

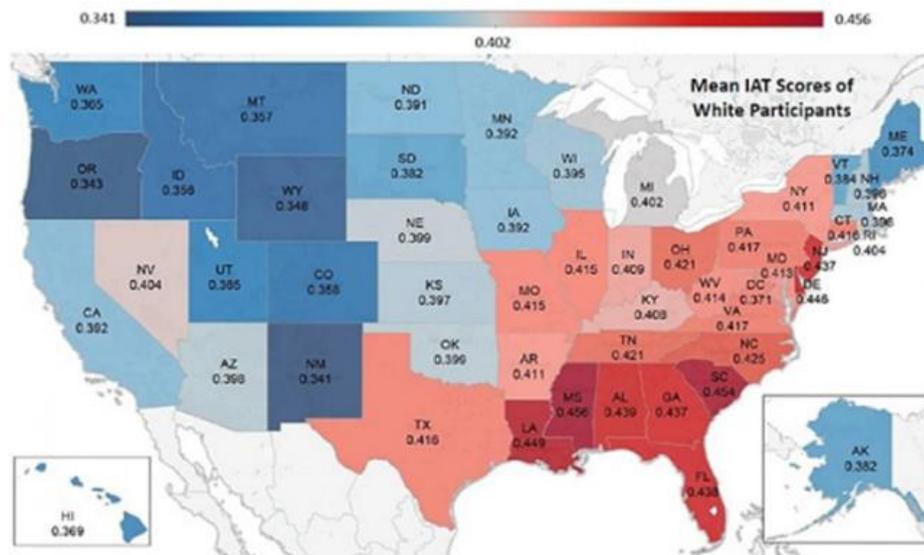


**HB0837 - Public Health - Maternal Mortality and Morbidity - Implicit Bias Training and Study**  
 Presented to the Hon. Shane Pendergrass and Members of the Health & Government Operations Committee  
 February 26, 2020 1:00 p.m.

**POSITION: SUPPORT**

NARAL Pro-Choice Maryland **urges members of the House Health and Government Operations Committee a favorable report on HB0837 - Public Health - Maternal Mortality and Morbidity - Implicit Bias Training and Study**, sponsored by Delegate Joseline Peña-Melnyk.

Considering the [disparities in health outcomes between white and non-white \(particularly Black\) people](#) in the United States, a growing body of academic research has been dedicated to studying the presence and impacts of implicit bias.<sup>i</sup> Implicit bias (also referred to as unconscious bias) can be defined as “thoughts and feelings that exist outside of conscious awareness.”<sup>ii</sup> Systematic reviews have found implicit bias to be significantly related to [patient-provider interactions, treatment decisions and adherence, and patient health outcomes](#).<sup>ii</sup> According to 2014 Implicit Association Test (AIT) data from Harvard’s “Project Implicit,” white people in Maryland may demonstrate higher levels of implicit bias compared to white people in other states, as can be seen on the map below. Note that a [score of 0.35](#) is the cutoff point between ‘slightly prefer white’ and ‘moderately prefer white.’ While not taken from a random sample, Maryland’s score of 0.413 is higher than the average score (Michigan) of .402. More information on Project Implicit can be found [here](#).



Courtesy of <https://implicit.harvard.edu/implicit/> Project Implicit.

Implicit bias impacts providers and patients in all realms of medicine, and the reproductive health and justice field is no exception. Both implicit and explicit bias impact pregnancy, maternal morbidity, family planning, and contraceptive decision-making. In the United States, Black women are [three to four times](#) more likely than non-Hispanic white women to die of pregnancy-related complications.<sup>iii</sup> The fact that a higher maternal mortality persists for Black women across educational and socio-economic statuses strongly supports the existence of implicit bias and the need to address its costly consequences. While HB0837 focuses on implicit bias in the context of maternal morbidity and mortality, there is a long, documented history in this country of [reproductive coercion against low-income people of color](#).<sup>iv</sup> Inevitably, there still are providers who encourage certain individuals to get long-acting methods of contraception, or even sterilization, based on their own internal biases about who should and shouldn't be having children.

There are multiple short- and long-term projects that can be undertaken at the local, state, and national level to address implicit bias. [Less than 9% of physicians](#) in the United States identify as Black, Native American, Alaskan Native, Hispanic or Latino/a.<sup>v</sup> In the long run, we as a state need to support people of color entering the medical work force. In the short term, it is our responsibility—particularly as a state with such a diverse population—to pass legislation like HB0837 and begin to proactively address implicit bias in Maryland while putting in place protective structures to reduce such instances. Just like any other public health issue, more research is needed to understand and ultimately reduce implicit bias, and the passage of HB 0837 will do just that. Indeed, the health and well-being of our state's minority populations depend on it.

For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on HB 0837**. Thank you for your time and consideration.

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<sup>i</sup> Fitzgerald, Chloë, and Samia Hurst. "Implicit Bias in Healthcare Professionals: a Systematic Review." *BMC Medical Ethics*, vol. 18, no. 1, 2017, doi:10.1186/s12910-017-0179-8.

<sup>ii</sup> Hall, William J., et al. "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review." *American Journal of Public Health*, vol. 105, no. 12, 2015, doi:10.2105/ajph.2015.302903.

<sup>iii</sup> Black Mamas Matter Alliance, & Center for Reproductive Rights. (2018). *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*.

<sup>iv</sup> Benson Gold, Rachel. "Guarding Against Coercion While Ensuring Access: A Delicate Balance." *Guttmacher Policy Review*, vol. 17, no. 3, 2014.

<sup>v</sup> Osseo-Asare, Abo, et al. "Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace." *JAMA Network Open*, vol. 1, no. 5, 2018, doi:10.1001/jamanetworkopen.2018.2723.