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Gay, Hansen, Sokola

HOUSE OF REPRESENTATIVES  
151st GENERAL ASSEMBLY

HOUSE BILL NO. 344

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO BIAS TRAINING FOR HEALTHCARE WORKERS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 91, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

CHAPTER 91. ~~Managed Care Organization [Repealed].~~ HOSPITAL AND HEALTH CARE STAFF TRAINING

~~§ 9101-9124. Legislative purpose and intent; definitions; certificate of authority required; procedure for issuance of certificate of authority; annual report; prohibited practices; relationships with insurance companies and health service corporations; examinations; suspension or revocation of certificate of authority; probation; public censure; rules and regulations; fees; relationship to other laws; confidentiality of health information; freedom of choice; short title; Independent health care appeals program; violations; penalties; enforcement; adoption of rules and regulations [Repealed].~~

§ 9101. Bias training.

(a) For purposes of this section:

(1) "Hospital" means as defined in §1001 of this title.

(2) "Freestanding birthing center" means as defined in § 122 of this title.

(b) Every hospital and every freestanding birthing center licensed in this State must implement an evidence-based explicit and implicit bias training program for both of the following groups:

(1) Health professionals licensed under Title 24 employed by or providing services at the hospital or freestanding birthing center.

(2) All administrative and clerical supportive services staff members who interact with patients at the hospital or freestanding birthing center.

(b) A hospital or freestanding birthing center that implements an explicit and implicit bias training program pursuant to this section shall ensure that the program is structured in a manner that permits health care professionals to be eligible to receive continuing education credits for participation in the program.

(c) The training program shall include the following elements:

(1) Identifying previous and current unconscious biases and misinformation when providing treatment and care.

(2) Identifying environmental, personal, interpersonal, institutional, and cultural barriers to inclusion.

(3) Information on the effects of historical and contemporary exclusion and oppression of minority communities.

(4) Information about communicating more effectively across racial, ethnic, religious, and gender identities.

(5) Information about cultural identity across racial, ethnic, and other marginalized groups.

(6) Information about reproductive justice.

(7) A discussion on power dynamics and organizational decision-making and their effects on explicit and implicit bias.

(8) A discussion on health inequities and racial, ethnic, and other disparities within the field of perinatal care, and how explicit and implicit bias may contribute to pregnancy-related deaths and maternal and infant health outcomes.

(9) Corrective measures to decrease explicit and implicit bias at the interpersonal and institutional levels.

(10) Review of the annual report of the Delaware Child and Maternal Death Committee.

Section 2. This Act takes effect January 1, 2023.

#### SYNOPSIS

Implicit bias, meaning the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists, and often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. Implicit bias contributes to health disparities by affecting the behavior of licensed health professionals and other health care staff. In some cases, explicit bias also contributes to disparities in health treatments and outcomes.

Evidence of racial and ethnic disparities in health care is consistent across a range of illnesses and health care services. Racial and ethnic disparities remain even after adjusting for socioeconomic differences, insurance status, and other factors influencing access to health care.

African American women are three to four times more likely than white women to die from pregnancy-related causes nationwide. African American patients often are prescribed less pain medication than white patients who present the same complaints, and African American patients with signs of heart problems are not referred for advanced cardiovascular procedures as often as white patients with the same symptoms.

Implicit gender bias also impacts treatment decisions and outcomes. Women are less likely to survive a heart attack when they are treated by a male physician and surgeon. LGBTQ and gender-nonconforming patients are less likely to seek timely medical care because they experience disrespect and discrimination from health care staff, with one out of five transgender patients nationwide reporting that they were outright denied medical care due to bias.

This Act is intended to provide licensed health care professionals and other health care staff with strategies for understanding and reducing the impact of their biases in order to reduce disparate outcomes and ensure that all patients receive fair treatment and quality health care by requiring annual explicit and implicit bias training for health professionals and staff of hospitals and freestanding birthing centers. Training are required to be conducted in a manner that allows licensed healthcare professionals to receive continuing education credits relevant to licensure for participating in the training.

This Act takes effect January 1, 2023.