are recognized by Maryland health occupation boards or accredited by the Accreditation Council for Continuing Medical Education and (6) require an applicant for license or certificate renewal by a health occupation board to attest to completion of an approved implicit bias training program.

This bill is important to the equitable dispensation of health care. It is a stark, unfortunate reality that everyone has implicit biases and they show up in all contexts. This is even true for people who do not consciously believe they are guided by negative thoughts about one demographic group over another. According researchers Samuel L. Gaertner, PhD, of the University of Delaware, and John F. Dovidio, PhD, “people may hold negative nonconscious or automatic feelings and beliefs about others that can differ from their conscious attitudes... When there’s a conflict between a person’s explicit and implicit attitudes—when people say they’re not prejudiced but give subtle signals that they are...”. In health care, unconscious biases manifest in a number of ways, including patient and provider communication, (e.g. providers may dominate the conversation, listen less to the patient, frame the conversation in exclusionary terms, avoid eye contact), or in the way care is delivered including the delivery of pain medication and specific treatments. All of these circumstances obviously can impact health care outcomes in very negative ways.

These concerns were borne out in the 2003 “Unequal Treatment” report from the Institute of Medicine (IoM). The report concluded that notwithstanding controls for insurance and family income and the like, on balance racial and ethnic minorities received inferior health care more often than non-minorities, and that both explicit and implicit bias were likely at play.

Significant health disparities exist in our communities from life expectancy to differential disease morbidities. Yet we know implicit biases in health care typically impact minority and vulnerable populations the most. No patient should receive a lower standard of care because of immutable characteristics like race, age, sexual orientation, or the like. Creating awareness of the existence of implicit social biases can enable our collective community to work to overcome prejudice, social stereotypes, and discrimination, whether intentional or not, and prejudice and working to dampen down the disparate health outcomes.

There has never been a more opportune time to tackle these issues than now-- when our country is confronting the racial injustice issues made clear during the summer of 2020 and as we are grappling with the disparate impact of COVID-19 on minority populations due in large part on long-standing health disparities. UMMS is doubling down on efforts to ensure equitable care and believe this should be the same throughout the health care industry. For these reasons, we urge this Committee to give SB 5 a favorable report.

Respectfully submitted,

Donna L. Jacobs, Esq.

SVP, Government, Regulatory Affairs and Community Health

250 W. Pratt Street, 24th floor, Baltimore, MD 21201

E-mail: djacobs@umm.edu

SB0005_Support__Attorney General.pdf

Uploaded by: O'Connor, Patricia

Position: FAV

BRIAN E. FROSH
Attorney General



ELIZABETH F. HARRIS
Chief Deputy Attorney General

CAROLYN QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

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February 2, 2021

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General

Re: Senate Bill 5 (Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities): Support

The Office of the Attorney General supports Senate Bill 5 which would expand the scope of health care workforce training and reporting by the Office of Minority Health and Health Disparities in the Department of Health (“the Office”). The bill requires expanded publication of the Office’s health disparity and other data, and requires annual reporting to the legislature. The bill also expressly defines “implicit bias” as an element to be addressed in the cultural and linguistic competency training of the healthcare workforce conducted by the Office. Implicit bias was recognized by the Attorney General’s COVID-19 Access to Justice Task Force as a force that perpetuates racism in health care systems. We believe the improved healthcare workforce training and data reporting and publication would help to rid our health care system of racism, discrimination and health outcome disparities.

We urge the Committee to give Senate Bill 5 a favorable report.

cc: Sponsor

MRHA SB5 - Public Health - Implicit Bias Training

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Finance Committee

February 2, 2021

Senate Bill 5 Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, Senator Griffith, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 5 Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities.

MRHA supports this legislation that provides funding to the Office of Minority Health and Health Disparities (OMHHD) to publish, to a certain extent, health data that includes race and ethnicity information collected by the Office, allows the Cultural and Linguistic Health Care Professional Competency Program to identify and approve certain implicit bias training programs.

This legislation supports and empowers the OHMMD to continue to dismantle the barriers that contribute to racial and health disparities in communities across Maryland. The COVID-19 pandemic has exacerbated health disparities experienced by communities of color especially which is compounded by additional rural challenges. This legislation would be a powerful step forward to addressing these disparities. All Marylanders deserve access to data driven solutions to health and racial disparities during the pandemic and beyond.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

MAYSB - SB 5 FAV - Implicit Bias Training.pdf

Uploaded by: Park, Liz

Position: FAV



"Being here for Maryland's Children, Youth, and Families"

**Testimony submitted to Senate Finance Committee
February 2, 2021**

Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity

Support

The Maryland Association of Youth Service Bureaus (MAYSB) represents a network of YSBs throughout the state that provides mental health services and other supports for young people and their families. MAYSB supports *Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. This bill is an important component of a legislative package to advance health equity in Maryland.

We are supportive of these efforts because of the overwhelming evidence that inequities continue to exist for Maryland minority populations in multiple areas. These areas are diverse and compelling: disparate health outcomes for diseases that are leading causes of death, inequities in access to prenatal care, disparities in the infant mortality rate, and different mental health outcomes and access to mental health care. It is of key importance that access to health resources is provided to all Marylanders, and that providers receive the training and information that is necessary to enable that access. Therefore, we support the legislative package that includes:

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** The bill requires all licensed health care practitioners to complete implicit bias training upon their next licensure renewal cycle. The timeline conveys the urgency of the addressing implicit bias within the health care system. The bill also ensures that there is sufficient funding for the Office of Minority Health and Health Disparities;
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes a commission to ensure State agencies develop policies through a health equity lens. This approach will enhance the State's efforts in addressing social determinants of health including food security, affordable housing, and accessible transportation; and
- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities.

Thank you for your consideration of our testimony. We urge a favorable vote.

Respectfully Submitted: Wendy Wilcox, MS, LCMFT
MAYSB Vice Chair
wwilcox@cityofbowie.org

SB0005 MD NARAL SUPPORT.pdf

Uploaded by: Philip, Diana

Position: FAV



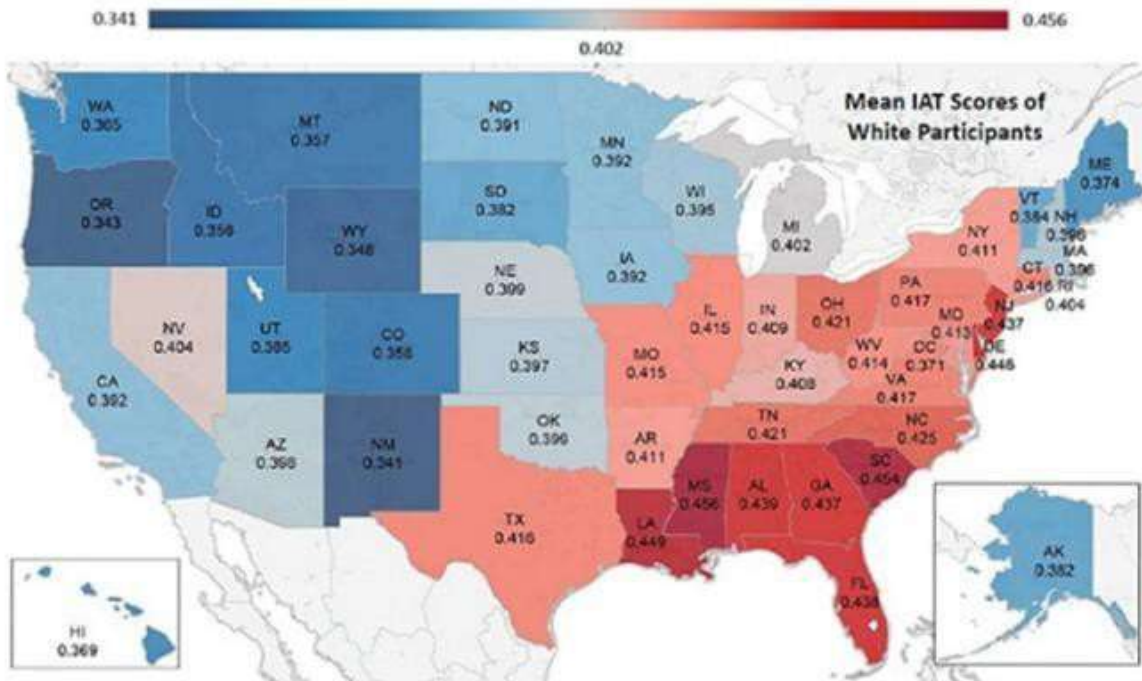
SB0005 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
 Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee

February 2, 2021 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges members of the Senate Finance Committee a favorable report on **SB0005 Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities**, sponsored by Senator Melony Griffith.

Considering the [disparities in health outcomes between white and non-white \(particularly Black\) people](#) in the United States, a growing body of academic research has been dedicated to studying the presence and impacts of implicit bias.ⁱ Implicit bias (also referred to as unconscious bias) can be defined as “thoughts and feelings that exist outside of conscious awareness.”ⁱⁱ Systematic reviews have found implicit bias to be significantly related to [patient-provider interactions, treatment decisions and adherence, and patient health outcomes](#).ⁱⁱ According to 2014 Implicit Association Test (AIT) data from Harvard’s “Project Implicit,” white people in Maryland may demonstrate higher levels of implicit bias compared to white people in other states, as can be seen on the map below. Note that a [score of 0.35](#) is the cutoff point between ‘slightly prefer white’ and ‘moderately prefer white.’ While not taken from a random sample, Maryland’s score of 0.413 is higher than the average score (Michigan) of .402. More information on Project Implicit can be found [here](#).



Courtesy of <https://implicit.harvard.edu/implicit/> Project Implicit.

There are multiple short- and long-term projects that can be undertaken at the local, state, and national level to address implicit bias. [Less than 9% of physicians](#) in the United States identify as Black, Native American, Alaskan Native, Hispanic or Latino/a.^v In the long run, we as a state need to support people of color entering the medical work force. In the short term, it is our responsibility — particularly as a state with such a diverse population — to pass legislation like SB0005 and begin to proactively address implicit bias in Maryland while putting in place protective structures to reduce such instances. Just like any other public health issue, more research is needed to understand and ultimately reduce implicit bias, and the passage of SB0005 will do just that. Indeed, the health and well-being of our state’s minority populations depend on it.

Implicit bias impacts providers and patients in all realms of medicine, and the reproductive health and justice field is no exception. Both implicit and explicit bias impact pregnancy, maternal morbidity, family planning, and contraceptive decision-making. In the United States, Black women are [three to four times](#) more likely than non-Hispanic white women to die of pregnancy-related complications.ⁱⁱⁱ The fact that a higher maternal mortality persists for Black women across educational and socio-economic statuses strongly supports the existence of implicit bias and the need to address its costly consequences through legislation such as SB0005.

A state [Health Care Disparities Policy Report Card](#) ^v is an important tool for evaluating and promoting state policies to reduce health disparities. It raises awareness and signals a call to action for the collection of disaggregated data, especially among medically and systemically underserved populations. Its format promotes multi-sector collaboration because it is a user-friendly tool that succinctly conveys key disparities findings. The civil sector, the private sector and general public will be able to understand key data on racial and ethnic disparities in the state and set their priorities to advance the well-being of the most vulnerable population. By promoting data collection, SB0005 encourages evidence-based policies which is cost effective because scarce resources will be going to where they are needed the most.

The inequities in morbidity and mortality from the current COVID-19 pandemic in Maryland offer a lens for long-standing racial and ethnic health disparities in the state. In Maryland, [minorities have higher disease prevalence for several relevant high-risk COVID comorbidities](#) (high blood pressure, diabetes, asthma) ^{vii}. Creating a mechanism that ensures health data will be published at least once every 6 months enhances the trust of the public in the office. It is critical to provide [evidence based information to policymakers](#) ^{viii} on a regular basis, in easy-to-digest formats that highlight key findings, and easily translate to budget and policy decision-making. There is a need to explore the communicative and ideological barriers between researchers and policymakers. SB0005 will make evidence-based research more accessible to policymakers through a Health Care Disparities Policy Report Card which enhances communication between these too often isolated silos. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0005**. Thank you for your time and consideration.

ⁱ Fitzgerald, Chloë, and Samia Hurst. “Implicit Bias in Healthcare Professionals: a Systematic Review.” *BMC Medical Ethics*, vol. 18, no. 1, 2017, doi:10.1186/s12910-017-0179-8.

ⁱⁱ Hall, William J., et al. “Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review.” *American Journal of Public Health*, vol. 105, no. 12, 2015, doi:10.2105/ajph.2015.302903.

ⁱⁱⁱ Black Mamas Matter Alliance, & Center for Reproductive Rights. (2018). *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*.

^{iv} Benson Gold, Rachel. “Guarding Against Coercion While Ensuring Access: A Delicate Balance.” *Guttmacher Policy Review*, vol. 17, no. 3, 2014.

^v Osseo-Asare, Aba, et al. “Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace.” *JAMA Network Open*, vol. 1, no. 5, 2018, doi:10.1001/jamanetworkopen.2018.2723.

^{vii} Maryland Office of Minority Health, Health Care Disparities Policy Report Card, *Maryland Office of Minority Health and Health Disparities and Maryland Health Care Commission*, 2010.

^{viii} David A. Mann, “Health Equity and COVID-19 Data in Maryland”, *Office of Minority Health and Health Disparities Maryland Department of Health*, 2020.

^{viii} Pew-MacArthur Results First Initiative, “Evidence-Based Policymaking, A guide for effective government, *The Pew Charitable Trusts*, 2014.

SB 5 CareFirst Testimony.pdf

Uploaded by: Rivkin, Deborah

Position: FAV

Deborah Rivkin
Vice President
Government Affairs – Maryland

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SB 5 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

Position: Support

Thank you for the opportunity to provide written comments in support of Senate Bill 5. This bill requires that an applicant for the renewal of a license or certificate issued by a Health Occupations Board attest in the application that the applicant has completed an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program. The bill defines “implicit bias” as: a bias in judgment that results from subtle cognitive processes, including the following prejudices and stereotypes that often operate at a level below conscious awareness and without intentional control: (1) prejudicial negative feelings or beliefs about a group that an individual holds without being aware of the feelings or beliefs; and (2) unconscious attributions of particular qualities to a member of a specific social group that are influenced by experience and based on learned associations between various qualities and social categories, including race and gender.

CareFirst is focused on driving the transformation of the health care experience with and for our members and communities. Structural racism is undeniably among the most sinister and ongoing drivers of our public health crisis which is exacerbated in the middle of an unprecedented pandemic. It is also at the root of deep disparities in social, economic, and health outcomes particularly. Prejudicial negative feelings or beliefs and unconscious attributions about any social group, intentional or not, deteriorates access to and the quality of care for our members.

By requiring provider training explicitly designed to educate health care professionals on implicit bias, Senate Bill 5 represents an important step in combatting health disparities.

CareFirst looks forward to working with legislators, public health groups and other partners to address implicit bias and the many other inequities that exist health care delivery system, as we continue to employ targeted health equity strategies within our own organization to advance the health of our members and communities.

We urge a favorable report.

About CareFirst BlueCross BlueShield

In its 83rd year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia and Northern Virginia. In 2019, CareFirst invested \$43 million to improve overall health, and increase the accessibility, affordability, safety and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).

SB 5 - FAV- ACY.pdf

Uploaded by: Rock, Melissa

Position: FAV



To: The Honorable Chair, Senator Delores Kelley, and members of the Finance Committee

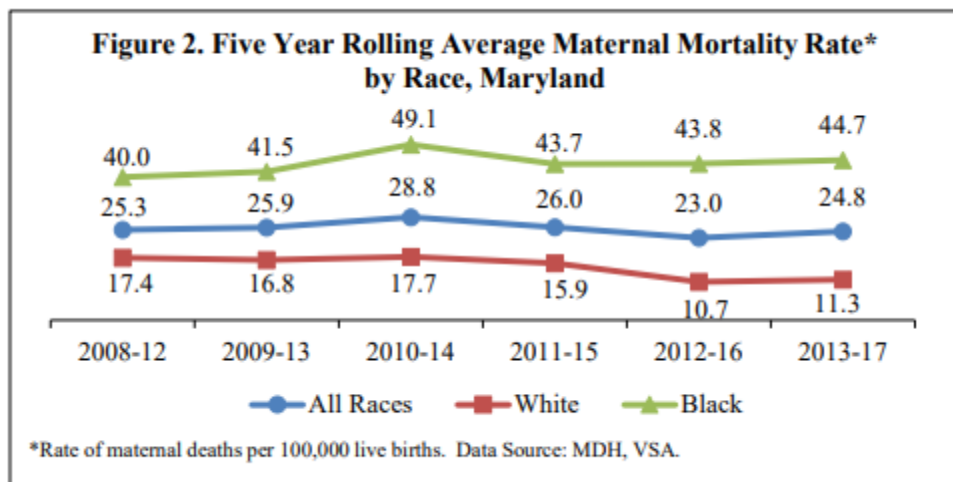
From: Melissa S. Rock, Director, Birth to Three Strategic Initiative & Interim Managing Director

Re: **SB 5: Public Health—Implicit Bias Training and the Office of Minority Health and Health Disparities**

Date: February 2, 2021

Position: **Support**

There are significant racial disparities in birth outcomes for Black women and Black babies. Black women in Maryland are 4 times more likely to die after childbirth than White women. According to the State’s Maternal Mortality Review Program, “compared to 2008-2012, the 2013-2017 White MMR in Maryland **decreased 35.4 percent** and the Black MMR **increased 11.9 percent**, increasing the racial difference. **The 2013-2017 Black MMR is 4 times the White MMR.**”ⁱ (Emphasis Added.)



The racial disparities in birth outcomes for Black individuals **cannot** be explained by biological differences, socio-economic status, or even education level. Rather, Black patients are treated differently by medical providers than White patients. ACY was pleased to support HB 837 before this body in the 2020 Legislative Session and was thrilled to see its passage. We know it is critical that medical providers serving pregnant individuals receive training on implicit bias to reduce this bias and eliminate the racial disparities in birth outcomes for Black pregnant individuals and their babies. We are pleased to see SB 5's expansion of implicit bias training for all health care practitioners and to see that training become a requirement for the recertification of their medical license. While we recognize that training on implicit bias alone is not enough to eliminate bias by medical providers and eliminating racial bias by medical providers alone will not eliminate racial disparities in health outcomes, we applaud the steps forward SB 5 takes towards that goal.

The only way to eliminate racial disparities in health outcomes is to collect health data that is disaggregated by race and ethnicity and study the root causes of those disparities. We



applaud SB 5's requirement that Maryland's Department of Health publish and update bi-annually health data disaggregated by race and ethnicity on their Health Equity Data page. Finally, SB 5's inclusion of a budget appropriation and the requirement to seek additional funding ensures that the Office of Minority Health and Health Disparities has the resources it needs to robustly address racial disparities in health outcomes across Maryland.

We strongly urge this committee to issue a favorable report on SB 5 so we can more effectively eliminate racial disparities in health outcomes.

ⁱ "Maryland Maternal Mortality Review 2019 Annual Report," Health –General Article § 13-207 at p. 6.
https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf

NCADD-MD - SB 5 FAV - Implicit Bias Training.pdf

Uploaded by: Rosen-Cohen, Nancy

Position: FAV



**Senate Finance Committee
February 2, 2021**

**Senate Bill 5
Public Health - Implicit Bias Training and the Office of Minority Health and
Health Disparities
Support**

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, third quarter data from the Maryland Department of Health shows a 14% increase in the number of opioid overdose deaths in 2020, over the same period the year before. There are also disturbing trends in the impact of the crisis on communities of color. This is just one aspect of the health disparities that exist that must be addressed.

Senate Bill 5 is an important component of a legislative package to advance health equity in Maryland. The bill requires all licensed health care practitioners to complete implicit bias training upon their next licensure renewal cycle. The timeline conveys the urgency of the addressing implicit bias within the health care system. The bill also ensures that there is sufficient funding for the Office of Minority Health and Health Disparities.

The State must develop specific strategies to address the worsening overdose death crisis among Black and Brown people. Enhancing the funding of the Office of Minority Health and Health Disparities as well as requiring specific training are just two basic steps in prioritizing this policy commitment by Maryland.

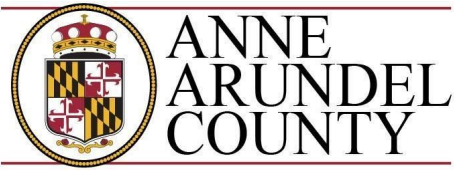
We urge a favorable report on SB 5.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB0005- Testimony Final.pdf

Uploaded by: Shaklee, Christina

Position: FAV



M A R Y L A N D
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Nilesh Kalyanaraman, M.D.
Health Officer

2021 Session
Written Testimony

BILL NO: SB0005
COMMITTEE: Senate Finance
POSITION: Support
TITLE: Public Health – Implicit Bias Training & the Office of Minority Health and Health Disparities

BILL ANALYSIS:

SB0005 Public Health – Implicit Bias Training & the Office of Minority Health and Health Disparities will publish a Health Care Disparities Policy Report Card and to require the Cultural and Linguistic Health Care Professional Competency Program to identify and approve certain implicit bias training programs.

POSITION RATIONALE:

The Anne Arundel County Department of Health supports SB0005 that intends to publish a Health Care Disparities Policy Report Card and to require the Cultural and Linguistic Health Care Professional Competency Program to identify and approve certain implicit bias training programs.

According to a publication produced by the American Public Health Association, health inequity refers to the uneven distribution of social and economic resources that impact an individual’s health and that inequities often stem from structural racism or the historical disenfranchisement and discrimination of particular marginalized groups, including racial and ethnic minorities, low-income populations, and members of the LBGTQ+ community. The aforementioned groups are exposed to risks such as poverty, violence, poor neighborhood conditions, and environmental health hazards.

The inequities create health disparities between groups. In October 2020, the Anne Arundel County Department of Health released its Report of Community Health Indicators. In July 2020, the Anne Arundel County Department of Health established the Office of Health Equity and Racial Justice (HERJ). This office will publish race and ethnicity data for health outcomes in order to understand health disparities and inequities. With data updated as of 2018, the Report of Community Health Indicators reported the following statistics.

- 4.7% Black and 19.0% of Hispanic residents were uninsured in comparison to 2.5% of whites. Overall, 4.2% of the county is uninsured.
- 12.1% of Black and 13.9% of Hispanic residents live below the poverty level in comparison to 5.0% of whites.
- 4.3% of Black and 6.3% of Hispanic residents were unemployed in comparison to 3.4% of whites. As of 2020, 2.9% of county residents were unemployed.

There are greater concentrations of minority populations in the northern and western regions of the county. Research shows that minority populations often face multiple levels of mutually reinforcing structural disadvantage that contribute to poor health.

Research shows that on average, racial and ethnic minorities are more likely than whites to be uninsured and underinsured, and also to have higher rates of illness and death from conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity compared with the rest of the U.S. population. Researchers have increasingly recommended standardizing the collection of critical information to promote a better understanding of barriers related to race and ethnicity, language, disability status, and sex in order to implement strategies to overcome them. It is critical for the Office of Minority Health and Health Disparities to publish a Health Care Disparities Policy Report Card in order for jurisdictions to understand their respective barriers to improving health outcomes.

The Anne Arundel County Department of Health also supports implementing a Cultural and Linguistic Health Care Professional Competency Program and Implicit Bias Training. Cultural competency and implicit bias both influence and impact health outcomes. Research shows that attitudes and behaviors of health care providers have been identified as one of many factors that contribute to health disparities. It also shows that implicit bias is related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes. The National Healthcare Disparities Report showed that White patients received better quality of care than Black American, Hispanic, American Indian, and Asian patients. Research has also shown that Black women are three to four times more likely to die a pregnancy-related death as compared with white women. Implicit bias is one of the factors this disparity can be attributed to. It is key to address the implicit bias of health professionals and to increase cultural competency in order to improve health outcomes for populations suffering from the greatest disparities.

Sources

1. <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-032013-182423>
2. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304844>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/pdf/AJPH.2015.302903.pdf>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5915910/pdf/nihms927630.pdf>

2021 MdPHA Testimony_Support SB0005_Implicit Bias

Uploaded by: Weiss, Erica

Position: FAV



Mission: To improve public health in Maryland through education and advocacy

Vision: Healthy Marylanders living in Healthy Communities

**SB0005 Public Health – Implicit Bias Training and the
Committee: Finance
Hearing Date: 2/2/21
Committee: Health and Government Operations
Position: SUPPORT**

Thank you Chair, Senator Kelley and Vice Chair, Senator Feldman, for the opportunity to submit this testimony in SUPPORT of SB0005: “Public Health-Implicit Bias Training and the Office of Minority Health and Health Disparities”.

On behalf of the Maryland Public Health Association, we wish to stress the value of this important public health legislation because it would provide critical data and insight into the establishment of thoughtful, evidence-based programs that address some of the real disparities that exist for Black and Brown communities and lower income communities in the State of Maryland.

The impact of implicit bias on health care has been well documented and acknowledged since the Healthy People 2000 report. The problem has received greater national attention during this pandemic as Black patients (for example) die from COVID-19, 37% more often than White patients of the same age. Shedding light on health and racial disparities and the underlying reasons why they exist is essential. Yet, in Maryland, we have no way to clearly identify, track, and then rectify the problem.

The National Institute of Health and many other leading health-based organizations have prioritized eliminating health care disparities within their top five most critical initiatives for health care practitioners. To do this, we must directly discuss, record, and track how biases, stereotypes, and discrimination may contribute to health disparities. Implicit or unconscious-bias training combined with data tracking by race, ethnicity, and other social determinants of health is the only way to identify and overcome these striking problems and create more equitable population health outcomes.

We appreciate that SB0005 creates a standardized, well-funded effort to address this foundational problem directly and with scientific integrity and training. We support SB0005 and HB0028 and the important insights it would provide.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

SB05_FWA_AlzheimersAssociationMD.pdf

Uploaded by: Colchamiro, Eric

Position: FWA

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 005 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
Position: Favorable with Amendment

Chair Kelley and Vice Chair Feldman,

My name is Eric Colchamiro, and I am the Director of Government Relations for the Alzheimer's Association in Maryland. I write today in strong support of SB 005, and with a request to amend it with one word.

We applaud this legislation's focus on and budget requirement for the Health Department's Office of Minority Health and Health Disparities. Alzheimer's disease and other forms of dementia have a disproportionate impact on Black and Latino Marylanders, who are twice and 1.5 times as likely to be diagnosed with dementia than White Marylanders.

Our organization directly engages organizations such as African American churches—across Maryland-- about the Association's resources, including our 24-7 helpline for families. We have, for the past 16 years, held the Pythias and Virginia I. Jones African American Community Forum on Memory Loss, which educates over 400 participants each year. And in 2020, we held—in addition to numerous ongoing programs—our first ever Latino Summit, which provided valuable information regarding how Alzheimer's affects the Latino community, and highlighted the many Spanish language programs and resources.

We want an Office of Minority Health and Health Disparities which is empowered by the Health Department, in terms of funding and in terms of how it is prioritized within the agency. We want an Office with a robust community engagement staff, so we can partner with them in connecting with the African American community; the Office could be such an important referral pathway for families. We want an Office that can dream big—about how to address disparities related to dementia, and about so many other health issues—and holds its annual health equity conference in different communities, across the state, to reach people in need of its information and resources.

Lastly, we would ask that the bill sponsor consider a one-word amendment to this legislation. The Office is tasked with writing an annual "Health Care Disparities Policy Report Card", on diseases identified by the Maryland Health Care Commission. As the bill notes, these diseases include (but are not limited to): cardiovascular disease, cancer, diabetes, HIV/AIDS, infant mortality, and asthma. We would ask that dementia, which impacts over 110,000 Marylanders—a figure that is expected to grow by 18 percent over the next five years—is explicitly added to that list. This one-word addition, amidst a newly empowered Office of Minority Health, can go a long way in addressing an epidemic that impacts 1 in 3 seniors across our state.

Thank you for your time, your consideration of this one-word amendment, and thank the bill sponsors for this important piece of legislation.

SB0005_FWA_MedChi, MDAFP, MDACEP, MDAAP, MDACOG, M

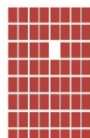
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Position: FWA



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Hospice & Palliative Care Network
OF MARYLAND



TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Melony Griffith

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 2, 2021

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 5 – *Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities*

On behalf of the Maryland State Medical Society, the Maryland Academy of Family Physicians, the Maryland Chapter of the American College of Emergency Physicians, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, the Mid-Atlantic Association of Community Health Centers, the Hospice & Palliative Care Network of Maryland, the Maryland Clinical Social Work Coalition, and the Maryland/District of Columbia Society for Respiratory Care, we submit this letter of **support with amendment**, as offered by the sponsor, for Senate Bill 5.

It is widely recognized that racial and ethnic minorities are more likely to experience poor health outcomes as a consequence of their social determinants of health. Data consistently shows ongoing, and in some cases, growing health disparities in Maryland, including the impact of COVID-19, maternal morbidity and mortality, age-adjusted mortality from cancer and heart disease, and emergency department visits for substance use, asthma, diabetes, and hypertension. Senate Bill 5 proposes to enhance Maryland’s commitment to address health disparities by 1) expanding the data reporting requirements of the Office of Minority Health and Health Disparities (“Office”) to include racial and ethnic data in their annual “Health Care Disparities Policy Report Card” report, post the information on their website, and update the data every six months; 2) mandating an increase in the funding for the Office; and 3) requiring all licensed and certified health care professionals to complete an implicit bias training course approved by the Cultural and Linguistic Health Care Professional Competency Program, in conjunction with the Office of Minority Health and Health Disparities that is recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education. A health care provider must attest to the completion of an implicit bias training course on the provider’s first application for licensure renewal. As originally drafted, the bill would apply to all license renewals after October 1, 2021, the effective date of the bill. The amendment offered by the sponsor will require course completion for renewals after April 1, 2022, to allow time for the identification and approval of the training programs that a provider may take to meet the training requirement.

Addressing health disparities is a priority for the above-named organizations. Addressing implicit bias through provider training will contribute to improving the health outcomes and reducing the health disparities of Maryland’s racial and ethnic minorities. With the sponsor’s amendment noted, a favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

LetterforOurLives.signed.pdf

Uploaded by: Bogley, Laura

Position: INFO

“Through the grace of God, we have opened our eyes to the ugly truth that Planned Parenthood has long targeted Black Americans for elimination.”

Thank you for your service to the people of this state. Mindful of your support for civil rights and minority populations, we are writing with an urgent request to address a public crisis affecting the Black community.

Abortion is a Crime Against Humanity

As faith-based leaders in the Black community, we pray that you will join us to finally correct the greatest civil and human rights violation of our time – **abortion**, and that you will respect the free exercise of religion by ending public funding of abortion.

As leaders in faith, we have a moral obligation to speak the truth about abortion to our congregations. Both our faith and the history of our great nation *formed in faith*, call us to proclaim the dignity of each human life, made in the image of the Creator, regardless of condition of servitude, color of skin, or length of days.

We stand united in declaring that the abortion of a child - notably deemed by science and philosophy as a living human being in development - is a crime against humanity. A crime against humanity occurs when the government withdraws legal protection from a class of human beings as they did with African American slaves in our American past.

Abortion is another form of slavery; with the human child in the womb held hostage. Any state government which acts to codify abortion as a constitutional right, forever enslaving the human child, will be guilty of the most egregious violation of human rights and inevitably- *the extinction of the Black child*.

“Abortion is another form of slavery; with the human child in the womb held hostage.”

Planned Parenthood is the Greatest Violator of Civil Rights in America Today

For far too long we have allowed ourselves to be silenced as many turned a blind eye to the historic and systematic targeting of black lives by the abortion industry. We were deceived by Planned Parenthood who through their “Negro Project” shamefully used black ministers to disguise their eugenics goals as an economic equalizer that would empower black women and strengthen our communities.

Through the grace of God, we have opened our eyes to the ugly truth that Planned Parenthood has long targeted Black Americans for elimination, first through birth control, then through forced sterilization and now through abortion. As the honorable Supreme Court Justice Clarence

78% of Planned Parenthood's abortion clinics are located in minority neighborhoods.

Thomas recently warned, the abortion industry’s “use of abortion to achieve eugenics goals is not merely hypothetical” and the state has a “compelling interest in preventing abortion from becoming a tool of modern-day eugenics.” The evidence against Planned Parenthood is staggering. 78 percent of Planned Parenthood's abortion clinics are located in minority neighborhoods. Black women obtain 30 percent of all the abortions in America while we remain only 12 percent of the population. Tragically, the deadliest place for a black child is in his mother’s womb.

Today an increasing number of Black Americans recognize that Planned Parenthood’s eugenic and population control agenda is having a genocidal impact on the Black population. More Black babies have been killed by abortion during the past 30 years than the total number of deaths among Black Americans from all other causes combined. The loss of 20 million Black children through abortion has robbed us of our destiny to be the largest minority population in this country, as we now stand second to Hispanics.

20 million Black American children have been killed through abortion...more than all other causes of death combined.

The State Has a Legal and Moral Duty to Protect Black Lives

Today we stand united in declaring that as a civilized people, we can no longer endure the existence of the domestic terror that is Planned Parenthood, an organization whose business model is based in the eugenics philosophy, with longstanding and deadly intent against Black Americans. Planned Parenthood is even targeting our children in public schools with dangerous sexuality propaganda and an abortion-on-demand agenda, *increasing* the demand for abortion.

Any approval for abortion funding or other support for Planned Parenthood is approval to kill even more of our Black American children.

Regardless of your position on abortion, the state cannot continue to fund this extremist group that profits off the death of Black children. The Supreme Court has ruled that a woman’s “right” to an abortion, does *not* include the right to public funding. Any approval for abortion funding or other support for Planned Parenthood *is approval to kill even more of our Black American children.* And forcing us as people of faith to publicly fund abortion is a direct violation of our religious freedoms.

We the undersigned individuals, hereby call on our lawmakers to renounce Planned Parenthood and decry their long history of civil rights abuses, beginning with the targeted operations of clinics in poor, Black and Brown communities.

We urge you to stand with us on the right side of history, to make a public declaration against the hateful practice of eugenics and to demonstrate your sincere commitment to justice and civil rights by acting to eliminate all public funding for Planned Parenthood and its subsidiaries.

We further appeal to you to respect the God-given right to life as the first and primary of all rights due to each member of our human family, and to work to preserve that right which exists in nature prior to government, and is protected through our Constitution, by using the full authority of your office to reject any state and local actions to infringe on that precious right including by codifying a fallacious “constitutional” right to abortion. The right to life is God-given, and no man, woman or court of law has the legitimate authority to take innocent human life.

Just as certain as we know that a freed slave was not merely 3/5 of a person, we know that the human child growing in his mother’s womb, is due the equal protection of this land and our laws. *It is time to end this shameful chapter in our history as a people.*

Again, we thank you for your continuing leadership in support of civil rights and social justice. Saving Black babies and their mothers from Planned Parenthood’s aggressive abortion agenda is the greatest civil rights issue of our time.

God bless you and God bless America.

Respectfully Submitted *as hereby signed*,

Just as certain we know that a freed slave is not merely 3/5 of a person, we know that the human child growing in his mother’s womb, is due the equal protection of this land and our laws.

“Letter for Our Lives” Signatories

Evangelist Dr. Alveda King
Executive Director
Civil Rights for the Unborn

Dr. Day Gardner
President
National Black Pro-Life Union

Pastor Clenard H. Childress, Jr.
**L.E.A.R.N. Life Education and
Resource Network**

Reverend Walter B. Hoye, II
President
Issues for Life Foundation

Joseph Laurence Coffey
Auxiliary Bishop
Archdiocese for the Military Services,
USA

Ernest Ohlhoff
Director of Religious Outreach
National Right to Life

John K. Jenkins, Sr.
Senior Pastor
First Baptist Church of Glenarden

Pastor P.M. Smith
Senior Pastor
Huber Memorial Church
Baltimore, MD

Pastor Luke J Robinson
Quinn Chapel AME Church
Frederick, MD 21701

Pastor Jonathan Davis
St. Mark AME Church
Oxon Hill, MD

Pastor Yolandra Johnson
Mt. Zion AME Church
Frederick, MD 21701

Reverend Dean Nelson
Network of Politically Active Christians
Greenbelt, MD

Pastor Stephen Broden

Reverend William C. Wilson

Maryland Psychological Association - SB 5 - Implic

Uploaded by: Shattuck, Daniel

Position: INFO



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February 2, 2021

Senator Delores Kelley, Chair
Senate Finance Committee
Maryland Senate
11 Bladen Street
Miller Senate Office Building, 3 East
Annapolis, MD 21401

Bill: SB 5 - Implicit Bias Training and the Office of Minority Health and Health Disparities

Position: Neutral - Letter of Information

Dear Chair, Vice-Chair, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, would like to applaud the intent of this legislation to address implicit bias in the delivery of health care services. We are enthusiastically in support of efforts to provide health care/mental health care to all residents of Maryland, regardless of their race, gender, sexual preferences, or religion, free from the influences of explicit or implicit bias. We at MPA have been and continue to work hard to be aware of and address issues of bias on a daily basis. In fact, our Board of Examiners already requires that we take course work in issues of cultural diversity for each renewal period.

What we are concerned about is the mechanisms, as we understand it, that are utilized to accomplish the goal of reducing/eliminating bias in the delivery of health/mental health care. Our concerns include:

1. Availability of evidence-based programs that specifically address implicit bias and their impact on the behavior of health care/mental health providers or the patient outcomes.
2. Training programs on their own, without additional supports, may not be enough to effectuate change in health/mental health care providers.
3. Coordination between the Boards and Commission will be essential to ensure the goals of the legislation are met, that each profession is in compliance, and there is no duplication of existing requirements.
4. We are concerned that this bill places the authority to authorize implicit bias training in the hands of a commission outside of the Boards that are responsible for the behavior of health/mental health care providers, potentially creating a complicated system that might not achieve the goals hoped for by the legislation or make it difficult to be sure that each profession is complying with this requirement.

(continue on page 2)

For these reasons, the Maryland Psychological Association is providing this letter of information, in conjunction with our strong support for the intent of the SB 5. We are glad to work with the sponsors of the bills to address these concerns.

Please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org if we can be of assistance.

Sincerely,

Esther Finglass
Esther Finglass, Ph.D.
President

R. Patrick Savage, Jr.
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs