

FACT SHEET



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Bias Reduction Training Licensing Criterion

SB740 Senator Locke, Senator Head Co-Patron HB1649 Delegate Hayes (Delegate Coyner Supportive)

Problem: Black women in Virginia continue to have two times higher rates of pregnancy-associated deaths compared with their white counterparts. In 2021, the rate was 113.8 for Black women and 54.8 for white women (per 100,000 live births).¹ **In Virginia, 83% 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 Black infant mortality rate in the West Piedmont Health District in 2022 was **35.5 per 1000**, an alarmingly high rate. The latest Virginia Pregnancy Risk Assessment Monitoring System (PRAMS) reported that 18% of women experienced discrimination or harassment as a result of their insurance or Medicaid status, 25% as a result of their race, ethnicity or culture, and 42% of women experienced discrimination or harassment due to their weight.⁴ 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.⁵

Policy solution: To reduce the impact of bias, Virginia must make evidence-based unconscious bias and

cultural competency training a criterion for licensing for health care professionals licensed by the Virginia Board of Medicine. Unconscious (implicit) 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.⁶ 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 have urged the adoption of bias reduction training strategies such as unconscious bias and cultural competency. In recent longitudinal studies of bias reduction training, over 90% of healthcare providers reported that training: Improved their patient care. Enhanced patient encounters. Elevated the patient experience. Increased their confidence in caring for diverse populations.⁷

Costs: In 2024, 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.

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

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%932023.pdf>

²*Ibid.*

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 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

⁶ 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

⁷ "Learner-Reported Impact of the Dignity in Pregnancy & Childbirth Course: A Summary of Three Studies, Diversity Science Institute, 2024"

<https://www.humanitasinst.com/dipc-feedback>

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