



To: The Honorable Chair, Delegate Shane Pendergrass, and members of the Health and Government Operations Committee

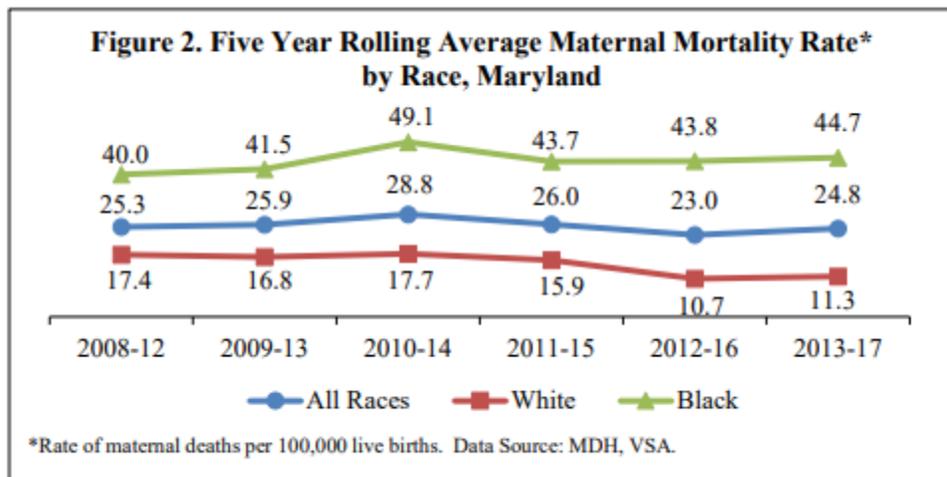
From: Melissa S. Rock, Director, Birth to Three Strategic Initiative

Re: **HB 28: Public Health—Implicit Bias Training and the Office of Minority Health and Health Disparities**

Date: January 26, 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 HB 28’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 HB 28 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 HB 28’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, HB 28'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 HB 28 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