



Maryland
Hospital Association

**House Bill 28- Public Health – Implicit Bias Training and the Office of Minority Health
and Health Disparities**

Position: Support

January 26, 2021

House Health & Government Operations 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 House Bill 28.

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. HB 28 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. HB 28 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 HB 28.

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