

# HOUSE BILL REPORT

## SSB 5228

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**As Reported by House Committee On:**  
College & Workforce Development

**Title:** An act relating to addressing disproportionate health outcomes by building a foundation of equity in medical training.

**Brief Description:** Addressing disproportionate health outcomes by building a foundation of equity in medical training.

**Sponsors:** Senate Committee on Higher Education & Workforce Development (originally sponsored by Senators Randall, Lias, Das, Lovelett, Nobles, Wilson, C., Darneille, Hasegawa, Keiser, Kuderer, Nguyen and Robinson).

**Brief History:**

**Committee Activity:**

College & Workforce Development: 3/10/21, 3/17/21 [DP].

**Brief Summary of Substitute Bill**

- Requires public medical schools to develop health equity curriculum for medical students.
- Requires public medical school students to complete a course, or courses, on health equity prior to graduating.
- Requires each public medical school to create a goal regarding student representation and report progress on that goal annually.

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### HOUSE COMMITTEE ON COLLEGE & WORKFORCE DEVELOPMENT

**Majority Report:** Do pass. Signed by 7 members: Representatives Slatter, Chair; Entenman, Vice Chair; Leavitt, Vice Chair; Hansen, Paul, Pollet and Sells.

**Minority Report:** Do not pass. Signed by 2 members: Representatives Kraft and Sutherland.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Minority Report:** Without recommendation. Signed by 4 members: Representatives Chambers, Ranking Minority Member; Jacobsen, Assistant Ranking Minority Member; Chandler and Hoff.

**Staff:** Elizabeth Allison (786-7129).

**Background:**

Washington state has two public medical schools: the University of Washington School of Medicine (UWSOM) and the Washington State University College of Medicine (WSUCOM).

The UWSOM was founded in 1946. It has a partnership with Wyoming, Alaska, Montana, and Idaho (known as WWAMI) to allow medical students from those states to receive medical education through the University of Washington. After completing the first phases of their program in their home state, the partnership allows students to complete clinical rotations in a variety of sites and environments within the five-state region. The partnership is the only five-state medical education program in the country.

The WSUCOM, also known as the Elson S. Floyd College of Medicine, was created through legislation in 2015. The first cohort of medical students at the WSUCOM began classes in 2017.

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**Summary of Substitute Bill:**

Within existing resources, by January 1, 2023, the UWSOM and WSUCOM must develop curriculum on health equity that teaches attitudes, knowledge, and skills to medical students that enable them to effectively care for patients from diverse cultures 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. Medical students must complete the diversity course or courses prior to graduating.

Course topics on health equity may include:

- strategies for recognizing patterns of healthcare disparities and eliminating factors that influence them;
- intercultural communication skills training;
- historical examples of medical and public health racism and how racism can manifest itself in a student's field of medicine;
- cultural safety training;
- structural competency training;
- methods of evaluating health care systems; and
- implicit bias training.

Within existing resources, by January 1, 2022, the UWSOM and WSUCOM must develop a goal focused on increasing the number of underrepresented students, guided by the state's need for physicians from diverse racial and ethnic backgrounds and each school's predominant equity goals. In developing the goal, special consideration may be given to students attending the UWSOM as a part of WWAMI. Each initial goal must be set for January 1, 2025.

The UWSOM and WSUCOM must report progress toward their goal on an annual basis through their public websites.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Communities of color have been disproportionately affected by COVID-19 and other illnesses such as heart disease and diabetes. Studies show that patients are more likely to follow the care recommended by medical providers if the provider shares their background and experience and is sensitive to patients' cultures. This bill ensures that students who graduate from medical schools in Washington understand and can connect with their patients from diverse backgrounds and ensures that schools are working to admit more students from diverse communities.

The medical schools believe that it is imperative for students to receive training for equity and to develop skills to counteract implicit bias. There is existing health equity curriculum but there is more to be done. The current system was not created to favor Black, Indigenous, and People of Color (BIPOC), and this continues today. Personal experiences have shown the need for more diverse training and cultural understanding for physicians.

Reports have shown that there is a shortage of BIPOC physicians. Studies have highlighted the shortage of Latino physicians, and this critical shortage is even more acute during the pandemic and heightens the disparities Latino folks face. The bill establishes a goal, not a quota, that medical schools admit more diverse students as the incoming cohorts do not often reflect the community. The goal will help advance cultural and linguistic care across communities. Latino and Black physicians are more likely to serve in underserved communities.

(Opposed) It seems like the intent of the bill is to create better medical outcomes solely based on the skin color or ethnicity of care providers. Medical doctors and others know that

health outcomes have so much more to them than those factors alone. The bill is providing a surface solution. There is uncertainty around how to know when the overall goal is achieved.

**Persons Testifying:** (In support) Senator Randall, prime sponsor; Lauren Baba, University of Washington Medicine Government Relations; Dominic Min-Tran, University of Washington School of Medicine; Gino Aisenberg and Leo Morales, Latino Center for Health, University of Washington; Chris Mulick, Washington State University; and Kia Gianni Thigpen.

(Opposed) Sarah Davenport-Smith, Family Policy Institute of Washington.

**Persons Signed In To Testify But Not Testifying:** None.