



michigan dental  
ASSOCIATION  
YOUR CONNECTION TO ORAL HEALTH

July 12, 2022

Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing – Board and Committees Section  
P.O. Box 30670  
Lansing, MI 48909-8170  
ATTN: Departmental Specialist

RE: Public Health Code – General Rules (MOAHR #2022 – 17 LR)

To Whom It May Concern,

The Michigan Dental Association (MDA) supports Governor Whitmer's efforts regarding the issue of implicit bias. However, we believe that two modifications could be made to the implicit bias training requirements that would make the training more effective.

#### **Asynchronous Training**

The MDA believes that the current requirement that implicit bias training must be synchronous has created unnecessary challenges for providers. As a result, we request that the rule be changed to allow for synchronous and asynchronous training.

The MDA has heard from many members that, while they accept the implicit bias training, the synchronous requirement limits the number of course offerings that are available. This presents a challenge for busy practitioners who want to do the right thing but may not be able to make the limited courses that are offered. Permitting asynchronous training would allow people to take courses when they can, thus creating greater accessibility.

The MDA has also become aware of inclusion problems that the hearing impaired have faced with live presentations. Sometimes the accommodations available during the live presentations are insufficient or encounter problems. With an asynchronous format, these problems can be easily addressed to ensure providers with hearing impairments have equal access to the content and training.

In addition, allowing for asynchronous training gives people the opportunity to rewatch sections or rewatch the entire presentation in order to better consume the material provided.

**For the above reasons, the MDA requests that the implicit bias training rules be amended to allow for asynchronous training in addition to the synchronous training.**

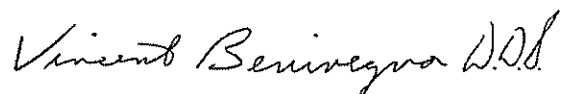
### **Continuing Education Credits**

The current rules state that the credits earned for implicit bias training are in addition to any other continuing education credits required for renewal, reregistration and relicensure. Currently, all other mandatory continuing education credits can count toward the overall required total (i.e. jurisprudence and ethics). The MDA does not see a reason why the implicit bias training credits cannot count toward the overall total.

**For this reason, the MDA requests that the implicit bias training credits be allowed to count toward the 60 hours of continuing education credits that are needed for licensure.**

Thank you for considering our requests and if you have any questions please contact Bill Sullivan, Vice President of Advocacy and Professional Relations at [bsullivan@michigandental.org](mailto:bsullivan@michigandental.org) or 517-346-9405.

Sincerely,

A handwritten signature in black ink that reads "Vincent Benivegna DDS". The signature is written in a cursive, flowing style.

Vincent Benivegna, DDS  
President  
Michigan Dental Association

**From:** [BPL-BoardSupport](#)  
**To:** [Marks, Dena \(LARA\)](#); [Przybylo, Kerry \(LARA\)](#)  
**Subject:** FW: Attention: Departmental Specialist. Implicit Bias Public Health Code Updates  
**Date:** Friday, July 15, 2022 10:27:58 AM

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**From:** Breijak, Duane <[dbreijak.naswmi@socialworkers.org](mailto:dbreijak.naswmi@socialworkers.org)>  
**Sent:** Friday, July 15, 2022 10:23 AM  
**To:** BPL-BoardSupport <[BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)>  
**Subject:** Attention: Departmental Specialist. Implicit Bias Public Health Code Updates

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Attention: Departmental Specialist

On behalf of the National Association of Social Workers - Michigan Chapter and our 5,000 + social work members across the state, we would like to submit a proposed change to the Public Health Code, specifically in regards to the implicit bias training requirements.

We are requesting that the language is updated to reflect that if a licensee takes an approved continuing education course on implicit bias AND that training also satisfies the implicit bias training requirements, the licensee could use that one training to satisfy both the CE and implicit bias licensure requirements.

As currently written, this creates a new standard and a first-of-its-kind requirement that does not allow licensees to count continuing education credit for a required relevant training. This wording/rule is already causing a great deal of confusion amongst licensed professionals, schools of social work, and organizations hosting continuing education programming.

This would fall specifically under R 338.7004, section 2.

Current wording:

*Beginning June 1, 2022, and for every renewal cycle thereafter, in addition to completing any continuing education required for renewal, reregistration, or relicensure, an applicant for license or registration renewal, reregistration, or relicensure under article 15 of the code, MCL 333.16101 to 333.18838, except those licensed under part 188 of the code, MCL 333.18801 to 333.18838, shall have completed a minimum of 1 hour of implicit bias training for each year of the applicant's license or registration cycle.*

Suggested wording:

*Beginning June 1, 2022, and for every renewal cycle thereafter, ~~in addition to completing any continuing education required for renewal, reregistration, or relicensure,~~ an applicant for license or registration renewal, reregistration, or relicensure under article 15 of the code, MCL 333.16101 to 333.18838, except those licensed under part 188 of the code, MCL 333.18801 to 333.18838, shall*

*have completed a minimum of 1 hour of implicit bias training for each year of the applicant's license or registration cycle. If a licensee takes a continuing education course on implicit bias and that training also satisfies the implicit bias training requirements, the licensee may use that one training to satisfy both the continuing education and implicit bias licensure requirements.*

Thank you for your consideration.

**Duane Breijak, LMSW-Macro** (He/Him/His)

Executive Director

[www.nasw-michigan.org](http://www.nasw-michigan.org)

[Dbreijak.naswmi@socialworkers.org](mailto:Dbreijak.naswmi@socialworkers.org)

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July 8, 2022

Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing  
Administrative Rules for Public Health Code – General Rules  
2022-17 LR

Submitted via [BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)

Dear Department Specialist:

On behalf of Michigan hospitals, the Michigan Health & Hospital Association (MHA) appreciates the opportunity to provide comments on the Administrative Rules for Public Health Code – General Rules.

The MHA supports the proposed changes in R 338.7004 Implicit bias training standards that clarifies participants have the *opportunity* to interact with the instructor and other participants. The MHA requests additional guidance be added to further reduce confusion and address questions the MHA has received from healthcare professionals since the rule's effective date:

R 338.7004 Implicit bias training standards  
Rule 4.

(2) Beginning June 1, 2022, and for every renewal cycle thereafter, ~~in addition to completing any continuing education required for renewal, reregistration or relicensure~~, an applicant for license or registration renewal, reregistration, or relicensure under article 15 of the code, MCL 333.16101 to 333.18838, except those licensed under part 188 of the code, MCL 333.18801 to 333.18838, shall have completed a minimum of 1 hour of implicit bias training for each year of the applicant's license or registration cycle.

(3)(d) Acceptable modalities of training include any of the following:

(i) A teleconference or webinar that allows live synchronous interaction that provides ~~for~~ the opportunity for participants to interact with the instructor and other participants.

(ii) A live presentation that provides for the opportunity for participants to interact with the instructor and other participants.

**(iii) An asynchronous webinar that is followed by a live synchronous interaction for a portion of the course that provides the opportunity for participants to interact with the instructor and other participants.**

Please contact me at [rsmiddy@mha.org](mailto:rsmiddy@mha.org) if you have any questions regarding these comments or if you need additional information.

Respectfully submitted,



Renée Smiddy  
Senior Director, Policy

Brian Peters, Chief Executive Officer

**VIA email at [BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)**

July 18, 2022

Department of Licensing and Regulatory Affairs  
Attention: Department Specialist  
P.O. Box 30670  
Lansing, MI 48909-8170

Re: Public Health Code - General Rules – Rule Set 2022-17 LR

To Whom It May Concern:

The Michigan State Medical Society (MSMS) is supportive of the efforts by the state of Michigan to raise awareness about the impact of implicit bias on patient-health professional interactions, treatment decisions, treatment adherence, and patient health outcomes. Addressing health disparities and advancing health equity is a strategic priority of MSMS.

As you consider the draft Administrative Rules for the Public Health Code General Rules (Rule Set 2022-17 LR), MSMS respectfully requests LARA amend Rule 4(3)(d) by removing reference to the live component requirement in that subdivision. Logistically, the implementation of the current requirement is overwhelming health professionals and those who provide continuing education training.

The live component and mid-cycle requirements do not take into consideration that more than 400,000 health care professionals need to be trained. Most continuing education organizations in and out of the state are not able to provide enough training due to a shortage of expert speakers and the availability of providing all programming live. Additionally, the live component has eliminated a significant number of high-quality implicit bias programs from academic centers like Stanford University, UCLA, and Cornell, as well as trusted health care institutions like the National Institute for Health. The live component is a further burden for the already over-worked health care system. Most physicians who register for current MSMS webinars complete those outside of normal works hours. Weekends and holidays are the busiest for mandatory content courses. Eliminating the option of online classes further taxes professionals' ability to fulfill this latest requirement.

MSMS has received over one thousand inquiries from all different health care professionals in the last six weeks regarding implicit bias training; more than any other issue in the past 25 years. These communications are all based on the current rules which do not follow any of the precedented processes for new compulsory topics. The rules for immediate roll-out, the pre- and post-assessment, and the live component are overly complicated and are more onerous than any other state requirement in the country.

July 18, 2022  
Department of Licensing and Regulatory Affairs  
Attn: Department Specialist  
Page 2

For these reasons, MSMS urges the Department to eliminate the live component of the implicit bias training.

Thank you for the opportunity to comment. Should you have any questions regarding our recommendation, MSMS would be happy to discuss further. The MSMS point of contact is Rebecca J. Blake, Senior Director of Subsidiaries, Education and Foundation. Ms. Blake can be reached at [rblake@msms.org](mailto:rblake@msms.org) or 517.336.5729. Your consideration is greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Julie L. Novak". The signature is written in a cursive, flowing style.

Julie L. Novak  
Chief Executive Officer