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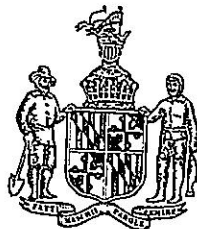
Vice Chair

Health and Government
Operations Committee

Subcommittees

Government Operations and
Long Term Care

Chair, Public Health and
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House Bill 28 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities - As Amended

SPONSOR TESTIMONY: Joseline Peña-Melnyk (Favorable)

Good afternoon Chairman Pendergrass and committee members, thank you for giving me the opportunity to present to you House Bill 28.

This bill is being introduced as the State of Maryland continues to address racial injustice and health disparity issues, many of which have been exposed and exacerbated by COVID-19.

Throughout the course of the COVID-19 pandemic it has become clear that racial and ethnic minorities, especially Black and Hispanic Americans, are at far greater risk for infections, hospitalizations, and deaths due to COVID-19. Black and Hispanic Americans, compared to White Americans, tend to have far more severe health issues and co-morbidities that drastically increase their chances of dying. The Maryland Office of Minority Health and Health Disparities (OMHHD) has been slow to update the health data by including racial and ethnic information. This data is needed to properly address health disparities in minority health.

This bill addresses these issues by requiring the OMHHD to report health data that includes racial and ethnic information no less than every six months. These regular updates will help Maryland better understand and address racial disparities regarding specific health issues. The bill also requires that an applicant for a license renewal issued by a health occupation board shall attest to the completion of an implicit bias training approved by the Cultural and Linguistic Health Care Professional Competency Program. This is a voluntary program that offers health care professionals courses and methods to improve their cultural and linguistic abilities. Therefore, allowing these professionals to incorporate these inclusive practices into therapeutic and medical evaluations and treatments. In addition, healthcare professionals will learn how culture, ethnicity, and race factor into diagnosis, treatment, and clinical care.

For funding, the bill requests roughly \$1.8 million for the OMHHD, or otherwise at least 0.012% of the Maryland Department of Health's budget. This amount is the largest that the office has ever been granted from the state government. I believe it is appropriate as a beginning sum to tackle the issues of health data and cultural competency training. Moreover, the office is expected to supplement this budget with funding from federal and other special sources.

Racial minorities in Maryland, especially Blacks and Hispanic Americans, struggle with many health issues and face many structural and cultural barriers preventing them from obtaining the proper and necessary treatment. This bill is a necessary step forward in tackling these systemic issues.

Thank you for listening to my testimony and allowing me to advocate for House Bill 28.

I respectfully request a favorable report.