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Ohio Academy of Family Physicians
House Bill 151
Opponent Testimony- Ohio House Higher Education Committee
May 17, 2023

Chairman Young, Ranking Member Miller and Members of the Ohio House Higher Education Committee, thank you for the opportunity to provide opponent testimony on Substitute House Bill 151. I am Dr. Elisabeth Righter, Past-President, and current member of the Board of Directors of the Ohio Academy of Family Physicians. After four years of college, four years of medical school, and three years of residency training, I became a family physician in 1992. Now I work as a faculty member at a medical school in Ohio.

On behalf of the Ohio Academy of Family Physicians and the 5,200 family physicians, residents, and medical students we represent, I submit this testimony in opposition to the prohibition against diversity-equity-inclusion (DEI) programs at state institutions of higher education, specifically medical schools and residencies included in the bill.

I grew up in an urban area of Ohio that was majority African American. I went through school with children who looked different than me. They were my friends, some of whom are friends to this day. However, it was not until I participated in implicit bias training in 2021, that I became aware of my implicit racial bias toward African Americans. I felt uncomfortable, even ashamed. But I realized the importance of knowing about my bias, so I can mitigate it. I am finishing a year of Diversity, Equity, Inclusion, and Able-bodiedness dialogue that has furthered my knowledge, attitudes, and skills in this area.

The word diversity is in this legislation twenty-one times. That tells me diversity is an important part of this legislation. The goal of this bill seems to be ensuring multiple, divergent, and varied perspectives in higher education settings. I could not agree with this objective more. In contrast, the word civil occurs once. In this time of increasing political polarization, the ability of our citizens to interact with civility and understand each other's point of view is imperative. This underscores the importance of Diversity, Equity, Inclusion, and Able-bodiedness programs or training courses.

Mandatory training in not only Diversity, Equity, and Inclusion, but also cultural competency, is a required component of education in medical schools and residency programs by the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education. Every medical school and University-affiliated residency in Ohio will be required to request an exemption under Sec. 3345.0217 (C), (D) of this legislation, subjecting these institutions and the state to an unnecessarily burdensome process.

The presence of implicit bias among clinicians and in health care settings has been observed and documented by researchers throughout the years, particularly in the last two decades. A systematic review published by researchers in 2015 concluded that most health care providers have at least low to moderate levels of implicit racial bias, and that this bias was about equal across African American, Latino, and dark-skinned patients. It is important to understand that

implicit biases are activated involuntarily and without an individual's awareness or intentional control. It is not limited to race and is often linked to gender, obesity, among other factors. Whether intended or not, implicit bias may lead to a difference in treatment and clinical decision-making.

The Joint Commission, an enterprise which specializes in driving quality improvement in health care, describes examples of how racial implicit bias plays out in health care:

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants
- African American women are more likely to die after being diagnosed with breast cancer
- Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic)
- African American men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
- Patients of color are more likely to be blamed for being too passive about their health care

In addition, implicit bias is a contributing factor to the alarming health disparity seen in pregnancy-related mortality ratios. These ratios vary significantly by race, with white women experiencing 13.0 deaths per 100,000 births, compared with 42.8 deaths per 100,000 births for African American women, from 2011 to 2015. Failure to understand and overcome implicit bias puts patients at risk for stereotyping that could have serious and life-threatening consequences.

The Ohio Academy of Family Physicians respectfully asks that this Committee amend House Bill 151 to remove the prohibition against mandatory Diversity, Equity, and Inclusion training at Ohio's medical schools and residency programs. This is central to the values of the Ohio Academy of Family Physicians to provide care for the whole patient and enhance quality of care for all Ohioans.

Thank you for allowing me to bring these concerns before you today, I appreciate your consideration.