

# SENATE BILL REPORT

## SB 5228

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As Reported by Senate Committee On:  
Higher Education & Workforce Development, February 4, 2021  
Ways & Means, February 19, 2021

**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:** Senators Randall, Lias, Das, Lovelett, Nobles, Wilson, C., Darneille, Hasegawa, Keiser, Kuderer, Nguyen and Robinson.

**Brief History:**

**Committee Activity:** Higher Education & Workforce Development: 1/26/21, 2/04/21 [DPS-WM, DNP].

Ways & Means: 2/17/21, 2/19/21 [DPS (HEWD), DNP, w/oRec].

**Brief Summary of First 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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**SENATE COMMITTEE ON HIGHER EDUCATION & WORKFORCE DEVELOPMENT**

**Majority Report:** That Substitute Senate Bill No. 5228 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

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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.*

Signed by Senators Randall, Chair; Nobles, Vice Chair; Holy, Ranking Member; Liias.

**Minority Report:** Do not pass.  
Signed by Senator Ericksen.

**Staff:** Kellee Gunn (786-7429)

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## SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 5228 as recommended by Committee on Higher Education & Workforce Development be substituted therefor, and the substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Conway, Darneille, Dhingra, Hasegawa, Hunt, Keiser, Liias, Mullet, Pedersen, Van De Wege and Wellman.

**Minority Report:** Do not pass.

Signed by Senators Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Schoesler, Assistant Ranking Member, Capital; Wagoner and Warnick.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Braun, Carlyle, Gildon and Muzzall.

**Staff:** Michele Alishahi (786-7433)

**Background:** Public Medical Schools in Washington State. Washington State has two public medical schools—the University of Washington School of Medicine (UWSOM) and the Washington State University College of Medicine (WSUCOM).

UWSOM was founded in 1946. UWSOM has a partnership with four other western states, Wyoming, Alaska, Montana, Idaho, known as WWAMI, to allow those states' medical students to receive medical education as in-state students from the University of Washington (UW). WWAMI is the only five-state medical school in the country.

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

**Summary of Bill (First Substitute):** Health Equity Curriculum. Each public medical school must develop curriculum for medical students on health equity by January 1, 2023.

The objective of the health equity curriculum must be to:

- provide tools for eliminating structural racism in healthcare systems; and
- build cultural safety.

Each UWSOM and WSUCOM student must complete a course, or courses, on health equity prior to graduating. Health equity course topics may include, but are not limited to:

- strategies for recognizing health care disparities and eliminating factors that influence them;
- intercultural communication skills training;
- historical examples of medical and public health racism;
- cultural safety training;
- structural competency training;
- methods of evaluating health care systems; and
- implicit bias training.

Goals for Representation. Each public medical school, by January 1, 2022, must develop a goal focused on increasing the number of underrepresented students, guided by the state of Washington'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 through WWAMI. The goal must be set for January 1, 2025. Progress towards each goal must be reported on an annual basis through each of their public websites.

**EFFECT OF CHANGES MADE BY HIGHER EDUCATION & WORKFORCE DEVELOPMENT COMMITTEE (First Substitute):**

- Requires each medical school's goal to be focused on increasing the number of underrepresented students and that each goal be guided by the state of Washington's need for physicians from diverse racial and ethnic backgrounds and the school's predominant equity goals.
- Allows for special consideration to be given in developing and posting progress on the goal to students attending the school of medicine at the University of Washington as a part of a regional partnership with other states.
- Requires the schools of medicine to fund the incorporation of health equity curriculum and the development and reporting on their goal with existing resources.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill (Higher Education & Workforce Development):** *The committee recommended a different version of the bill than what was heard.* PRO: Last week my mother died. Until then my family and I waited every day for an update on her status. There was a lack of communication between the hospital and my

family. There was a need for a cultural communicator. This system is not set up for BIPOC communities. We need to focus on health equity to improve situations like this. This bill is important and would help my children of color who are disabled. There is a deficit in our medical health curriculum. Maternal mortality is not good for women of color. Living, working, and growing up in eastern Washington, I know firsthand of the diversity of this region. Rural and under-served settings have a hard time recruiting physicians for the communities that need them. This bill will improve curriculum and set a goal of parity. The one request is that the schools should make their curriculum available to all entities in the state of Washington. It is crucial that the language of this bill addresses racism in medicine. As a medical resident, medical students must be training on systemic inequities. This will increase and improve diversity in our medical students and help BIPOC students. We need a diverse and anti-racist medical physician workforce.

Population parity goals are important. This will help improve underrepresented groups' access. National and state data show a disproportionate impact on Latinos from COVID-19. Latino physicians are more likely to serve in under-served communities but are underrepresented in this state. SeaMar recognizes the need of this bill and the importance of diverse physicians. As a first-generation college student, and Latina medical student from eastern Washington, I know people who have been directly affected by COVID-19. I have seen a relief on patients faces when I am able to speak their language. Medicine practiced in a patient's native tongue is effective.

At UW Medicine, all faculty are required to participate in Diversity, Equity, and Inclusion (DEI) training. Our office has launched an equity tool that is being piloted. The training of UW medical students in DEI is important. The UW has existing curriculum that meets the needs in this bill, but there is more to do. This bill would require us to build up our current program.

WSU has developed a modern curriculum that follows this bill. WSU medical students look like Washington. WSU's medical curriculum is heavy on empathy for patients. The college of medicine is now working on a diversity action plan and individual action plan for each student.

CON: This bill will run afoul of constitutional protections. This bill seemingly sets quotas for medical schools. Of course, it is an appropriate goal to increase the number of people from minority communities. Requiring training and cultural competency is a better way to proceed.

**Persons Testifying (Higher Education & Workforce Development):** PRO: Senator Emily Randall, Prime Sponsor; Dominic Min-Tran, University of Washington School of Medicine; Kia Gianni Thigpen, University of Washington, School of Medicine; Leo Morales, Latino Center for Health; Russell Maier, Pacific Northwest University; Mohamed Khalif, Washington Academy for International Medical Graduates; Karina Yamin, Washington Academy for International Medical Graduates; Suzanne Allen, MD, University

of Washington School of Medicine; Jazmine Perez, University of Washington School of Medicine; Sophia Orlando, University of Washington School of Medicine; Jesus Sanchez, Sea Mar Community Health Centers; Samantha Fakharzadeh, Washington Students; Alice Manos, Resident Diversity Committee, University of Washington; Chris Mulick, Washington State University; Paula Houston, EdD, University of Washington Medicine.

CON: Liv Finne, Washington Policy Center.

**Persons Signed In To Testify But Not Testifying (Higher Education & Workforce Development):** No one.

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** PRO: We have a moral imperative to address systematic inequities in the medical field. We also have a strong economic incentive to do so. Systematic racism is expensive. In 2011, a national study estimated that over the course of three years we could have saved almost \$230 billion in direct medical care expenses if we had eliminated health disparities that are rooted in race. UW medical students have been asking for this type curriculum. It is the first step to make medicine more equitable.

UW School of Medicine agrees that it is imperative that students receive training on health equity. The school has an existing health equity curriculum that would need to be enhanced to meet the requirements of the bill. The fiscal note outlines costs of developing the curriculum that would span all four years of medical school and implementing the curriculum across all five WWAMI states. The bill as currently written requires it to be done within existing resources. The school would absorb the costs as outlined in the fiscal note within existing resources.

**Persons Testifying (Ways & Means):** PRO: Hannah Sieben, Graduate and Professional Student Senate - UW; Lauren Baba, UW Medicine Government Relations.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.