

# SENATE BILL REPORT

## ESSB 5229

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As Passed Senate, February 17, 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:** Senate Committee on Health & Long Term Care (originally sponsored by 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, 2/05/21 [DPS, DNP].

**Floor Activity:** Passed Senate: 2/17/21, 35-14.

**Brief Summary of Engrossed First Substitute 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 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

**Majority Report:** That Substitute Senate Bill No. 5229 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Muzzall, Ranking Member; Conway, Holy, Keiser, Randall, Rivers, Robinson and Van De Wege.

**Minority Report:** Do not pass.

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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 Padden and Wilson, J.

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

**Background:** Continuing education for health care professionals consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that health care professionals use while providing services. In Washington, licensed health professions are subject to continuing education requirements established by the rule-making authority and in statute for each health 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 Engrossed First Substitute Bill:** By January 1, 2024, 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.

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 of Health 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. The information should include a course option that is free of charge to licensees. Rule-making authorities may adopt rules to determine if courses not included in the information meet the continual education requirement.

By January 1, 2023, the Department of Health (DOH), in consultation with the boards and commissions, shall adopt model rules establishing the minimum standards for continuing education programs meeting the requirements of this section. DOH shall consult with patients or communities with lived experience of health inequities or racism in the health care system, relevant professional organizations, and the rule-making authorities in the development of these rules.

The minimum standards for continuing education programs must include instruction on skills to address the structural factors—such as bias, racism, poverty—that manifest as health inequities. These skills include individual-level and system-level intervention, and self-reflection to assess how the licensee’s social position can influence their relationship with patients and their communities. These skills 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 and other categories of identity. Courses must assess the licensee's ability to apply health equity concepts into practice.

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 on Original Bill:** *The committee recommended a different version of the bill than what was heard.* 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 determinants 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 Psychological 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.