

# HOUSE BILL 28

J1, J2

(PRE-FILED)

11r0452  
CF SB 5

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By: **Delegates Pena–Melnik and R. Lewis**

Requested: July 8, 2020

Introduced and read first time: January 13, 2021

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 3, 2021

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Public Health – Implicit Bias Training and the Office of Minority Health and**  
3 **Health Disparities**

4 FOR the purpose of altering the information required to be included in a certain report card  
5 to include certain disparities in morbidity and mortality rates for dementia;  
6 requiring the Office of Minority Health and Health Disparities to publish, to a  
7 certain extent, certain data on its website and to update certain data at a certain  
8 frequency; requiring the Governor, beginning in a certain fiscal year, to include a  
9 certain appropriation in the annual budget bill for the Office; altering a provision of  
10 law related to the intent of the General Assembly regarding the funding of the Office;  
11 requiring the Office to report certain information to certain committees of the  
12 General Assembly on or before a certain date each year; altering the purpose of the  
13 Cultural and Linguistic Health Care Professional Competency Program; requiring  
14 the Program, in coordination with the Office, to identify and approve certain implicit  
15 bias training programs; authorizing the Office to approve only implicit bias training  
16 programs that are recognized by a certain board or accredited by a certain council;  
17 requiring the Program to provide a certain list on request; requiring an applicant for  
18 the renewal of a license or certificate issued by a certain health occupations board to  
19 attest in a certain application that the applicant completed a certain implicit bias  
20 training program under certain circumstances; making technical changes; and  
21 generally relating to implicit bias training and the Office of Minority Health and  
22 Health Disparities.

23 BY repealing and reenacting, with amendments,

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Article – Health – General

Section 20–1004(21) and (22), 20–1007, 20–1301, 20–1302, and 20–1305

Annotated Code of Maryland

(2019 Replacement Volume and 2020 Supplement)

BY adding to

Article – Health – General

Section 20–1004(23) and 20–1306

Annotated Code of Maryland

(2019 Replacement Volume and 2020 Supplement)

BY adding to

Article – Health Occupations

Section 1–225

Annotated Code of Maryland

(2014 Replacement Volume and 2020 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

That the Laws of Maryland read as follows:

**Article – Health – General**

20–1004.

The Office shall:

(21) Work collaboratively with the Governor’s Office of Small, Minority, and Women Business Affairs as the Office determines necessary; [and]

(22) In collaboration with the Maryland Health Care Commission, publish annually on the Department’s website and provide in writing on request a “Health Care Disparities Policy Report Card” that includes:

(i) An analysis of racial and ethnic variations in insurance coverage for low-income, nonelderly individuals;

(ii) The racial and ethnic composition of the physician population compared to the racial and ethnic composition of the State’s population; and

(iii) The racial and ethnic disparities in morbidity and mortality rates for cardiovascular disease, cancer, diabetes, HIV/AIDS, infant mortality, asthma, **DEMENTIA**, and other diseases identified by the Maryland Health Care Commission; AND

**(23) TO THE EXTENT AUTHORIZED UNDER FEDERAL AND STATE PRIVACY LAWS, PUBLISH ON ITS WEBSITE HEALTH DATA THAT INCLUDES RACE AND**

1 ETHNICITY INFORMATION COLLECTED BY THE OFFICE AND UPDATE THE DATA AT  
2 LEAST ONCE EVERY 6 MONTHS.

3 20–1007.

4 (A) FOR FISCAL YEAR 2023 AND EACH FISCAL YEAR THEREAFTER, THE  
5 GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION FOR  
6 THE OFFICE IN AN AMOUNT THAT IS AT LEAST \$1,788,314 OR ~~1.2%~~ .012% OF THE  
7 TOTAL FUNDS APPROPRIATED TO THE DEPARTMENT IN THAT FISCAL YEAR,  
8 WHICHEVER IS GREATER.

9 (B) It is the intent of the General Assembly that the Office [be funded]  
10 SUPPLEMENT THE FUNDING FOR THE OFFICE PROVIDED UNDER SUBSECTION (A) OF  
11 THIS SECTION WITH FUNDING from federal and special funding sources.

12 (C) ON OR BEFORE OCTOBER 1 EACH YEAR, THE OFFICE SHALL REPORT TO  
13 THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE  
14 SENATE FINANCE COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE  
15 GOVERNMENT ARTICLE, THE FOLLOWING INFORMATION FROM THE IMMEDIATELY  
16 PRECEDING FISCAL YEAR:

17 (1) THE OFFICE’S EFFORTS TO OBTAIN FUNDING DESCRIBED UNDER  
18 SUBSECTION (B) OF THIS SECTION; AND

19 (2) THE AMOUNT OF FUNDING FROM FEDERAL AND SPECIAL  
20 FUNDING SOURCES THE OFFICE RECEIVED.

21 20–1301.

22 (a) In this subtitle the following words have the meanings indicated.

23 (b) “Cultural and linguistic competency” means cultural and linguistic abilities  
24 that can be incorporated into therapeutic and medical evaluation and treatment, including:

25 (1) Direct communication in the patient’s primary language;

26 (2) Understanding and applying the roles that culture, ethnicity, and race  
27 play in diagnosis, treatment, and clinical care; and

28 (3) Awareness of how the attitudes, values, and beliefs of health care  
29 providers and patients influence and impact professional and patient relations.

30 (c) “Health care professional” includes a physician, nurse, dentist, social worker,  
31 psychologist, pharmacist, health educator, or other allied health professional.

(D) “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.

[(d)] (E) “Program” means the Cultural and Linguistic Health Care Professional Competency Program.

20–1302.

(a) There is a Cultural and Linguistic Health Care Professional Competency Program.

(b) The purpose of the Program is to:

(1) Provide for a voluntary program in which educational classes are offered to health care professionals to teach health care professionals:

(i) Methods to improve the health care professionals’ cultural and linguistic competency to communicate with non–English speaking patients and patients from other cultures who are English speaking;

(ii) Cultural beliefs and practices that may impact patient health care practices and allow health care professionals to incorporate the knowledge of the beliefs and practices in the diagnosis and treatment of patients; and

(iii) Methods to enable health care professionals to increase the health literacy of their patients to improve the patient’s ability to obtain, process, and understand basic health information and services to make appropriate health care decisions; and

(2) Establish and provide an evidence–based implicit bias training program for health care professionals involved in the perinatal care of patients under § 20–1305 of this subtitle; AND

**(3) IDENTIFY AND APPROVE IMPLICIT BIAS TRAINING PROGRAMS  
FOR HEALTH OCCUPATION LICENSURE AND CERTIFICATION UNDER § 1-225 OF THE  
HEALTH OCCUPATIONS ARTICLE.**

20-1305.

(a) (1) In this section the following words have the meanings indicated.

(2) ["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:

(i) Prejudicial negative feelings or beliefs about a group that an individual holds without being aware of the feelings or beliefs; and

(ii) 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.

(3)] "Perinatal care" means the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods.

**[(4)] (3)** "Perinatal care facility" includes:

(i) A hospital, as defined in § 19-301 of this article, that provides perinatal care; and

(ii) A freestanding birthing center, as defined in § 19-3B-01 of this article.

(b) (1) On or before January 1, 2021, the Program shall establish an evidence-based implicit bias training program for all health care professionals involved in the perinatal care of patients in a perinatal care facility.

(2) (i) The Program shall establish the implicit bias program required under paragraph (1) of this subsection using best practices in implicit bias training.

(ii) The implicit bias program required under paragraph (1) of this subsection may include best practices used in other states.

(c) On or before January 1, 2022, and once every 2 years thereafter or more frequently, as determined by the perinatal care facility, a health care professional who is an employee of, and involved in the perinatal care of patients at, a perinatal care facility shall complete the training established under subsection (b) of this section.

(d) The Program shall offer the training established under subsection (b) of this section to any health care professional involved in perinatal care of patients at a perinatal care facility who is not required to complete the training under subsection (c) of this section because the health care professional is not an employee of a perinatal care facility.

**20-1306.**

(A) (1) THE PROGRAM SHALL, IN COORDINATION WITH THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, IDENTIFY AND APPROVE IMPLICIT BIAS TRAINING PROGRAMS THAT AN INDIVIDUAL MAY COMPLETE TO SATISFY THE REQUIREMENTS OF § 1-225 OF THE HEALTH OCCUPATIONS ARTICLE.

(2) THE PROGRAM MAY APPROVE ONLY IMPLICIT BIAS TRAINING PROGRAMS UNDER PARAGRAPH (1) 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.

(B) THE PROGRAM SHALL PROVIDE A LIST OF TRAINING PROGRAMS APPROVED UNDER SUBSECTION (A) OF THIS SECTION ON REQUEST.

**Article – Health Occupations**

**1-225.**

(A) AN APPLICANT FOR THE RENEWAL OF A LICENSE OR CERTIFICATE ISSUED BY A HEALTH OCCUPATIONS BOARD UNDER THIS ARTICLE SHALL ATTEST IN THE APPLICATION THAT THE APPLICANT HAS COMPLETED AN IMPLICIT BIAS TRAINING PROGRAM APPROVED BY THE CULTURAL AND LINGUISTIC HEALTH CARE PROFESSIONAL COMPETENCY PROGRAM UNDER § 20-1306 OF THE HEALTH – GENERAL ARTICLE ~~IF THE APPLICATION FOR RENEWAL IS THE FIRST APPLICATION FOR RENEWAL SUBMITTED BY THE APPLICANT AFTER OCTOBER 1, 2021.~~

(B) THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION SHALL APPLY ONLY TO AN APPLICANT'S FIRST LICENSE OR CERTIFICATE RENEWAL CYCLE AFTER APRIL 1, 2022.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2021.