March 23, 2021

Re: Testimony to the Ohio House Finance Subcommittee on Health and Human Services in support of amendments to HB110 that a Health Care Professional complete continuing education in diversity, equity, and inclusion to be eligible for renewal of a license or certificate issued by a state licensing board,

Chairman Oelslager, Vice Chair Plummer, Ranking Member Crawley and the rest of the members of the House Finance Committee,

Thank you for the opportunity to provide a written testimony in support of the amendment filed by Representative West to provide the opportunity for Health Care Professionals to complete continuing education in the field of diversity, equity, and inclusion as a requirement to renew licensure or certification. I am in full support of this amendment as a black pharmacist. I have gone through countless examples of implicit bias and racism in my pharmacy career. One example is as an intern, working in a black neighborhood, I was told by my preceptor to put water in a child's cough syrup that the pharmacy was out of stock of.

Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patients' insurance status and income, are controlled. The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.

In an article from the <u>College of Psychiatric and Neurologic Pharmacists</u> Dr Jennifer Bean shares a 2017 systematic review revealed that health care professional's exhibit about the same levels of implicit bias as the general population does, and evidence indicates that biases are likely to influence diagnosis and treatment decisions in some circumstances. A 2015 study in <u>JAMA</u> that included almost a million emergency room visits, black children in severe pain from acute appendicitis had just one-fifth the odds of receiving opioid painkillers compared with white children, even after adjusting for other factors. More recently in 2020 Dr Susan Moore passed away due to complications from COVID-19 after describing a white doctor dismissing her pain and concerns about her treatment. Studies have shown that Black patients are in some situations prescribed less pain medication than their White counterparts. And a recent article in the New England Journal of Medicine attributed unequal treatment in part to "enduring racist cultural beliefs and practices."

The article cited a 2016 study that found half of White medical students and residents "held unfounded beliefs about intrinsic biologic differences between Black people and White people," falsely believing the pain of Black patients was less severe than White patients.

Currently in Ohio according to rule 4729:1-5-02 of the Ohio Administrative Code a pharmacist must report CEU or Continuing Education every 2 years. This Continuing Education consists of approved Pharmacy practice and Pharmacy Law, but what if this requirement included diversity equity and inclusion CEU as well? We should not just stop with pharmacists mandatory DEI

education is necessary for all health care professionals. In an August 2019 study in the <u>Journal of Infectious Disease</u> Jasmine Marcelin states "Just as healthcare providers are required to stay up to date on medical techniques and procedures to best serve their patients, we propose that trainings involving the social aspects of medicine be treated similarly. Cultural humility is characterized by lifelong learning and is a key aspect of a successful provider-patient relationship. Thus, it is imperative that healthcare organizations and professional medical societies continually provide healthcare professionals with learning opportunities to enhance their interactions with individuals different from themselves."

This is why I am in support for the opportunity for health care professionals to complete continuing education in the field of diversity, equity, and inclusion as a requirement to renew licensure or certification.

References:

https://academic.oup.com/jid/article/220/Supplement 2/S62/5552356

https://cpnp.org/perspective/2018/10/382582 https://www.ajpe.org/content/83/8/7425

https://www.ted.com/talks/marvin ferguson prescription approved for implicit bias

Thank you for your consideration of this amendment. I regret that I am unavailable to testify in person on these amendments due to the COVID-19 Pandemic, but are very available to respond to questions by phone or email

Sincerely,

Marvin Ferguson RPH, M.B.A, LSSGB

Pharmacy Manager Clinical Programs

Marvin Ferguson@msn.com

330-605-6513