



200 St. Paul Place, #2510 | Baltimore, MD 21202  
1-866-542-8163 | Fax: 410-895-0269 | TTY: 1-877-434-7598  
aarp.org/md | mdaarp@aarp.org | twitter: @aarpmaryland  
facebook.com/aarpmid

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

**FAVORABLE**

**House Health and Government Operations Committee**

**March 23, 2021**

Good Afternoon Chairwoman Pendergrass and Members of the House Health and Government Operations 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 applicants for the renewal of a license or certificate issued by a health occupations board to attest to completion of an approved implicit bias training program the first time they renew their license or certificate after April 1, 2022. Beginning in fiscal 2023, the Governor must include in the annual budget bill an appropriation for the Office of Minority Health and Health Disparities (OMHHD) that is the greater of either \$1,788,314 or 0.012% of the total funds appropriated to the Maryland Department of Health (MDH) in that fiscal year. OMHHD must publish on its website (and update at least every six months) health data that includes race and ethnicity information it collects.

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

Real Possibilities

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 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](mailto:tbresnahan@arp.org) or by calling 410-302-8451.