

FACT SHEET

Bias Reduction Training Licensing Criterion

Patrons: Senator Locke and Delegate Hayes
SB22/HB1147 Medicine and Nursing, Boards of;
continuing education, bias reduction training.

Problem: Black women in Virginia continue to have two to three times higher rates of pregnancy-associated deaths compared with their white counterparts. In 2022, the rate was 138.1 for Black women and 50.6 for white women (per 100,000 live births).¹ **A recent look at Virginia data revealed that the infant death rate for non-smoking African-American mothers is three times the infant death rate for White American smokers.**² 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.³ **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.⁴

Policy solution: This bill makes evidence-based bias reduction training a criterion for licensing for health care professionals licensed by the Virginia Board of Medicine and the Board of Nursing. Bias can be both explicit

(conscious) or implicit (unconscious). Unconscious bias is a bias (attitude or belief about a person or group that can affect judgement or behavior) 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.⁵ 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.⁶

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“2024 Virginia Maternal Morality Review Team Annual Report” Submitted February 20, 2025 to the Governor and the General Assembly per Code of Virginia, § 32.1-283.8.

² “Exploring Implicit Bias in Care Settings & the Respectful Maternal Care Model” Kenesha Barber, PhD and Lauren Kozlowski, MPH, MSW.

³ Virginia PRAMS Facts-2021,
<https://www.vdh.virginia.gov/content/uploads/sites/67/2023/12/Virginia-PRAMS-Facts-2021.pdf>

⁴ 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

⁵ 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

⁶ “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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