

FACT SHEET



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Unconscious (Implicit) Bias Training Licensing Criterion

Problem: Virginia's maternal mortality rate decreased in 2021 but Black women continue to have higher rates of pregnancy-associated deaths compared to their White counterparts. In 2021, the rate for Black women was over two times the rate for White women at 113.8 vs. 54.8 respectively (per 100,000 live births).¹ More than 80% of pregnancy-related deaths are preventable.² Black infants are dying before their first birthday at a rate that is almost double the rate of other babies³. The West Piedmont Health District, with a Black infant mortality rate in 2022 of **35.5 per 1000**, is one of several health districts with alarmingly high rates. The latest Virginia Pregnancy Risk Assessment Monitoring System (PRAMS) reported that almost 25% of women experienced discrimination as a result of their race, ethnicity or culture.⁴ Virginia's rural maternity care deserts compound the problem.⁵ Studies show that when you control for education and income, racial disparities do not disappear, suggesting that bias plays a role. In one study, the wealthiest Black mothers had higher mortality rates than the poorest White mothers.⁶

Policy solution: Virginia must make evidence-based practitioner relevant unconscious bias and cultural competency training a criterion for licensing for all health care professionals licensed by the Virginia

Board of Medicine. Unconscious bias is a bias that is present but not consciously held or recognized. It has long been identified as a factor contributing to lower health care quality for Black Americans. Numerous studies show implicit bias can impact patient safety and is directly correlated with lower quality of care.⁷ High quality care is integral to improving maternal and infant mortality. The American Medical Association, the American Hospital Association, the Association of American Medical Colleges and others have urged the adoption of unconscious bias training.

Costs: To meet the internal requirements of this legislation, the Department of Health Professions indicated that the Board of Medicine will need one new pay band 5 FTE at a cost of \$140,750 (salary + benefits + other costs related to operation, training, supplies, travel). This position will also be responsible for transmitting data to the Virginia Neonatal Perinatal Collaborative.

Who benefits: With passage of this bill, the Virginia Board of Medicine sends a strong message that VA Healthcare professionals are committed to equal treatment for all birthing families.

¹"Virginia Maternal Mortality Review Team Annual Report, 2023": <https://www.vdh.virginia.gov/content/uploads/sites/18/2024/03/Virginia-Maternal-Mortality-Review-Team-Annual-Report-%E2%80%93-2023.pdf>

² CDC, Preventing Pregnancy Related Deaths, accessed September 2024, <https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html>

³ March of Dimes, Mortality and Morbidity Data for Virginia, Retrieved October 9, 2023 from <https://www.marchofdimes.org/peristats/data?reg=99&top=6&top=92&lev=1&slev=4&obj=1&sreg=51>

⁴ Virginia PRAMS Facts-2021, <https://www.vdh.virginia.gov/content/uploads/sites/67/2023/12/Virginia-PRAMS-Facts-2021.pdf>

⁵ Center for Healthcare Quality and Payment Reform: Addressing the Crisis in Rural Maternity Care, July 2024, https://ruralhospitals.chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf

⁶ National Bureau of Economic Research, Maternal and Infant Health Inequality: New Evidence from Linked Administrative Data, 2023. https://www.nber.org/system/files/working_papers/w30693/w30693.pdf

⁷ Agency for Healthcare Research and Quality, (2024) Healthcare Worker Implicit Bias Training and Education, Rapid Review. https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/mhs-IV-rapid-response-implicit-bias.pdf