AB 241 – B.I.A.S. (Breaking Implicit Attitudes & Stereotypes) in Healthcare

IN BRIEF

Assembly Bill 241 would require continued medical education (CME) curriculum in implicit bias for licensees under the Medical Board, Physician Assistant Board and Board of Registered Nursing.

BACKGROUND & PROBLEM

Implicit bias is the positive or negative perceptions, feelings and stereotypes that subconsciously impact our comprehension and behaviors and often contributes to discriminatory treatment. All people, even the most well-intentioned, hold implicit biases that can affect their behavior. In healthcare, implicit bias can be life-threatening to patients particularly.

Leaders in medicine, including the American Academy of Family Physicians, the Mayo Clinic, Kaiser Permanente and Vanderbilt University Medical Center, increasingly are urging medical personnel to learn about personal bias and strategies to address biases in an effort to create a professional environment that provides equal treatment to everyone.

Evidence of ethnic and racial disparities in healthcare is consistent across a range of illnesses and healthcare services. Gender bias also is a dangerous issue, as is treatment of LBGTQ and gender-nonconforming patients. The majority of studies find that disparities in medical services because of implicit prejudices remain even after adjusting for socioeconomic differences and other healthcare access-related factors.

For example, studies have shown the following:
A 2018 paper published in the Proceedings of the National Academy of Sciences found that women are more likely to survive a heart attack when they are treated by a female physician. In fact, women who saw a female doctor were three times more likely to survive than women who saw a male doctor.

Patients who identify as non-binary deal with issues that can put them at risk and change healthcare outcomes. Past research has shown that LGBTQ and gender-nonconforming people have postponed seeking medical care, and that people who told their doctors about their gender largely were dismissed or ignored.

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

Class, disability, weight and other factors also may affect treatment.

Biases, whether explicit or not, can affect how healthcare providers treat patients different than themselves.

SOLUTION

California's medical community should be at the forefront to improve treatment and outcomes for patients who have been underserved by their health providers.

AB 241 would reduce disparities in healthcare by requiring curriculum in implicit bias as a component of CME courses for licensees under the Medical Board, Physician Assistant Board and Board of Registered Nursing.

SUPPORT

American Civil Liberties Union (ACLU)
American Federation of State, County and Municipal Employees (AFSCME) AFL-CIO
Aids Project Los Angeles (APLA Health)
Anti-Recidivism Coalition (ARC)
California Black Women's Health Project
California Black Health Network
California Voices for Progress
County Health Executives Association of California
Courage Campaign
Disability Rights California
Equal Justice Society
Hathaway Sycamores
Maternal Mental Health NOW
Medical Board of California
Perinatal Mental Health Care
Planned Parenthood Affiliates of California
San Francisco Aids Foundation
Santa Cruz County Community Coalition to Overcome Racism (SCCCOR)
UDW/AFSCME LOCAL 3930
Union of American Physicians and Dentists (UADW)

FOR MORE INFORMATION

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