

118TH CONGRESS  
2D SESSION

# H. RES. 1180

Recognizing the importance of diversity, equity, and inclusion efforts in medical education.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 30, 2024

Mrs. BEATTY (for herself and Ms. CASTOR of Florida) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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## RESOLUTION

Recognizing the importance of diversity, equity, and inclusion efforts in medical education.

Whereas unequal access to quality medical services, treatment, and preventive measures in the United States, which are rooted in a complex interplay of socioeconomic, cultural, and geographical factors, has led to significant disparities in health outcomes, life expectancy, and overall well-being;

Whereas individuals belonging to certain racial and ethnic minority groups experience higher rates of poor health and disease for a range of health conditions, including diabetes, hypertension, obesity, asthma, heart disease, cancer, and preterm birth, when compared to their White counterparts;

Whereas the average life expectancy among Black people in the United States is 4 years lower than that of their White counterparts;

Whereas women and minority groups have been historically excluded and underrepresented in medicine;

Whereas, in 2023, the demographics of United States medical school matriculants consisted of 49.5 percent White, 27.7 percent Asian, 11.6 percent Hispanic, Latino, or Spanish origin, 10.8 percent Black or African American, 1.1 percent American Indian or Alaska Native, and 0.5 percent Native Hawaiian or Pacific Islander;

Whereas, in a recent survey conducted by the Association of American Medical Colleges, 7 percent of practicing United States physicians identified as Hispanic and 6 percent as Black or African American, which is well below their population proportions of 19 percent and 14 percent, respectively;

Whereas cultural differences between patients and providers, as well as a lack of cultural competency in medical education, negatively impact patient-provider interactions, patient trust and security, open communication, and quality of care;

Whereas there is a strong body of evidence that a diverse medical student body improves the educational, clinical, and research environments, and that diversity increases access to care for communities that are medically underserved;

Whereas medical school curriculum is based on evidence, and those entrusted with developing curriculum use research to help ensure that future doctors learn the skills that will prepare them to treat all patients effectively;

Whereas the presence of a diversity, equity, and inclusion office or the incorporation of diversity, equity, and inclusion principles in medical school does not substitute for the fundamental learning that goes on in medical schools;

Whereas, historically, offices of diversity, equity, and inclusion in medical schools have been established to address the unmet societal needs existing in medical school infrastructure, including environments that were negatively impacting students and faculty resulting from incidents of mistreatment, harassment (including sexual harassment), bias, prejudices, and discrimination; and addressing communities with physician shortages and continuing medical needs of medically underserved and marginalized populations;

Whereas diversity, equity, and inclusion offices in medical schools serve to connect and support all the functions of student success and maintain recruitment and pathway programs to attract and support students interested in medicine and science from communities and populations less likely to enter the health professions;

Whereas diversity, equity, and inclusion offices enhance the learning environment across the medical school community and allow diverse perspectives and backgrounds in classrooms, labs, and clinical settings which enrich the educational experience;

Whereas diversity, equity, and inclusion offices work to ensure programming is widely available to the medical school community and delivers skills and services that emphasize culturally responsive care and prepare future doctors to provide quality health care to an increasingly diverse patient population;

Whereas patients who trust their health care professionals are more likely to seek care, communicate honestly, follow through with treatment recommendations, and participate in preventive health measures, improving patient outcomes and promoting healthier communities;

Whereas, while studies show that patients of color feel greater levels of trust with health care providers that look like them, diversity benefits everyone;

Whereas discrimination, bias, and racism in medical education directly impacts the delivery of equitable health care throughout the United States;

Whereas equipping medical students with the knowledge, skills, behaviors, and attitudes that promote diversity, equity, and inclusion will positively impact patients, students, health care organizations, and society generally by improving the clinical learning environment, health care quality, health outcomes, and patient satisfaction; and

Whereas legislative measures that would reduce or eliminate funding for medical schools that endeavor to have an office of diversity, equity, and inclusion focused on preparing a diverse student body or promoting cultural competency and inclusive practices within the medical field are detrimental to medical education and subsequently, to health outcomes: Now, therefore, be it

1       *Resolved*, That the House of Representatives—

2               (1) affirms the importance of having a health  
3       care workforce which represents the tapestry of our  
4       communities to render the best possible care to our  
5       country's diverse patient populations;

1           (2) recognizes the importance of diversity, eq-  
2           uity, and inclusion efforts at medical education insti-  
3           tutions;

4           (3) supports efforts to foster diversity, equity,  
5           and inclusion within the medical field to promote  
6           health equity in the United States; and

7           (4) supports and acknowledges the importance  
8           of academic freedom for faculty, staff, and students  
9           at medical education institutions.

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