

**Public Health - Maternal Mortality and Morbidity - Implicit Bias Training and Study  
House Bill 837**

**Before the Senate Finance Committee**

**March 16, 2020**

**Position: Support as Amended in the House**

The University of Maryland Medical System (“UMMS”) supports House Bill 837. This bill would establish and provide an evidence-based implicit bias training program for health care professionals involved in the care of perinatal patients, during pregnancy, labor, delivery, postpartum and neonatal periods. The Program would provide a certification of training completion for any person who completes the training. Importantly, implicit bias is defined as a “judgment that results from subtle cognitive processes...prejudices and stereotypes often...below conscious awareness and without intentional control.”

A patient should not expect to receive a lower standard of care because of their race, age or any other irrelevant characteristic. However, implicit associations may influence judgements resulting in bias. Implicit biases occur between a group or category attribute, such as being black, and a negative evaluation or another category attribute and involve associations outside conscious awareness that lead to a negative evaluation of a person based on irrelevant characteristics such as race or gender. In addition to affecting judgements, implicit biases manifest in non-verbal behavior towards others, such as frequency of eye contact and physical proximity. Implicit biases explain a potential dissociation between what a person explicitly believes and wants to do and the hidden influence of negative implicit associations on thoughts and action.

The implicit biases in health care typically occur to vulnerable populations and they dramatically affect the quality of clinical care. Growing research indicates that the quality of perinatal health care, from preconception through postpartum care, may be a critical lever for improving outcomes for racial and ethnic minority women. Implicit bias contributes to the staggering statistic that black women are three to four times more likely to die a pregnancy-related death as compared with white women. Not only do black women have higher case-fatality rates but they also are more likely to experience comorbid illnesses and pregnancy complications including hemorrhage, preeclampsia, asthma, cardiac events and infections.

Through cross-disciplinary diversity knowledge and communication skills, HB 837 has the potential to positively impact racial disparities in maternal health that are contributing to an overall maternal mortality rate that is the lowest of all developed nations.

For these reasons, we urge you to give this very important bill, HB 837, a favorable report as amended in the House.

Respectfully submitted,

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