

SB 458 Health Occupations - Structural Racism Trai

Uploaded by: Catherine OMalley

Position: FAV

BILL NO: Senate Bill 0458
TITLE: Health Occupations - Structural Racism Training
COMMITTEE: Judiciary
HEARING DATE: February 11, 2025
POSITION: **SUPPORT**

The Women's Law Center of Maryland is dedicated to ensuring the physical safety, economic security, and bodily autonomy of women throughout the state. We strongly support the Structural Racism Training for healthcare professionals mandated by Senate Bill 0458.

Combating structural racism in healthcare systems starts with understanding the many forms of racial discrimination and prejudice embedded within them. A crucial first step entails identifying and understanding how multiple forms of racial injustice affect patients, healthcare professionals, and healthcare providers — and what changes can make healthcare inclusive and equitable.

Racial and ethnic minority populations experience the greatest health disparities, and last year, the United Health Foundation's *America's Health Rankings® Maternal and Infant Health Disparities Data Brief* found that Maryland's women of color are facing health disparities above the national average. This is simply untenable for a state that boasts several of the nation's top hospital and education systems.

Metrics such as the infant mortality gap and the maternal mortality gap reveal legacies and current practices of racial exclusion and discrimination in our health systems. Black newborns die 250% more often than white newborns in the United States. Black mothers are at least three times more likely than white mothers to die due to complications in childbirth.

Maryland has a higher rate of infant mortality, 5.9 per 1,000 live births, than the national average of 5.5. Severe maternal morbidity, where mothers develop health issues during or after pregnancy, is also above the national average. Maryland's rate is about 91 per 10,000 delivery hospitalizations, while the national rate is 88.3. Black Americans ultimately wait longer than white patients for life-saving treatments, reflecting who has access to adequate medical care, employment, reliable pay, and safe environments — and who does not.

We know that recent federal legislation is already creating an employment crisis in Maryland. When unemployment rises, so does the racial disparity in medical insurance. For all these reasons we urge a favorable report on SB 0458.

The Women's Law Center of Maryland is a non-profit legal services organization whose mission is to ensure the physical safety, economic security, and bodily autonomy of women in Maryland. Our mission is advanced through direct legal services, information and referral hotlines, and statewide advocacy.

SB458 Health Occupations - Structural Racism Train

Uploaded by: Dean Judy Postmus

Position: FAV

Written Testimony in Favor of SB 458 - Structural Racism Training

Thank you, Chair Senator Beidle, Vice Chair Senator Hayes, and all the members of the Finance Committee for addressing this critical health care issue of the impact of health disparities on successful health outcomes. The University of Maryland, School of Social Work appreciates the opportunity to provide testimony in favor of SB 458, which would add the topic of *structural racism* to the required training for health practitioners, including social workers. SB 458 is both timely and critical in addressing the persistent health disparities that continue to affect marginalized communities across our state.

In the 2021 legislative session, legislation passed establishing a requirement and the process for ALL health care professionals (including social workers) to complete implicit bias training as a condition of their license renewal. The Cultural & Linguistic Health Care Professional Competency Program, Office of Minority Health & Health Disparities, Maryland Department of Health has provided guidance and leadership to implement this important 2021 legislation. SB 458 would strengthen this law by including the topic of “structural oppression” to this training requirement.

The social work community is deeply committed to promoting social justice, advocating for vulnerable populations, and ensuring equitable access to essential services. The training proposed in SB 458 connects to our ethical obligations as social workers. Social workers across the state find themselves at the intersection of health care and social systems, where we witness firsthand the detrimental impact of implicit bias and structural racism on health outcomes. It is from this vantage point that we recognize the urgent need for SB 458. In the health care settings, implicit biases and structural racism can lead to:

- Differential treatment based on race;
- Misdiagnosis or delayed diagnosis of medical conditions;
- Unequal access to advanced medical treatments and procedures; and
- Lower quality of care for minority and marginalized populations.

The cumulative effect of structural racism contributes to significant health disparities, such as higher rates of chronic diseases, lower life expectancy, and increased morbidity and mortality among minority populations. Training health care professionals on structural racism is a critical step toward mitigating these disparities.

As a profession dedicated to social justice and health equity, we urge you to support this bill. By requiring training on structural racism, we can take a significant stride toward dismantling the barriers that perpetuate health disparities and ensure that every individual receives the quality care they deserve.

Respectfully submitted by



Judy L. Postmus, Ph.D., ACSW, Dean & Professor

cc: Senator Dawn Gile, sponsor of SB 458

SB 458 Structural Racism Training - Support.pdf

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

Senate Bill 458- Health Occupations - Structural Racism Training

Position: *Support*

February 11, 2025

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 458.

Maryland hospitals supported legislation that passed in 2020 to require implicit bias training for maternal health care providers and the expansion to all individuals licensed or certified by a health occupations board in 2021. SB 458 adds required training for structural racism.

Structural racism – a system of policies, practices, and beliefs that discriminate against people based on their race or ethnicity – affects people's access to housing, education, jobs, healthcare, and the criminal justice system. As such, dismantling structural racism requires an all hands-on-deck approach. SB 458 engages health care providers by requiring those licensed by a health occupations board to complete structural racism training to renew their license or certificate. Adding this requirement will spread awareness and encourage discourse and empathy for health care workers interacting with patients from diverse racial, ethnic and cultural backgrounds.

The University of Maryland in partnership with the Maryland Nurses Association will develop this training to share with hospitals. A similar approach was utilized when maternal health workers were required to attest to the completion of implicit bias training. The Maryland Patient Safety Center worked with hospitals to provide this required training.

SB 458 aligns with MHA's commitment to improving workplace diversity, equity, and inclusion, and advancing health equity for all Marylanders. As the state prepares to enter the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model, prioritizing health equity becomes even more critical. Equipping Maryland's health care workforce with the tools to understand and dismantle structural racism is a key component of this work.

For these reasons, we request a favorable report on SB 458.

For more information, please contact:

Jane Krienke, Director, Government Affairs & Policy

Jkrienke@mhaonline.org

NASW-Maryland - 2025 SB 458 FAV - Structural Racis

Uploaded by: Karessa Proctor

Position: FAV

**Senate Finance Committee
February 11, 2025**

**Senate Bill 458
Health Occupations – Structural Racism Training
SUPPORT**

The National Association of Social Workers Maryland Chapter (NASW-MD) represents over 2,700 social workers across the state. We are writing in strong support of Senate Bill 458 – Health Occupations – Structural Racism Training. This legislation is a critical step toward addressing health disparities and improving equitable care by requiring health professionals to complete training on implicit bias and structural racism as part of their first time licensure renewal requirement.

Structural racism perpetuates inequalities by systematically limiting access to opportunities and resources based on race that result in reinforcing disparities across generations, making it a significant public health issue. Research consistently shows that racial disparities in treatment and interventions contribute to worse health outcomes for marginalized communities. Systemic barriers, including unequal access to care, biased clinical decision-making, and historical mistrust, exacerbate disparities in all areas of health. Without intentional training, health care professionals may unconsciously perpetuate these disparities and these implicit biases result in structural racism against people and peoples of affected communities.

As social workers, we appreciate Maryland recognizing that thoughts bring actions and therefore deeply appreciate that House Bill 783 recognizes the connection that an individual's implicit bias can result in the expected outcome of structural racism. As a state committed to eliminating health disparities, Maryland must ensure that its health workforce is equipped with the necessary knowledge and skills to provide equitable care to all residents. We urge the committee to issue a favorable report on Senate Bill 458 to support a fairer, healthier Maryland.

Respectfully,

Karessa Proctor, BSW, MSW (she/her)
Executive Director
National Association of Social Workers (NASW) Maryland Chapter

SB 458 Structural Racism Training for Healthcare W

Uploaded by: Loraine Arikat

Position: FAV



SB 458
Health Occupations - Structural Racism Training
Position: FAVORABLE

Dear Chair Beidle and members of the Senate Finance Committee:

My name is Ricarra Jones, and I am the Political Director with 1199SEIU- the largest healthcare union in the nation, where we represent over 10,000 healthcare workers in Maryland. 1199SEIU United Healthcare Workers East is Maryland's largest healthcare union, representing over 400,000 healthcare workers across the East Coast. 1199 SEIU strongly supports SB 458 which would embed structural racism training into the license and certificate renewal process for healthcare workers.

1199SEIU has committed to fighting structural racism in healthcare through advocacy on social determinants of health, higher wages for low-income communities, and increased access to care for communities of color. Structural racism is when laws and policies prioritize certain groups over others, resulting in unequal opportunity to healthcare, jobs, housing, education, and safe environment.

To address ongoing racism and mitigate bias in healthcare professionals, acknowledging and educating healthcare workers about structural racism is one step towards an anti-racist perspective that can inform all healthcare education, research, and practice. Providing equitable, unbiased care is the responsibility of all clinicians. However, unconscious biases and racist attitudes of healthcare workers, specifically those of physicians and nurses, are a substantial contributing factor to health disparities. SB 458 is an important step towards educating healthcare professionals about the ways structural racism impacts patients and healthcare. For those reasons, 1199 SEIU supports SB 458.

Sincerely,

Ricarra Jones
Political Director
1199 SEIU United Healthcare Workers East

Ricarra.jones@1199.org

SB0458- FIN-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0458

February 11, 2025

TO: Members of the Senate Finance Committee
FROM: Nina Themelis, Director of Mayor's Office of Government Relations
RE: Senate Bill 458 – Health Occupations - Structural Racism Training
POSITION: Support

Chair Beidle, Vice Chair Hayes, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 458.

SB 458 requires health care professionals to complete a training in structural racism before their license may be renewed, in addition to completing a training in implicit bias (already required by Maryland law). This bill represents important steps toward addressing health disparities among Marylanders. By expanding requirements for implicit bias training to include structural racism, we acknowledge both the history of discrimination in healthcare and the fact that structural inequities related to race persist today through disparities in the distribution of wealth, availability of resources, and power.¹ Training on structural racism will equip providers with an understanding of how racism affects health. Implicit bias and structural racism training may allow for certain benefits through culturally relevant care including:

1. Enhanced Patient Care: This training will help healthcare providers to understand biases and acknowledge systemic barriers to optimal health, leading to more culturally competent care for their patients.²
2. Improved Health Outcomes: By addressing structural racism alongside implicit bias, this training can work towards reducing persistent health differences experienced by communities of color.³

For these reasons, the BCA respectfully requests a **favorable** report on SB 458. Supporting training on both implicit bias and structural racism is a positive step towards improving health outcomes for all Marylanders.

¹ Egede LE, Walker RJ, Williams JS. Addressing Structural Inequalities, Structural Racism, and Social Determinants of Health: A Vision for the Future. *J Gen Intern Med.* 2024 Feb;39(3):487-491. doi: 10.1007/s11606-023-08426-7. Epub 2023 Sep 22. PMID: 37740168; PMCID: PMC10897090.

² <https://www.qualityinteractions.com/blog/racial-health-equity-healthcare-organizations>

³ Cooper LA, Saha S, van Ryn M. Mandated Implicit Bias Training for Health Professionals—A Step Toward Equity in Health Care. *JAMA Health Forum.* 2022;3(8):e223250. doi:10.1001/jamahealthforum.2022.3250.

2025 ACNM SB 458 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: SB 458 – Structural Racism Training

Hearing Date: February 11, 2025

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 458 – Health Occupations – Structural Racism Training*. The legislation updates current training requirements on implicit bias to include structural racism. The training is required once for healthcare practitioners licensed or certified under a Maryland health occupations board.

The Maryland General Assembly adopted implicit bias training for healthcare practitioners as a licensure/certificate renewal requirement in 2021. Implicit bias training supports healthcare practitioners in identifying and addressing their own internal biases in delivering healthcare services. Structural racism training supports practitioners in understanding how to make organizations changes to remove implicit bias and racism embedded within health system standards and processes.

ACNM supports this legislation because racism has created a public health crisis, according to the American Public Health Association as well as many other healthcare organizations.ⁱ Training and education is a cornerstone of the strategy to reverse the impact of structural racism on our communities.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis>

<https://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000315/PS-Racism%20and%20Racial%20Bias%20FINAL%20to%20ACNM%2026-Oct-19.pdf>

SB00458_SponsorTestimony

Uploaded by: Senator Gile

Position: FAV

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB0458 - Health Occupations – Structural Racism Training

This bill mandates that individuals renewing certain health occupation licenses and certificates complete a training program on implicit bias and structural racism. This program must be approved by the Cultural and Linguistic Health Care Professional Competency Program. The bill seeks to improve cultural and linguistic competency among health care professionals by addressing these critical issues in health care settings.

Implicit bias and structural racism, though related, are distinct concepts. Implicit bias is typically unconscious, subtle, and beyond an individual's direct awareness or control. In contrast, structural racism involves deliberate actions or systemic policies that result in explicit discrimination and greater harm on both individual and institutional levels. By requiring this training, the bill aims to equip health care professionals with the knowledge and awareness needed to mitigate both implicit bias and structural racism, ultimately fostering more equitable health care outcomes.

Key Provisions:

Training Requirement: Beginning with the first license or certificate renewal after April 1, 2026, applicants must attest to completing an approved training program on both implicit bias and structural racism.

Even if an individual has previously completed implicit bias training, they will still be required to complete the new Structural Racism Training to ensure comprehensive education on both issues.

The University of Maryland will develop training that will be submitted to the Maryland Department of Health Office of Minority Health and Health Disparities for review and published to the respective website for free access.

Program Approval: The Cultural and Linguistic Health Care Professional Competency Program, in coordination with the Office of Minority Health and Health Disparities, will identify and approve training programs. Approved programs must be recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education.

Definitions: "Structural racism" is defined as a system of inherited institutional settings that provide differential opportunities based on race. "Cultural and linguistic competency" includes direct communication in the patient's primary language and understanding the roles of culture, ethnicity, and race in diagnosis and treatment.

Key Provisions:

1. Training Requirement:

- Applicants for renewal of licenses and certificates must attest to completing an implicit bias and structural racism training program.
- The requirement applies to the first license or certificate renewal after April 1, 2026.

2. Program Approval:

- The Cultural and Linguistic Health Care Professional Competency Program, in coordination with the Office of Minority Health and Health Disparities, will identify and approve training programs.
- Approved programs must be recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education.

3. Definitions:

- "Structural racism" is defined as a system of inherited institutional settings that provide differential opportunities based on race.
- "Cultural and linguistic competency" includes direct communication in the patient's primary language and understanding the roles of culture, ethnicity, and race in diagnosis and treatment.

MNA / University of Maryland School of Nursing Collaboration

The American Nurses Association (ANA) has invested hundreds of thousands of dollars in initiatives aimed at dismantling racism in nursing. In 2024, the Maryland Nurses Association (MNA) was selected as one of 12 state nursing associations nationwide to receive a grant dedicated to advancing antiracism efforts.

MNA is committed to addressing systemic racism in nursing and the broader health care profession, MNA has partnered with the University of Maryland School of Nursing DEI department to develop a web-based training program focused on systemic racism. This initiative is funded by the ANA grant and will be made available at no cost to health care professionals and organizations across Maryland. Health care organizations will have the flexibility to integrate the training into their competency programs as they see fit.

Per the Fiscal Note, SB0458 would cause Maryland Department of Health (MDH) general fund expenditures to increase by a small, indeterminate amount in FY 2026 only for contractual assistance to identify and approve new training courses. Special fund expenditures for each health occupations board may increase in FY 2026 to the extent each board must update its licensing system to accept revised attestations.

SB458_SponsorAmendments

Uploaded by: Senator Gile

Position: FAV



SB0458/703128/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

10 FEB 25
16:18:37

BY: Senator Gile
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 458

(First Reading File Bill)

On page 2, strike beginning with “A” in line 20 down through “RACE” in line 23 and substitute “THE TOTALITY OF WAYS IN WHICH SOCIETIES FOSTER RACIAL DISCRIMINATION BY MUTUALLY REINFORCING SYSTEMS OF HOUSING, EDUCATION, EMPLOYMENT, EARNINGS, BENEFITS, CREDIT, MEDIA, HEALTH CARE, AND CRIMINAL JUSTICE”.

Sb458 MNA Course info.pdf

Uploaded by: William Kress

Position: FAV

Institution	Course name	Weblink	Course description
1. ANA Enterprise	See You Now: Rooting Out Racism in Health Care	https://www.nursingworld.org/continuing-education/see-you-now-rooting-out-racism-free/	You must act to make a change. Listen to innovative nurses in this set of SEE YOU NOW podcasts describe how they are taking action by creating and implementing strategies to address racism in health care. You will be exposed to how you can help make health care equitable, inclusive, and safe for all individuals.
2. American Heart Association	Structural Racism	https://education.heart.org/productdetails/understanding-structural-racism?detailsBreadcrumbTitle=All%20Content&portfolioUrl=	<p>https://education.heart.org/productdetails/understanding-structural-racism?detailsBreadcrumbTitle=All%20Content&portfolioUrl=</p> <p>This course is designed to provide insight into the historical context of structural racism and its effect on health outcomes. It provides a summary of how structural racism has been and remains a fundamental driver of health disparities and health problems in the United States, shortening the lives of Black people and other racial and ethnic groups.</p> <p>After completing this online course, the learner will be able to:</p> <ul style="list-style-type: none"> • Differentiate structural racism from interpersonal racism • Recognize historical and contemporary examples of structural racism • Understand how structural racism impacts health and health outcomes <p>This course is part of a two-part series that includes the following offerings:</p> <ul style="list-style-type: none"> • Structural Racism as a Fundamental Driver of Health Disparities • Understanding Structural Racism
3. University of Michigan	Structural Racism: Causes of Health Inequities in the U.S.	https://www.coursera.org/learn/structural-racism-causes-of-health-inequities-in-the-us	<p>There are 3 modules in this course</p> <p>Racial health disparities - differences in health outcomes based on race - are rampant in the U.S., and many incorrectly assume these are due to differences in behavior or genetics. To understand these differences, and ultimately identify solutions to eliminate these disparities, we need to dig deeper and look at the root causes. We need to examine how our socio-political institutions have racial inequities embedded within their policies and practices. We need to re-examine history to learn how and why race was created and how it was used to advance the interests of whites. We</p>

			<p>need to examine how state violence is selectively used to reinforce racial inequities.</p> <p>Learners in this course will be guided through these examinations in order to gain a deeper understanding of why health disparities exist in the U.S. and what will be necessary to eliminate these disparities. Answering questions pertaining to course materials will give learners the opportunity to self-reflect in an effort to deepen their thinking about health inequities. Additionally, course assignments will give learners the opportunity to practice advocacy skills through the creation of writing products intended to convince decision-makers to change their perspective. To fix the problem we need to accurately diagnose it, and this course will help learners diagnose the root causes of the problem. By the end of this course, learners will be able to:</p> <ul style="list-style-type: none"> - Describe the impact of structural racism on individuals. - Identify policies and events that shaped current racial health inequities. - Discuss how historical events contributed to current racial health inequities. - Describe how inequities in institutions like schools, businesses, and policing contribute to current racial health inequities. - Apply public writing strategies to work against racial inequities in health.
4. Boston University, school of social work	Understanding Structural & Institutional Racism	https://thenetwork.bu.edu/offering/understanding-structural-institutional-racism/	<p>Designed to help you expand your knowledge of the interlocking social systems and ideology that are the foundations of racial inequality in our society, this free online course now offers 3.5 CE credits for social work professionals.</p> <p>There are three sections that each take approximately one hour to complete: Section 1 introduces initial core concepts that will be used in the rest of this module: political economy, racial capitalism, white supremacy, and structural and institutional racism.</p> <p>Section 2 takes a deeper look at white supremacist ideology, its influence on American society and how it can be deconstructed and otherwise contested. Section 3 concludes with a look at the history of antiracist activism in the U.S., and the role social workers can play in opposing racism.</p>

			<p>You'll find a short evaluation at the end of the course for you to share feedback, in addition to the quiz if you are interested in CE credits for the course.</p> <p>While this module doesn't provide the final word on these difficult and challenging issues, we hope that it will expand our knowledge base, introduce new concepts and approaches, and help us work together to build a better, more antiracist world.</p>
5. University of Rochester	Disparities in Access to Health Care and Research Course	https://www.urmc.rochester.edu/clinical-translational-science-institute/education/disparities-in-access-healthcare-research#:~:text=Structural%20Racism%20in%20Health%20Care%20&%20Research%20Course,People%20of%20Color%20(BIPOC).&text=Jump%20to%3A%20Current%20Course	This free course, sponsored by the UR CTSI and Center for Community Health & Prevention, explores how historic and current harms have shaped the relationship between doctors/researchers and patients/research participants who are Black, Indigenous, and People of Color (BIPOC).
6. Emergency Nurses Association	Structural racism in healthcare	https://enau.ena.org/Listing/Structural-Racism-in-Healthcare-880	Explore the complex relationship between science, healthcare, and the racialization of disease to better understand how racism impacts ethnic health inequities. Course expires 10/8/2026.
7. Next Gen -U	Dismantling Structural Racism to Advance Health Equity	https://courses.nextgenu.org/course/view.php?id=399#section-2	<p>This course, Dismantling Structural Racism to Advance Health Equity, provides an introductory exploration of the key concepts related to health equity, including structural racism, health inequities, and social determinants of health. Participants will develop a practice of self-reflection and learn how structurally racist policies have adversely impacted health. They will also identify strategies to begin dismantling these policies in healthcare organizations and develop an action plan to implement these strategies.</p> <p>This course emphasizes practical applications and solutions and provides participants with the knowledge and resources to make a positive impact and promote health equity in their own communities and beyond. It is ideal for healthcare executives and may also be useful to healthcare</p>

			professionals, policymakers, community leaders, and health professional students who are passionate about advancing health equity and dismantling structural racism. Enroll now to make a difference and join a community of change-makers.
8. Cornell Center for Health Equity	Racial Allyship Training	https://centerfortheequity.cornell.edu/wp-content/allyship/#/	This course was developed in response to the global outcry against racism ignited by the tragic murder of George Floyd to support people who want to become better allies in the fight against racism. Unlike most courses focusing on anti-racism, which mainly raise awareness, this course is specifically designed to build skills. The training, prompted by George Floyd, focuses on anti-Black racism. In the US, fighting racism against Black people is especially important because of the structural racism against them that developed since the Civil War and remains a palpable present-day legacy. We hope you will find that the skills you learn will be widely useful against all forms of racism. Thank you for joining us in moving the world to a better place where people of all cultures and backgrounds can reach their full potential.
9. American Medical Association	Aspen Ideas Health: Structural Racism in Medicine: A Killer Disease and Public Health Crisis	https://edhub.ama-assn.org/healthbegins-training-and-education/interactive/18821342	This module provides learners with a foundational understanding of key terms and concepts related to health equity and racial equity. Learners will understand how racial equity and health equity concepts challenge conventional perspectives about patient care and medical practice, including the role of race vs racism. The module will also review the history of organized medicine in the US vis-à-vis structural racism and economic inequity. The module highlights and summarizes strategies that health professionals and systems can implement and support to dismantle structural racism and economic inequity. Learners will understand these strategies as part of a cycle of continuous learning, improvement and accountability necessary to support practice, community and societal transformation that advances racial equity and health equity.
10. Society of Infectious Diseases	Dismantling Structural Racism in Pharmacy: Why it Matters to Our	https://proce.com/program/administration-and-training/dismantling-structural-racism-in-pharmacy-why-it-matters-to-	This activity will provide key definitions as a basis for discussion of systemic and structural racism in communities and the pharmacy profession. A case study will be used highlight aspects of this topic and focus on ways to improve the health of the community through diversity, equity and inclusion.

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Children's Bureau Express (.gov)

<https://cbexpress.acf.hhs.gov> › article › october › free-tra... ⋮

Free Training Focuses on Structural and Institutional Racism

"Understanding **Structural** and Institutional **Racism**" is a free, self-paced **online course** designed to help child welfare professionals and other **health** and ...

Sb458 MNA FAV 2025.pdf

Uploaded by: William Kress

Position: FAV



Committee: Senate Finance Committee
Bill Number: SB 458 - "Health Occupations – Structural Racism Training"
Hearing Date: February 11, 2025
Position: Favorable

The Maryland Nurses Association strongly supports Senate Bill 458, entitled "Health Occupations – Structural Racism Training." This bill mandates that individuals healthcare providers that are renewing their health occupation licenses and certificates complete a training program on implicit bias and structural racism. The program must be approved by the Cultural and Linguistic Health Care Professional Competency Program. The goal of this bill is to improve cultural and linguistic competency among healthcare professionals by addressing critical issues in healthcare settings.

Implicit bias and structural racism, though related, are distinct concepts. Implicit bias is typically unconscious, subtle, and beyond an individual's direct awareness or control. In contrast, structural racism involves deliberate actions or systemic policies that result in explicit discrimination and greater harm on both individual and institutional levels. By requiring this training, the bill aims to equip healthcare professionals with the knowledge and awareness needed to mitigate both implicit bias and structural racism, ultimately fostering more equitable healthcare outcomes.

Key Provisions:

1. **Training Requirement:** Beginning with the first license or certificate renewal after April 1, 2026, applicants must attest to completing an approved training program on both implicit bias and structural racism. Even if an individual has previously completed implicit bias training, they will still be required to complete the new Structural Racism Training to ensure comprehensive education on both issues. The University of Maryland will develop training that will be submitted to the Maryland Department of Health Office of Minority Health and Health Disparities for review and published to the respective website for free access.
2. **Program Approval:** The Cultural and Linguistic Health Care Professional Competency Program, in coordination with the Office of Minority Health and Health Disparities, will identify and approve training programs. Approved programs must be recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education.
3. **Definitions:** "Structural racism" is defined as a system of inherited institutional settings that provide differential opportunities based on race. "Cultural and linguistic competency" includes direct communication in the patient's primary language and understanding the roles of culture, ethnicity, and race in diagnosis and treatment.

MNA / University of Maryland School of Nursing Collaboration:

The American Nurses Association (ANA) has invested significantly in initiatives aimed at dismantling racism in nursing. In 2024, the Maryland Nurses Association (MNA) was selected as one of 12 state nursing associations nationwide to receive a grant dedicated to advancing

antiracism efforts. MNA is committed to addressing systemic racism in nursing and the broader healthcare profession. MNA has partnered with the University of Maryland School of Nursing DEI department to develop a web-based training program focused on systemic racism. This initiative is funded by the ANA grant and will be made available at no cost to healthcare professionals and organizations across Maryland. Healthcare organizations will have the flexibility to integrate the training into their competency programs as they see fit.

In conclusion, Senate Bill 458 is a crucial step towards addressing implicit bias and structural racism in healthcare. By mandating comprehensive training for healthcare professionals, this bill will help create a more equitable and just healthcare system for all.

MNA urges the committee to issue a favorable report on SB 458.

If you have any questions please contact MNA's lobbyist, Bill Kress at

bill@kresshammen.com

SB458.MPhA.pdf

Uploaded by: Aliyah Horton

Position: FWA



Date: February 11, 2025

To: The Honorable Pamela Beidle, Chair, Senate Finance Committee

From: Aliyah N. Horton, FASAE, CAE, Executive Director, 240-688-7808

Cc: Members, Senate Finance Committee

Re: **FAVORABLE WITH AMENDMENT – SB458 – Health Occupations – Structural Racism Training**

The Maryland Pharmacists Association supports with amendment **SB 458 – Health Occupations – Structural Racism Training**. We are specifically requesting the following amendment to Section 20-1306(a)(2).

Amendment 20-1306(a)(2)

- (2) The Program may approve only implicit bias of this subsection that are recognized by a health occupations board established under the Health Occupations Article, ~~or~~ accredited by the Accreditation Council for Continuing Medical Education, **OR THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION.**

Rationale:

Streamline the process and access for pharmacists and pharmacy technicians

- ACPE accreditation for the pharmacy profession is the same as ACCME is for other medical professionals:
 - both provide national accreditation standards for evidence-based continuing education
 - require documented learning objectives
 - maintain quality assurance for professional education; and
 - offer credit recognition across multiple states.
- ACCME accredited training is not automatically approved by pharmacy boards.
 - Pharmacists/pharmacy technicians must undertake an individual approval process with the National Association of Boards of Pharmacy and/or their state Board for the credits to be approved and recognized for license renewal. If the training is not specifically pharmacy-related it will not be approved.
 - MD Health Occupations Code § 12-309 Continuing Education reads: (l) Any continuing education program that is currently approved by the American Council on Pharmaceutical Education automatically qualifies for continuing education credit.
 - If the implicit bias and structural racism training is required for the license renewal, we should support the ability to apply it to the continuing education requirements.
- Adding ACPE to the bill will allow pharmacy education providers to submit ACPE-approved training directly to the Office of Minority Health for approval and the ability to quickly address any issues.
- MPhA experience:
 - The Board of Pharmacy has approved/recognized two ACPE-accredited trainings specifically developed to address the implicit bias training based on the statute. The review process for one took six months and the other six weeks.
 - After completing the process with the Board of Pharmacy, the Office of Minority Health then requested additional information that is not in statute or posted on the website, further delaying the ability of licensed pharmacy professionals to meet the criteria.



MPhA
MARYLAND PHARMACISTS ASSOCIATION

- Had we had the ability to directly submit to OMH, we could have quickly addressed the questions and had the training in the community without months of delay.

MPhA strongly supports the intent of the legislation. The amendment will ensure that we and other pharmacy educators can effectively support its implementation with training that is specifically relevant to the pharmacist's role in public health.

MARYLAND PHARMACISTS ASSOCIATION - Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists, pharmacy technicians and student pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

LCPCM-SB 458-Structural Racism Training-Support-wi

Uploaded by: Andrea Mansfield

Position: FWA



Committee: Senate Finance Committee

Bill: SB 458 – Health Occupations – Structural Racism Training

Hearing Date: February 11, 2025

Position: Support With Amendments

The Licensed Clinical Professional Counselors of Maryland (LCPCM) support SB 458 – Health Occupations – Structural Racism Training with amendments. This bill will require the Cultural and Linguistic Health Care Professional Competency Program to incorporate a structural racism training program; and requires applicants for the renewal of a license or certificate issued by a health occupations board to attest to completing an implicit bias and structural racism training program for the first license of certificate or renewal issued after April 1, 2026.

Legislation passed during the 2021 Session (HB 28, CH. 744, Acts of 2021) required all health practitioners to complete implicit bias training as a condition of renewal. SB 458 incorporates a new program for licensure, structural racism training. LCPCM believes that to adequately treat patients, providers need to understand the challenges they face in their personal and professional lives. This training will provide a better understanding of the historical practices and policies that have affected marginalized and disadvantaged communities leading to providing better treatment services.

LCPCM supports additional training requirements to address health equity issues, but requests that as a new requirement for continued licensure, continuing education credit and a certificate for completing the program be provided to all health practitioners completing the program. LCPCM suggests adding this language to §1-225 of the Health Occupations Article.

For these reasons, LCPCM urges the Committee to give SB 458 a FAVORABLE Report with AMENDMENTS to provide for continuing education credit and a certification of completion.

Please contact Andrea Mansfield at amansfield@maniscanning.com or (410) 562-1617 if we can provide additional information.

SB 458 - VARIOUS - FIN - LOSWA.pdf

Uploaded by: Maryland State of

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**Maryland State Board of Acupuncture
Maryland Health Occupations Boards**
4201 Patterson Avenue
Baltimore, MD 21215

2025 SESSION POSITION PAPER

BILL NO: SB 458
COMMITTEE: Finance
POSITION: Support with Amendment

TITLE: Health Occupations – Structural Racism Training

BILL ANALYSIS: The bill requires applicants for renewal of certain health occupations licenses and certificates, issued by corresponding health occupation boards, to attest that he/she has completed an implicit bias and structural racism training program, updating prior law that only required an implicit bias training program, approved by the Cultural and Linguistic Health Care Professional Competency Program (the “Program”).

POSITION AND RATIONALE: For the reasons set forth in this position paper, the State Acupuncture Board (the “Board”), as well as the following health occupation boards: the State Board of Audiologists, Hearing Aid Dispensers, Speech/Language Pathologists & Music Therapists; the State Board for Certification of Residential Child Care Program Professionals; the State Board of Dietetic Practice; the State Board of Morticians & Funeral Directors; the State Board of Occupational Therapy Practice; the State Board of Examiners in Optometry; the State Board of Physical Therapy Examiners; the State Board of Podiatric Medical Examiners; the State Board of Professional Counselors & Therapists; and the State Board of Social Work Examiners, (the “Boards”) support Senate Bill 458 with the following amendments:

Amendment 1

Page 3, Strike lines 19-22 and replace with: **(B) IT IS SOLELY THE RESPONSIBILITY OF THE PROGRAM AND OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES TO APPROVE IMPLICIT BIAS AND STRUCTURAL RACISM TRAINING PROGRAMS UNDER PARAGRAPH (1) OF THIS SUBSECTION AND NOT THE RESPONSIBILITY OF THE HEALTH OCCUPATIONS BOARDS.**

Amendment 2

Page 3, line 23 renumber (b) to (c); amend lines 23-24 to: **AT LEAST SIX MONTHS BEFORE THE APPLICANTS AND LICENSEES ATTESTATIONS ARE REQUIRED,**

THE PROGRAM SHALL PROVIDE THE HEALTH OCCUPATIONS BOARDS WITH A LIST OF TRAINING PROGRAMS APPROVED UNDER SUBSECTION (A) OF THIS SECTION THAT WILL SATISFY THE TRAINING REQUIREMENT.

Amendment 3

Page 3, line 35, strike 2026 and replace with **2027**.

The Boards support this bill, with the requested amendments based on their experience implementing the original bill (SB 5, Acts of 2021). The Department's Office of Minority Health and Health Disparities (the "Office") has expertise in the subject matter and therefore has been tasked with identifying and approving the resources needed to comply with the law. The Boards neither have one approach to recognizing training programs, nor have the expertise required to determine the adequacy of training related to this subject matter as defined by the Office. While the Boards believe that identifying courses that satisfy this requirement and approving the courses are clearly the responsibility of the Program and the Office, the Office has suggested that this requirement is the Boards' responsibility to conduct research, identify courses, and recognize courses that would satisfy the requirements. The Office also claimed that the Boards are responsible for reviewing outlines, course content, and learning objectives for implicit bias courses. The imposition of this responsibility on the Boards caused an unproductive administrative burden. The Boards have no expertise to review courses to determine whether they satisfy the legislature's goals pertaining to implicit bias and structural racism. Nevertheless, the Office informed the Boards that they should not refer licensees to the Office to determine appropriate courses. The Boards seek clear and explicit language in this bill to prevent the same situation where Boards become *de facto* responsible for determining the adequacy of programs outside their area of expertise. As the valuable work of the Program progresses, the Boards recommend that the ambiguous language that appeared to require Board participation in recognizing programs be stricken to clarify Program execution responsibility is on the Program and the Office alone, and that the Boards' sole role is to collect the attestation from licensees at the time of their first renewal. We further propose a revision to make it clear that the Program or the Office will provide licensees with sufficient resources to comply with the statute.

Finally, the Boards found last time that there were insufficient number of courses available at the beginning of the implementation period. We would request that the implementation date for SB 458 be set for 2027 to allow the Program and the Office of Minority Health and Health Disparities sufficient time to approve a sufficient number of relevant courses.

It is for these reasons that the Boards respectfully request a favorable vote on SB 458 with amendment.

For more information, please contact Tiffany L. Smith Williams, Executive Director for the Board of Acupuncture at (410)764-5925 or tiffany.smith-williams@maryland.gov; or Lillian Reese, the Legislative Liaison for the Health Occupations Boards & Commissions at 443-794-4757 or at lillian.reese@maryland.gov.

The opinion of the Boards expressed in this document do not necessarily reflect that of the Department of Health or the Administration.

SB458_MDH_FWA

Uploaded by: Sarah Case-Herron

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 11, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill (SB) 458 - Health Occupations – Structural Racism Training - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments to Senate Bill (SB) 458. This bill requires applicants for health occupation license or certification renewal to complete a structural racism training course in addition to an implicit bias training course currently required as part of the Cultural and Linguistic Health Care Professional Competency Program (program).

Under current law, the program identifies and approves evidence-based implicit bias training courses that health care professionals must complete to renew a license or certificate issued by a health occupations board. Additionally, the program may only approve courses that are recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education (ACCME).

The Department supports the goals of SB 458 to advance health professionals' understanding of structural racism, but suggest an amendment to assist with implementation. The definition of structural racism outlined in the bill refers to “a system of inherited institutional settings that provide differential opportunities.” To ensure a definition is easily understandable and accessible, the Department suggests replacing the definition with one developed by the American Medical Association. Additionally, with respect to the identification of evidence-based courses, the ACCME does not currently offer any courses on structural racism on its website, definition notwithstanding.¹ This lack of available evidence-based resources could create additional challenges for MHHD as the office looks to identify appropriate, accredited structural racism training courses to post online.

Finally, consistent with the legislation's current recommendation that licensing boards identify implicit bias training opportunities specific to their disciplines, should this additional training requirement be implemented, MHHD believes that each licensing board is best suited to identify both implicit bias and structural racism training courses relevant to and most appropriate for their

¹ “Accreditation Council for Continuing Medical Education” ACCME Implicit Bias Training
<https://www.cmepassport.org/activity/search?specialty=implicit%20bias>

licensees. While MHHD will continue to identify evidence-based courses on implicit bias, and can identify evidence-based courses on structural racism in the health care context when such courses become available, it is recommended that licensing boards continue to suggest implicit bias and, potentially, structural racism courses that are most pertinent to their specific areas of practice.^{2 3}

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, MD, MPH
Secretary

²Jones, K.A. (2000, August). Levels of Racism: A Theoretic Framework and a Gardener's Tale. *American Journal of Public Health*, 90 (8), 1212-1215. <https://pmc.ncbi.nlm.nih.gov/articles/instance/1446334/pdf/10936998.pdf>

³Dent RB, Vichare A, Casimir J. Addressing Structural Racism in the Health Workforce. *Med Care*. 2021 Oct 1;59(Suppl 5):S409-S412. doi: 10.1097/MLR.0000000000001604. PMID: 34524236; PMCID: PMC8428853. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8428853/>

In the Senate Finance Committee:

AMENDMENTS TO SENATE BILL 458

(First Reading File Bill)

On page 2, lines 20-23, strike “STRUCTURAL RACISM MEANS A SYSTEM OF INHERITED INSTITUTIONAL SETTINGS THAT PROVIDE DIFFERENTIAL OPPORTUNITIES FOR HEALTH CARE, EDUCATION, HOUSING, EMPLOYMENT, AND THE ENVIRONMENT TO AN INDIVIDUAL BASED ON THE INDIVIDUALS RACE.” and insert “STRUCTURAL RACISM REFERS TO THE TOTALITY OF WAYS IN WHICH SOCIETIES FOSTER RACIAL DISCRIMINATION THROUGH MUTUALLY REINFORCING SYSTEMS OF HOUSING, EDUCATION, EMPLOYMENT, EARNINGS, BENEFITS, CREDIT, MEDIA, HEALTH CARE, AND CRIMINAL JUSTICE.”

SB 458 - MBON - FIN - LOSWA.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 11, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
Room 2
Senate Office Building
Annapolis, MD 21401

RE: SB 458 – Health Occupations - Structural Racism Training

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for SB 458 Health Occupations - Structural Racism Training.

The Board thanks Senator Gile for introducing this bill, and supports her efforts to ensure all licensed workers in the state are educated on the ways structural racism has shaped our environment. We believe this kind of training is particularly important in a field as diverse as nursing, and one that interacts with such a varied swath of the population.

In 2021, the General Assembly passed SB5, which required applicants for licensure and those renewing their license to take an implicit bias training course. The Board has diligently adhered to this mandate, and believes it has improved the quality of care and patient experience for all those who have received nursing care. The Board believes the additional requirement created by SB 458 will only improve these outcomes. We are concerned though that as the bill is currently written, it would require applicants and licensees to retake the entire implicit bias training completely rather than simply requiring additional structural racism training. After speaking with the sponsor we understand that this is not their intent, so we offer this friendly amendment to ensure we do not inflict undo burdens and costs on our members.

Amendment to House Bill 458

on pg.3 after line 35 insert

(c) The requirements under subsection (a) and (b) of this section do not apply to applicants who have previously completed an implicit bias training program prior to April 1, 2026.

Thank you again for your time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Christine Lechliter". The signature is written in a cursive style.

Christine Lechliter
Board President

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

SB458_MDH_FWA

Uploaded by: State of Maryland (MD)

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 11, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill (SB) 458 - Health Occupations – Structural Racism Training - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments to Senate Bill (SB) 458. This bill requires applicants for health occupation license or certification renewal to complete a structural racism training course in addition to an implicit bias training course currently required as part of the Cultural and Linguistic Health Care Professional Competency Program (program).

Under current law, the program identifies and approves evidence-based implicit bias training courses that health care professionals must complete to renew a license or certificate issued by a health occupations board. Additionally, the program may only approve courses that are recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education (ACCME).

The Department supports the goals of SB 458 to advance health professionals' understanding of structural racism, but suggest an amendment to assist with implementation. The definition of structural racism outlined in the bill refers to “a system of inherited institutional settings that provide differential opportunities.” To ensure a definition is easily understandable and accessible, the Department suggests replacing the definition with one developed by the American Medical Association. Additionally, with respect to the identification of evidence-based courses, the ACCME does not currently offer any courses on structural racism on its website, definition notwithstanding.¹ This lack of available evidence-based resources could create additional challenges for MHHD as the office looks to identify appropriate, accredited structural racism training courses to post online.

Finally, consistent with the legislation's current recommendation that licensing boards identify implicit bias training opportunities specific to their disciplines, should this additional training requirement be implemented, MHHD believes that each licensing board is best suited to identify both implicit bias and structural racism training courses relevant to and most appropriate for their

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<https://www.cmepassport.org/activity/search?specialty=implicit%20bias>

licensees. While MHHD will continue to identify evidence-based courses on implicit bias, and can identify evidence-based courses on structural racism in the health care context when such courses become available, it is recommended that licensing boards continue to suggest implicit bias and, potentially, structural racism courses that are most pertinent to their specific areas of practice.^{2 3}

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, MD, MPH
Secretary

²Jones, K.A. (2000, August). Levels of Racism: A Theoretic Framework and a Gardener's Tale. *American Journal of Public Health*, 90 (8), 1212-1215. <https://pmc.ncbi.nlm.nih.gov/articles/instance/1446334/pdf/10936998.pdf>

³Dent RB, Vichare A, Casimir J. Addressing Structural Racism in the Health Workforce. *Med Care*. 2021 Oct 1;59(Suppl 5):S409-S412. doi: 10.1097/MLR.0000000000001604. PMID: 34524236; PMCID: PMC8428853. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8428853/>

In the Senate Finance Committee:

AMENDMENTS TO SENATE BILL 458

(First Reading File Bill)

On page 2, lines 20-23, strike “STRUCTURAL RACISM MEANS A SYSTEM OF INHERITED INSTITUTIONAL SETTINGS THAT PROVIDE DIFFERENTIAL OPPORTUNITIES FOR HEALTH CARE, EDUCATION, HOUSING, EMPLOYMENT, AND THE ENVIRONMENT TO AN INDIVIDUAL BASED ON THE INDIVIDUALS RACE.” and insert “STRUCTURAL RACISM REFERS TO THE TOTALITY OF WAYS IN WHICH SOCIETIES FOSTER RACIAL DISCRIMINATION THROUGH MUTUALLY REINFORCING SYSTEMS OF HOUSING, EDUCATION, EMPLOYMENT, EARNINGS, BENEFITS, CREDIT, MEDIA, HEALTH CARE, AND CRIMINAL JUSTICE.”

Written Testimony for SB 458_HB 783_ Health Occup

Uploaded by: Trudy Tibbals

Position: UNF

Written Testimony for **SB 458/HB 783**: Health Occupations - Structural Racism Training - Please **VOTE NO** on this bill.

Dear Finance and Health & Government Operations Committee Members:

This bill reads "...FOR the purpose of requiring applicants for renewal of certain licenses and certain certificates issued by certain health occupation boards to attest that the applicant completed an implicit bias and structural racism training program..."

The following definitions are included in the bill:

"Implicit bias" means 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..."

"STRUCTURAL RACISM" MEANS A SYSTEM OF INHERITED INSTITUTIONAL SETTINGS THAT PROVIDE DIFFERENTIAL OPPORTUNITIES FOR HEALTH CARE, EDUCATION, HOUSING, EMPLOYMENT, AND THE ENVIRONMENT TO AN INDIVIDUAL BASED ON THE INDIVIDUAL'S RACE..."

"Health care professional" includes a physician, nurse, dentist, social worker, psychologist, pharmacist, health educator, or other allied health professional."

I understand and appreciate the intention of this bill. I agree that we should treat everyone fairly, equally and with respect, not just in general but in a medical capacity as well. In this bill, people are seeking medical or dental care, whether routinely or in a more acute manner, and should all be treated fairly, equally and respectfully. There should be no question or issue about this.

However, we should also take into consideration that some medical conditions are inherently suffered by people of various races or ethnicities. Genetics has been proven to be a strong predictor for common diseases such as cancer, cardiovascular disease (CVD), diabetes, autoimmune disorders, and psychiatric illnesses. Some diseases are more prevalent in some populations identified as races due to their common ancestry. Thus, people of African and Mediterranean descent are found to be more susceptible to

sickle-cell disease while [cystic fibrosis](#) and [hemochromatosis](#) are more common among European populations. (Jorde LB, Wooding SP (November 2004). "[Genetic variation, classification and 'race'](#)". *Nature Genetics*. **36** (11 Suppl): S28–33. doi:10.1038/ng1435. PMID 15508000.). Also, [Tay-Sachs disease](#), which is more likely to occur among people of Ashkenazi (eastern and central European) Jewish or French Canadian ancestry. Multiple sclerosis is typically associated with people of European descent, but due to admixture African Americans have elevated levels of the disorder relative to Africans. (Cree BA, Khan O, Bourdette D, Goodin DS, Cohen JA, Marrie RA, et al. (December 2004). "Clinical characteristics of African Americans vs Caucasian Americans with multiple sclerosis". *Neurology*. **63** (11): 2039–45. doi:10.1212/01.WNL.0000145762.60562.5D. PMID 15596747.). The same gene variant, or group of gene variants, may produce different effects in different populations depending on differences in the gene variants, or groups of gene variants, they interact with. One example is the rate of progression to [AIDS](#) and death in [HIV](#)–infected patients. In whites and Hispanics, HHC [haplotypes](#) were associated with disease retardation, particularly a delayed progression to death, while for African Americans, possession of HHC haplotypes was associated with disease acceleration. In contrast, while the disease-retarding effects of the CCR2-641 allele were found in African Americans, they were not found in whites. (Gonzalez E, Bamshad M, Sato N, Mummidi S, Dhanda R, Catano G, et al. (October 1999). "[Race-specific HIV-1 disease-modifying effects associated with CCR5 haplotypes](#)". *Proceedings of the National Academy of Sciences of the United States of America*. **96** (21): 12004–9. Bibcode:1999PNAS...9612004G. doi:10.1073/pnas.96.21.12004. PMC 18402. PMID 10518566.).

These are just a few examples of how race or ethnicity may contribute to diseases found in various populations and how diseases may progress in various populations. This information should not be ignored when treating patients of different races or ethnicities. However, this does **not** mean that health care professionals who may treat these populations are **racist** or have **implicit bias**. In fact, paying specific attention to the race or ethnicity of a patient may contribute to the success of treating that particular patient.

For these reasons, I request that you all **VOTE NO** on this bill.

Thank you for your courtesy, attention and cooperation.

Respectfully,

Trudy Tibbals

A Very Concerned Mother of 3 and Maryland Resident

SB0458_GWSCSW_INFO

Uploaded by: Christine Krone

Position: INFO



Greater Washington Society for Clinical Social Work

Senate Finance Committee

February 11, 2025

Senate Bill 458 – *Health Occupations – Structural Racism Training*

POSITION: LETTER OF INFORMATION

The Greater Washington Society for Clinical Social Work (GWSCSW) was established in 1975 to promote and advance the specialization of clinical practice within the social work profession. Through our lobbying, education, community building, and social justice activities, we affirm our commitment to the needs of those in our profession, their clients, and the community at large. On behalf of GWSCSW, we submit this letter of information for Senate Bill 458.

Senate Bill 458 would require all licensed health professionals, including clinical social workers, to complete a one-time implicit bias and structural racism training program, either upon initial licensure or at the first renewal after April 1, 2026.

We recognize the critical importance of addressing implicit bias and structural racism in health care. While we support efforts to improve equitable care, we are concerned that what was originally a one-time requirement may become an ongoing expectation without clear justification.

To balance the value of this training with the existing professional education requirements of clinical social workers, we respectfully suggest two possible alternatives:

1. **Targeting New Licensees:** Since most currently licensed professionals have already completed implicit bias training within the last few years, this requirement could be applied only to new licensees who have not yet done so.
2. **Incorporating Training into Existing Requirements:** If this training is to be required for all licensees, we recommend allowing employer-mandated programs (such as those required by hospital systems) to fulfill the requirement. Additionally, participation in a qualified course should count toward the continuing education (CE) credits required for license renewal.

Clinical social workers already complete extensive CE credits (40 units, every two years) to maintain licensure and provide high-quality care. While we fully support training that enhances cultural competency and equitable care, we believe that integrating this requirement into existing CE frameworks would be a more effective and reasonable approach. Thank you for your time and consideration. Please do not hesitate to reach out if we can provide further insight on this matter.

For more information call:

Christine K. Krone
Danna L. Kauffman
410-244-7000

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Director, Legislation & Advocacy Program: Judy Gallant, LCSW-C; email: judy.gallant@verizon.net; mobile (301) 717-1004

Legislative Consultants: Christine K. Krone and Danna L. Kauffman, Schwartz, Metz, Wise & Kauffman, PA,
20 West Street, Annapolis, MD 21401

Email: ckrone@smwpa.com; mobile (410) 940-9165 ; dkauffman@smwpa.com; mobile (410) 294-7759

SB0458_LOI_MedChi, MDAAP_Health Occs. - Structural

Uploaded by: Steve Wise

Position: INFO

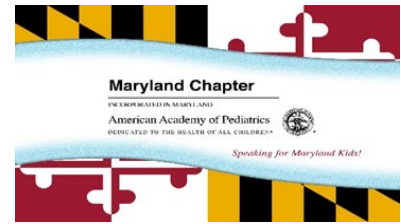


The Maryland State Medical Society

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www.medchi.org



Senate Finance Committee
February 11, 2025
Senate Bill 458 – *Health Occupations – Structural Racism Training*
POSTION: LETTER OF INFORMATION

On behalf of MedChi, The Maryland State Medical Society, and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of information for Senate Bill 458.

Senate Bill 458 would require that all licensed health occupations, including physicians, complete an implicit bias and structural racism training program, either upon initial licensure or upon the first license renewal after April 1, 2026. This is a one-time requirement.

In 2021, the Legislature required that all health occupation licensees complete a one-time course on implicit bias following initial licensure or upon the next renewal after April 1, 2022. MedChi and MDAAP supported that legislation, but with the understanding that it was a one-time requirement.

We recognize the importance of these subjects but are concerned that what was originally a one-time requirement may become the norm. We think two options should be considered as alternatives: 1) given that most licensed professionals undertook the required implicit bias training within the last couple of years, this new requirement could only be imposed upon new licensees, who did not do so; or 2) if this requirement is to be imposed upon all licensees, that credit be given either for employer-required programs of this nature (such as those required in some hospital systems) and/or that participating in a qualified course counts toward the required 50 continuing medical education (CME) credits that a licensee must obtain every two years. While we have traditionally opposed mandates for CME in particular subject areas because physicians may want to concentrate these credits in their specialty, we think this is a better option than requiring additional courses on top of the existing CME requirements.

Thank you for your consideration of this information.

For more information call:

J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000