Legislation Details (With Text)

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Type:	Resolution		**Status:**	Filed (End of Session)
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Title:	Resolution calling upon the New York State legislature to pass, and the Governor to sign, S.319/A.5625, which mandates all medical students in New York State to receive anti-bias training.			
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Attachments:	1. Res. No. 399, 2. May 16, 2024 - Stated Meeting Agenda, 3. Hearing Transcript - Stated Meeting 5-16-24, 4. Minutes of the Stated Meeting - May 16, 2024			

Date	Ver.	Action By	Action	Result
5/16/2024	*	City Council	Introduced by Council	
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12/31/2025	*	City Council	Filed (End of Session)	

Res. No. 399

Resolution calling upon the New York State legislature to pass, and the Governor to sign, S.319/A.5625, which mandates all medical students in New York State to receive anti-bias training.

By Council Members Hanif, Narcisse, Restler, Brannan, Cabán, Gutiérrez and Williams (by request of the Brooklyn Borough President)

Whereas, In recent years, there has been a heightened focus in the healthcare community on addressing health inequity impacting marginalized communities, including people of color, the LGBTQIA+ community, immigrants, low-income individuals, people with disabilities, women, gender non-conforming people, the young, older adults, and those facing behavioral health issues; and

Whereas, Multiple studies suggest that implicit bias in healthcare can lead to disparities in access to quality care, diagnosis, and treatment, disproportionately impacting marginalized communities, and that implicit bias is considered to be a significant contributing factor to the alarming racial health disparity observed in the United States; and

Whereas, The American Psychological Association describes implicit bias as an unconscious and

automatic negative attitude or stereotype that an individual holds toward a specific social group, often shaped by learned associations between particular qualities and social categories such as race, immigration status, gender, sexual orientation, religion, socioeconomic background, weight, and disability; and

Whereas, Studies consistently recognize the role of implicit bias in worsening health outcomes, increasing health care costs, and exacerbating health disparities, resulting in disparate maternal health outcomes, substandard pain management for Black patients, unequal cardiovascular testing for women, fewer mental health services for patients with mental illness, and mistreatment and avoidance of obese patients; and

Whereas, Studies have shown that Black patients are 3 times more likely to experience implicit bias from healthcare providers compared to white patients, and Latinx patients are 1.5 times more likely, according to a 2015 systematic review on implicit/ethnic bias of healthcare providers on healthcare outcomes, published in the American Journal of Public Health; and

Whereas, These healthcare disparities can be seen in New York City (NYC), where Black non-Latina women are 8 times more likely to experience maternal mortality than their white non-Latina counterparts, per the NYC Department of Health and Mental Hygiene's (DOHMH) latest 5-year report on Pregnancy-Associated Mortality (2011-2015); and

Whereas, Despite being at the highest risk of dying from breast, colorectal, and cervical cancers, the Black community has the lowest rates of early diagnosis for breast and cervical cancers, according to the National Cancer Institute; and

Whereas, According to the Center for the Independence of the Disabled New York (CIDNY), 44.4% of New Yorkers with disabilities rated their health as fair or poor in 2014, compared to only 9.1% of those without disabilities; and

Whereas, Per the 2023 annual report by the Mayor's Office of Community Mental Health, Black, Latinx, Asian, and Pacific Islanders experiencing depression are less likely to be connected to mental healthcare than white New Yorkers; and

Whereas, A 2021 report by the Center for American Progress found that nearly half of transgender people - and 68% of transgender people of color - reported having experienced mistreatment at the hands of a medical provider, including refusal of care and verbal or physical abuse in 2019, the year before the survey took place; and

Whereas, Despite such clear disparities in the healthcare system, implicit bias training is not universally provided to medical students in New York, posing a barrier to achieving health equity; and

Whereas, According to the National Academy of Medicine, 70% of medical schools have reported implementing some form of bias training, but the quality and effectiveness of these programs vary significantly, creating a need for more organized training requirements; and

Whereas, S.319/A.5625, sponsored by New York State (NYS) Senator Julia Salazar, and Assembly Member Karines Reyes, proposes requiring state-approved anti-bias training for all medical students, medical residents, and physician assistant students in NYS, in an effort to eliminate bias in healthcare; and

Whereas, This legislation requires the NYS Department of Health (DOH) to collaborate with the State Board of Medicine and the Division of Human Rights to create guidelines for anti-bias training focused around awareness and elimination of implicit and explicit bias in the healthcare field while requiring DOH to annually report on the implementation and effectiveness of such training; and

Whereas, Given the healthcare disparities faced by marginalized New Yorkers, it is crucial that the City ensure fair and equitable treatment for all residents through a well-trained and culturally competent healthcare workforce; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State legislature to pass, and the Governor to sign, S.319/A.5625, which mandates all medical students in New York State to receive anti -bias training.

LS #14461
2/23/2024
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