RESOLUTION 21-24

Title: Make Implicit Bias Training One Time Only

Introduced by: Richard E. Burney, MD, for the Washtenaw County Delegation

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Referred To: Reference Committee E

House Action: **DISAPPROVED**

Whereas, the Michigan Department of Licensing and Regulatory Affairs (LARA) now requires implicit bias training for physicians (and other health care professionals). The requirements apply to both new applicants as well as those renewing their existing licenses or registrations starting on June 1, 2022, and

Whereas, new applicants for licensure are required to have completed two hours of implicit bias training within the five years immediately preceding issuance of the license or registration, and

Whereas, renewing licensees are required to complete one hour of implicit bias training for each year of their license or registration cycle. For fully licensed physicians, this will be three hours for their three-year license cycle, and

Whereas, a commentary that appeared in the Journal of the American Medical Association Health Forum in August 2022, while lauding the mandated implicit bias training nevertheless calls attention to the fact that it does not address the specific clinical areas and populations most affected by implicit bias and experiencing inequities in health care, and

Whereas, it is unlikely that there will be anything new in implicit bias training year after year, the requirement for annual training will become a meaningless, repetitive exercise, of no incremental benefit to population health; therefore be it

RESOLVED: That MSMS petition the Michigan Department of Licensing and Regulatory Affairs and any other oversight body to make the requirement for implicit bias training a one-time requirement for licensees and licensure applicants.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $12,000-$24,000

Relevant MSMS Policy

Opposition to Compulsory Content of Mandated Continuing Medical Education
MSMS opposes any attempt to introduce compulsory content of mandated Continuing Medical Education (CME) in the state of Michigan. (Res67-07A) – Reaffirmed (Sunset Report 2020) – Reaffirmed (Res01-21)

Relevant AMA Policy

Support for Continuing Medical Education H-300.958
Our AMA:
(1) supports the concept of lifelong learning by recognizing the importance of continuing medical education as an integral part of medical education, along with undergraduate and graduate medical education;
(2) encourages physicians to maintain and advance their clinical competence and keep up with changes in health care delivery brought about by health system reform;
(3) assists and supports the expansion and enhancement of funding resources for continuing medical education on a local, regional, and national basis through foundations, private industry, health care organizations and appropriate government agencies;
(4) encourages U.S. medical schools to integrate continuing medical education into the continuum of undergraduate and graduate medical education;
(5) supports and assists medical schools, teaching institutions, and other health-related organizations in developing and facilitating implementation of health policy that supports research in continuing medical education, relevant to the needs of practicing physicians;
(6) supports efforts to facilitate and speed development of computer-based interactive and distance learning technologies to support learning needs of practicing physicians regardless of their geographic location; and
(7) affirms that lifelong learning is a fundamental obligation of our profession and recognizes that lifelong learning for a physician is best achieved by ongoing participation in a program of high quality continuing medical education appropriate to that physician's medical practice as determined by the relevant specialty society.

Racial and Ethnic Disparities in Health Care H-350.974
1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.
2. The AMA emphasizes three approaches that it believes should be given high priority:
A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.
B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.
C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision-making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities
3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA

supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.

4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.