My name is Stephanie Nawyn. I am a resident of Okemos, Michigan and a sociology professor with expertise in mitigating discrimination and improving culture in professional workplaces. I present this statement in opposition to HB 4915, which would prohibit the Department of Licensing and Regulatory Affairs or a health professional board from issuing or enforcing an implicit bias training requirement as part of their licensure process.

Implicit bias is simply any partiality or prejudicial attitude towards a topic, either positive or negative, that is not consciously recognized by a person holding that prejudice. Implicit bias training focuses on bringing biased thinking to a person's awareness in order to decrease the likelihood that bias will enter into their decision-making. Within medical care, implicit bias training is used to decrease health disparities and improve patient outcomes that would be affected by medical providers' biases.

Implicit bias training can address any number of potential biases that might impact patient outcomes. While some critics might focus on racial/ethnic bias and tie implicit bias training to so-called "identity politics," there are a range of biases that training might address unrelated to protected identities. A systematic review of implicit bias training published in the journal *Science* included trainings focused on patient characteristics such as weight, substance misuse, and socioeconomic status. Bias mitigation has potential for broad improvements in patient outcomes; one study published in PLOS One argued that bias mitigation could even lead to health care providers improving their identification of victims of human trafficking.

The medical establishment in the US has long recognized that bias in medical care has detrimental effects on patient outcomes. This is in part why the Association of American Medical Colleges added a sociological component to the MCAT exam in 2015. A number of students in my Introduction to Sociology course are pre-med and looking to gain knowledge on the intersection of social dynamics and health that are part of the MCAT. I can impart that knowledge, but I am not able to address the implicit bias students may bring into my course. Those biases can harm patients, the mainstream of the medical establishment recognizes this, and their professional associations should have the freedom to improve patient outcomes through trainings that they deem necessary.