

Introduced Implicit Bias Training Bills in the United States, 2019–2022

From January 1, 2019 to July 31, 2022, 25 states and Washington D.C. introduced legislation regarding implicit bias training (IBT) for health care providers. Of those 25 states and DC, 6 states actually enacted such legislation (California, Delaware, Maryland, Massachusetts, New Jersey, and Washington.) Additionally, one state (Louisiana) issued a resolution "urging" its state agencies to establish standards for IBT and make curriculum available, and one state's agency (Michigan) issued regulations regarding IBT for health care providers.

States varied widely in their proposed or enacted approaches to IBT. Among other things, state approaches varied in their:

- 1) process for establishing IBT requirements,
- 2) scope of applicability (e.g. type of provider required to engage with IBT), and
- 3) specificity regarding content.

The below IBT chart summarizes those approaches briefly and links to the original text of each bill.

Alex Montague, JD & Sarah Hooper, JD University of California Law, San Francisco, for the [MEND study: Multi-Stakeholder Engagement with State Policies to Advance Antiracism in Maternal Health](#)

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MEND



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State	Bill	Year Introduced	Enacted?	Content
California	AB 1407	2021	Yes	Requires IBT for nursing students and additional IBT within the first two years of licensure. Hospitals must implement evidence-based IBT as part of their new nursing graduate training program.
	SB 464	2019	Yes	Enacts the California Dignity in Pregnancy and Childbirth Act, which states the intent of the Legislature to reduce the effects of implicit bias in pregnancy, childbirth, and postnatal care so that all people are treated with dignity and respect by their healthcare providers. Effective January 1, 2020: 1. Hospitals and alternative birth centers must provide implicit bias training for perinatal providers every 2 years. 2. Updates to the California Electronic Death Registration System to reflect the U.S. Standard Death Certificate and more detailed information about pregnancy status in relation to time of death. 3. The California Department of Public Health (CDPH) must track and publish maternal mortality data by race, ethnicity, and region. 4. Hospitals must provide more information to every patient upon admission about their right to be free of discrimination and where they can report discrimination in their health care.
	AB 241	2019	Yes	Requires continuing education (CE) courses for physicians and surgeons, nurses, and physician assistants to include information about how implicit bias leads to health disparities and/or strategies to address how unintended biases in decision-making may contribute to health care disparities. Requirements are triggered January 1 2022, at which point all licensees would have to be in compliance by their next renewal.
Connecticut	SB 471	2020	No	Would have required hospitals to include IBT in regularly provided training to staff members who provide direct care to pregnant and post-partum patients.
D.C.	DC B23-0362	2019	No	Would have required 2 credits of instruction of IBT as part of MCE requirements.
Delaware	HB 344	2022	Yes	Places responsibility for the development of bias and cultural competency training for healthcare employees in a subcommittee of the Delaware Perinatal Quality Collaborative. The subcommittee will develop training guidelines designed for use in all healthcare fields and shall release the initial guidelines by July 1, 2023. The subcommittee will review data every year thereafter and revise the guidelines as necessary.
Georgia	HB 722	2021	No	The “Georgia Dignity in Pregnancy and Childbirth Act” would have required perinatal facilities to implement evidence-based IBT and providers to take an initial training and refresher trainings.
	HB 745	2020	No	See above.
Hawaii	HB 698	2021	No	Would have established a maternal disparity and health equity task force to make recommendations on reducing maternal morbidity and improving maternal health outcomes for women, particularly women of color. Required the Department of Human Services to develop

				and the Hawaii state commission on the status of women to administer implicit bias training for health care professionals in perinatal facilities.
	SB 900	2021	No	Would have required the Department of Human Services to develop and the Hawaii state commission on the status of women to administer implicit bias training for health care professionals in perinatal facilities
Illinois	HB 309/HB 3170	2021	No	The “Implicit Bias Training for Health Care Professionals Act” would have required that in order to renew a license as a health care professional, a licensee must complete an evidence-based IBT. Also required the Department of Financial and Professional Regulation to adopt rules to include IBT within CME requirements.
	HB 5488	2020	No	Same as above.
	SB 132/HB 5522	2019	No	Would have required the Department of Financial and Professional Regulation to adopt rules to include IBT within CME requirements.
Indiana	1178	2022	No	Would have required hospitals and birthing centers providing inpatient maternity services to implement evidence-based IBT programs for all health care providers who regularly provide perinatal treatment and care to pregnant women. Required the health care providers to complete the training one time every two years and that a practitioner must complete implicit bias training before renewal of their license. Required the various health professional boards to approve and publish their websites organizations approved to offer IBT.
Kentucky	HB 37	2022	No	Would have required health facilities providing perinatal care to implement IBT programs for all providers involved in the perinatal care of patients. Also required perinatal providers to complete initial IBT and a refresher course every two years.
	HB 27	2021	No	See above.
	HB 138	2020	No	See above.
Louisiana	SR 19/ HR 19	2020	Yes	Resolution (not a law) urging the Louisiana Department of Public Health to make publicly available curricula and standards on IBT in the delivery of health care for health care professional education programs and health professional licensing boards.
Maryland	HB 28/ SB 5	2021	Yes	Requires the Cultural and Linguistic Health Care Professional Competency Program in coordination with the Office of Minority Health and Health Disparities to identify and approve IBT programs for health occupation licensure and certification under § 1–225 of the Health Occupations Article. Providers must show prove of IBT training for license renewal. Also specifically requires perinatal providers at perinatal care facilities to complete initial IBT and a refresher course every two years.
Massachusetts	HB 4818	2020	Yes	Establishes a special legislative commission to examine and make recommendations to reduce or eliminate racial inequities in maternal mortality and severe maternal morbidity in the state. Commission will examine and report back on evidence-based, best or promising practices.
Minnesota	HB 660/SB 877	2021	No	The “Dignity in Pregnancy and Childbirth Act” would have required hospitals with obstetric units and birth centers to implement IBT and offer yearly refresher court. Furthermore, facilities

				would have had to coordinate with licensing boards to obtain CME credits for training required by the law. The Commissioner of Health would have been responsible for monitoring compliance, including the ability to inspect the training records or require reports on the continuing education materials in this section from hospitals with obstetric care and birth centers.
	HB 3093	2019	No	See above.
Michigan	Regulations	2020	Yes	The Michigan Department of Licensing and Regulatory Affairs (LARA) issued regulations requiring IBT for physicians and other health care professionals, effective June 1, 2022. The requirements apply to both new applicants as well as those renewing their existing licenses or registrations.
Missouri	HB 2879	2022	No	The “Missouri Dignity in Pregnancy and Childbirth Act” would have required any hospital, clinic, or other healthcare facilities that provides perinatal care to implement an evidence-based IBT program. Requires providers involved in perinatal care at those facilities to take an initial IBT and a refresher course every two years.
Nebraska	LB 416	2021	Indefinitely postponed	Would have required a wide range of health care professionals (beyond just physicians, physician assistants, and nurses) to annually complete IBT approved by the Department of Health and Human Services.
	LB 1170	2020	Indefinitely postponed	See above.
New Jersey	AB 3303	2022	In Progress	Requires the Medical Board to ensure physicians complete a minimum of 2 hours of IBT within 2 years of the effective date of the bill and a minimum of 2 hours every two years thereafter. Also requires the Department of Health (in consultation with other agencies and the medical licensing boards), to create a list of approved IBT programs and a protocol by which providers of IBT may seek approval of the program by the department.
	SB 703	2020	Yes	Requires hospitals and birthing centers to provide evidence-based IBT for all health professionals who provide perinatal treatment regardless of the compensation agreement, contractual status, or privilege status. Also requires all supportive services staff members, as defined by the Department of Health, who interact with pregnant persons at the hospital or birthing center to take IBT. Hospitals and birthing facilities must 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. Members of various medical licensing boards must also complete an evidence-based IBT program approved by the Department of Law and Public Safety.
New York	AB 5426	2022	In Progress	As part of licensing, requires physicians, PAs, and nurses to complete continuing medical education on diversity, inclusion, and elimination of bias. Must complete two hours of training biennially. Also requires training to be given by someone who is representative of the diversity of persons served by the New York health care system and academically trained in diversity,

				inclusion and the elimination of bias or possess prior experience educating medical professionals about diversity, inclusion, and the elimination of bias.
	SB 669	2021	In Progress	See above.
	AB 8741	2021	No	Would have required every medical student, medical resident, and physician assistant student in the state as part of the orientation programs conducted by medical schools, medical residency programs and physician assistant programs shall complete course work or training, approved by the department, about awareness of an elimination practices for both implicit and explicit bias.
North Carolina	SB 632/HB 507	2021	No	Would have required the Department of Health and Humans Services, in collaboration with (i) community-based organizations led by Black women that serve primarily Black birthing people and (ii) a historically Black college or university or other institution that primarily serves minority populations, to create or identify an evidence-based IBT program for health care professionals involved in perinatal care. Required health care professionals involved in perinatal care to take IBT. Additionally, health care professional licensing authorities would have not been able to renew the license, registration, accreditation, or certification of a health care professional without proof of IBT completion. Bill also encouraged the Department to seek opportunities to make the IBT program available to all health care professionals and to promote its use among listed groups like staff and emergency department providers. Also explicitly directed the Department to collect certain data for the purpose of informing ongoing improvements to the IBT program.
	HB 1141	2020	No	Would have required the Department of Health and Human Services, Division of Public Health, Office of Minority Health and Health Disparities, to study whether the implementation of an evidence-based IBT program for all health care providers involved in perinatal care of patients within hospitals, ambulatory surgical centers, and birth centers would improve maternal health and reduce infant mortality rates among African Americans.
Ohio	HB 435	2019	No	Would have required the Director of Health to adopt rules establishing requirements for hospitals and birthing centers to conduct annual continuing education for employees and contractors who routinely care for pregnant and postpartum women, including employees and contractors of the facility's emergency department. The modules would have been be updated and provided not less than annually. The Director would have been responsible for monitoring compliance. Additionally, the Department of Health was required to collaborate with the Ohio perinatal quality collaborative or its successor to develop an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the health care system.
Oklahoma	HB 2730	2021	No	Would have required hospitals and birthing centers to implement IBT program and for perinatal providers to take an initial training and a refresher course every 2 years. Additionally required Department of Health to promulgate rules and to track the results of the training program, infant and maternal mortality rates and causes, infant and maternal mortality rates by race or

				ethnicity, location in Oklahoma, age, and any other relevant factors deemed necessary by the Department to help create a strong evidence-based training program to be used in the future.
	HB 3088	2020	No	See above.
Pennsylvania	HB 2110	2019	No	Would have required the Department of State of the Commonwealth to require each person applying for a license or certification issued by a health-related state board to complete training regarding implicit bias and cultural competence in accordance with the continuing education requirements. At a minimum, the training must have included the understanding of implicit bias, including, but not limited to, practical techniques to mitigate implicit bias and improve cultural competence.
South Carolina	HB 4801	2022	No	The “South Carolina Dignity in Pregnancy and Childbirth Act” would have required hospitals and birthing centers to implement an IBT program. Also required perinatal providers to take an initial IBT and a refresher course every 2 years.
	HB 3225	2021	No	Would have created a study committee to examine the maternal mortality rate among non-Hispanic Black women in South Carolina, and how this varies from the rates experienced by other women; maternal mortality data associated with perinatal care, including by race or ethnicity, to determine any statewide trends, statistically significant differences in maternal mortality rates among races or ethnicities, and reasons for the differences; and all methods and practices that will improve rates of maternal mortality among non-Hispanic Black women in South Carolina.
	HB 4712	2020	No	See HB 4801.
Tennessee	HB 0642/SB 956	2021	No	Would have required the Department of Health, in collaboration with the Tennessee maternal mortality review and prevention team, shall create an evidence-based IBT program for healthcare professionals. Also prohibited health care professional licensing authorities from renewing the license, registration, accreditation, or certification of a healthcare professional unless the healthcare professional provides proof that the healthcare professional completed the IBT program. Also required the Department to collect certain data to improve the IBT program.
Texas	HB 197	2020	No	Would have required the Texas Higher Education Coordinating Board to require by rule that medical schools offer coursework in cultural competence and implicit bias approved by the Board. Also prohibited medical schools from providing degrees unless the student has successfully completed the number of hours of course work in cultural competitive and implicit bias required by the Board. The Board would have been required to approve the coursework and training in consultation with the Association of American Medical Colleges or another nationally recognized organization that review medical school curricula. The Texas Medical Board would have been prohibited from issuing a registration permit or renew a registration permit to anyone who has not undergone the training.
	HB 719	2019	No	See above.

	HB 607	2019	No	Would have required physicians who submit an application for renewal of registration permit to practice medicine and who practices in the areas of general practice, pediatrics, obstetrics, or gynecology to have completed continuing medical education in cultural competence and implicit bias.
Washington	SB 5228	2021	Yes	Requires public medical schools to develop curriculum on health equity for medical students by 2023. The curriculum must teach attitudes, knowledge, and skills that enable students to care effectively for patients from diverse cultures, groups, and communities. The objectives of the curriculum must be to provide tools for eliminating structural racism in health care systems and to build cultural safety. A person may not graduate with a degree from either medical school without completing a course, or courses, that include curriculum on health equity for medical students.