

# SENATE BILL REPORT

## SB 5229

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As of January 29, 2021

**Title:** An act relating to health equity continuing education for health care professionals.

**Brief Description:** Concerning health equity continuing education for health care professionals.

**Sponsors:** Senators Randall, Das, Keiser, Lovelett, Nobles, Wilson, C., Dhingra, Hasegawa, Kuderer, Nguyen and Stanford.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/29/21.

**Brief Summary of Bill**

- Requires the rule-making authority for each health profession to adopt rules requiring health care professionals to complete health equity education training at least once every four years.
- Requires health equity courses to teach attitudes, knowledge, and skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status..

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Staff:** Ricci Crinzi (786-7253)

**Background:** Continuing education for the health care profession consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a health professional uses while providing service. In Washington, licensed health professions are subject to continuing education requirements established by the rule-making authority and in statute for each health

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profession. Generally, the rule-making authority determines the education subject matter, minimum and maximum number of hours in specified subject matter, and how to obtain approved continuing education programs. The Legislature has also adopted continuing education requirements for health professions on specific topics, including head injury prevention and suicide prevention, treatment, and management.

**Summary of Bill:** By January 1, 2023, health care professions that are subject to continuing education requirements must adopt rules requiring licensees to complete health equity continuing education training at least once every four years. During rule development, rule-making authorities must consult with patients and communities with lived experiences of health inequalities or racism in the health care system, professional organizations, and the department of health.

Health equity continuing education courses may be taken in addition to or, if a rule-making authority determines the course fulfills existing continuing education requirements, in place of other continuing education requirements imposed by the rule-making authority.

Before January 1, 2022, the secretary and rule-making authorities shall consult with professional organizations, patients, and communities who experienced health inequities or racism in the health care system to develop health equity course information and must provide information to licensees regarding available health equity courses. Rule-making authorities may adopt rules to determine if courses not included in the information meet the continual education requirement.

Continuing education courses must teach attitudes, knowledge, and skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status.

Potential course topics include, but are not limited to:

- strategies for recognizing patterns of health care disparities;
- intercultural communication skills training;
- implicit bias training;
- methods for addressing the emotional well-being of children and youth of diverse backgrounds;
- ensuring equity and antiracism while delivering medical care or therapies;
- structural competency training; and
- cultural safety training.

**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:** PRO: Health equity continuing education training is something all health professions should require. The COVID-19 pandemic has especially made the inequalities in our health care system widely known. Health professionals do not always listen to or understand the pain people of diverse backgrounds experience. Health professionals need training to know how to properly listen and care for a wide variety of patients.

The health system is not equitable and requires people to be their own health advocates. Health equity training provides health care providers the tools to understand how to help a variety of patients better. If more health professionals are aware of their own biases, then we have a chance of making the health system better. It has been widely agreed upon, racism is a public health emergency.

Patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status face challenges accessing health care or treatment in the system. Health care professionals need to have knowledge about different health disparities and be sensitive to different communities. Social determinates of health are real, and understanding these determinants will help build better relationships with patients. This bill does not solve the problem, it is only a step in the right direction.

OTHER: Health equity training should be taken every two years. Health professionals should be assessed after training to ensure they understand the materials. Rulemaking authorities should be allowed to work with or be in groups with other profession's rulemaking authorities.

**Persons Testifying:** PRO: Senator Emily Randall, Prime Sponsor; Catherine West, Legal Voice; Alex Wehinger, Washington State Medical Association; Katina Rue, DO, Washington State Medical Association; Laurie Lippold, Partners for Our Children; Andrew Black; Debra Black; Bob Cooper, National Association of Social Workers Washington Chapter; Leihua Edstrom, Washington State Pyschological Association; Diana Currie, Providence Medical Group; Angela Ross, ND, Washington Association of Naturopathic Physicians; Sybill Hyppolite, Washington State Labor Council, AFL-CIO; Robin Narruhn, Community Health Board Coalition; Irene Infante, Washington Occupational Therapy Association.

OTHER: Mohamed Khalif, Washington Academy for International Medical Graduates.

**Persons Signed In To Testify But Not Testifying:** No one.