



**Illinois General Assembly
Executive Committee Hearing Scheduled for Jan 09, 2021
HB 3840, SFA1**

Rudi Hancock, Government Relations Liaison, on behalf of the Shriver Center on Poverty Law submits the following written testimony:

As the Illinois General Assembly begins a critical legislative session to address the COVID-19 pandemic and recent racial reckoning, the Shriver Center on Poverty Law (Shriver Center) strongly endorses the policy agenda of the Illinois Legislative Black Caucus (ILBC).

The ILBC mobilized in 2020 to develop a comprehensive response to the legacy of divestment in Black communities in Illinois. As introduced, we support the pillars of Criminal justice reform, violence reduction and police accountability; Economic access, equity and opportunity; and Health care and human services. The proposals include both innovative and proven measures to not only address long-standing disparities but fuel opportunity and improve quality of lives.

The Shriver Center applauds the ILBC for its leadership in listening to communities' needs and advancing this expansive body of legislation during this challenging and uncertain time. Specifically, the Shriver Center supports HB5548 HA1 and offers the following in support of specific provisions:

Doula/Home Visiting Medicaid Coverage: Shriver Center strongly supports this provision to provide Medicaid reimbursement for doulas and home visitors to address health disparities and address race equity to reduce the high rates of maternal and infant mortality that disproportionately impacts Black women, Latina women, and women of color. This coverage will improve health outcomes for pregnant Medicaid enrollees by ensuring that all pregnant individuals enrolled in Medicaid who want access to a doula and home visiting services will have that opportunity. Low-income women are at the highest risk of poor birth outcomes in the United States, and women of color, especially Black women, are especially vulnerable. Doula care is among the most promising approaches to combating disparities in maternal health. Women receiving doula care have been found to have improved health outcomes for both themselves and their infants, including higher breastfeeding initiation rates, fewer low-birth weight babies, and lower rates of cesarean sections. Doulas can also help reduce the impacts of racism and racial bias in health care on pregnant women of color by providing individually tailored, culturally appropriate, and patient centered care and advocacy. We are advocating for this coverage in partnership with and with the guidance of community doula groups, doula collectives, and individual doulas, especially Black doulas and Black-led doula groups, as well as doulas and doula groups serving low-income clients.

Implicit Bias Training for Medical Providers: Shriver Center strongly supports the provisions in the bill that mandate implicit bias training as continuing education requirements for the medical and nursing professions. Implicit bias, meaning the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists, and often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. Implicit bias contributes to health disparities by affecting the behavior of physicians and surgeons, nurses, physician assistants, and other healing arts licensees. Evidence of racial and ethnic disparities in health care is remarkably consistent across a range of illnesses and health care services. Racial and ethnic disparities remain even after adjusting for socioeconomic differences, insurance status, and other factors influencing access to health care. Black women are three to four times more likely than white women to die from pregnancy-related causes nationwide. Black patients often are prescribed less pain medication than white patients who present the same complaints, and Black patients with signs of heart problems are not referred for advanced cardiovascular procedures as often as white patients with the same symptoms. Implicit gender bias also impacts treatment decisions and outcomes. Training will increase understanding and reduce the impact of their biases in order to reduce disparate outcomes and ensure that all patients receive fair treatment and quality health care.

Anti-Racism Commission: Shriver Center strongly support the establishment of an Anti-Racism Commission which will propose statewide policies to eliminate systemic racism and advance equitable solutions for Black, Latino/a/x, and other communities of color in Illinois. We believe this commission should be made permanent.

Racial Impact Note: Shriver Center supports the concept of assessing pending legislation and the race impact of policies prior to passage. We believe that there should be a study and examination by the Anti-Racism Commission prior to development and passage of legislation to mandate a Racial Impact Note.