

SENATE BILL REPORT

ESB 6194

As Passed Senate, February 13, 2006

Title: An act relating to multicultural education for health professionals.

Brief Description: Requiring multicultural education for health professionals.

Sponsors: Senators Franklin, Regala, Keiser, Eide, Prentice, Thibaudeau, Jacobsen, Fairley, McAuliffe, Fraser, Spanel, Kline, Kohl-Welles and Shin.

Brief History:

Committee Activity: Health & Long-Term Care: 1/12/06, 1/19/06 [DP-WM].

Ways & Means: 1/31/06, 2/6/06 [DP, DNP, w/oRec].

Passed Senate: 2/13/06, 32-13.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Franklin, Kastama, Kline and Poulsen.

Staff: Sharon Swanson (786-7447)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Doumit, Vice Chair, Operating Budget; Fairley, Kohl-Welles, Pridemore, Rasmussen, Regala, Roach, Rockefeller and Thibaudeau.

Minority Report: Do not pass.

Signed by Senator Pflug.

Minority Report: That it be referred without recommendation.

Signed by Senators Zarelli, Ranking Minority Member; Brandland, Parlette and Schoesler.

Staff: Tim Yowell (786-7435)

Background: Persons of color experience disparities from the general population in education, employment, health living conditions, access to health care, and other social determinants of health.

For quite some time, communities of color have been voicing concerns about health disparities. Out of these concerns and policy makers' sensitivity to the issue, Senate

Concurrent Resolution 8419 was introduced and passed by the Legislature in 2004 creating the Joint Select Committee on Health Disparities (Committee).

The Committee issued a report on health disparities in Washington on November 1, 2005. The report included findings and recommendations to be considered by the Legislature. The Committee identified the need to enhance the knowledge, attitudes, and practice skills of health professionals and those working with diverse populations to achieve a greater understanding of the relationship between culture and health.

Summary of Bill: Multi-cultural health instruction and assessment is required as part of basic education preparation for programs with a curriculum for training health professionals.

Training in multi-cultural health is included as part of continuing education programs required for health professionals.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For (Health & Long-Term Care): We must have cultural competency within the health care profession. There are countless examples of how a lack of cultural competency or cultural sensitivity has created a poor outcome for a person of color. It is not that our medical professionals don't care; it is that they do not have the understanding or knowledge to effectively treat our ever changing population. It is important that you do not view these bills as just a piece in a puzzle. You must look at the entire puzzle to understand the scope of the problem.

Testimony Against (Health & Long-Term Care): The University of Washington is already providing multi-cultural health. It is not simply taught as a class but is continually emphasized through clinical lab programs. A major concern that must be addressed is the cost of adding an additional requirement to our curriculum. Medical students do not have the time or resources to take another required course. A curriculum review requires a great deal of money and time. The last review took three years to complete.

If we require existing medical professionals to take a multi-cultural health course as part of their continuing medical education, we are adding a mandate that time and resources will not allow. Medical professionals do not have enough time in the day as it is. Requiring one class of the entire medical profession will cost an enormous amount of money. It is unclear how medical professionals would find the time to take one specific class. A two hour course will not solve the problem of health disparities and it will not create cultural competency in the medical profession.

Who Testified (Health & Long-Term Care): PRO: Alton McDonald, Citizen for 21st Century; Arlee Young, Citizen; Jackie Der, University of Washington Medicine; Frankie T. Manning, Washington State Board of Health.

CON: Susie Tracy, Washington State Medical Association.

Testimony For (Ways & Means): Health disparities are a major issue locally, and nationwide. This bill, along with the others proposed by the Joint Select Committee on Health Disparities, represents the input of a wide range of people, including health professionals, higher education institutions, and the minority affairs commissions. Addressing health disparities will improve health, and reduce health care costs. This bill is important because cultural sensitivity among health professionals is a major part of competency.

Testimony Against (Ways & Means): There are more continuing medical education requirements all the time. There is a limit to the number of hours doctors can reasonably be expected to spend in continuing education classes.

Who Testified (Ways & Means): PRO: Senator Rosa Franklin, prime sponsor.

CON: Susie Tracy, Washington State Medical Association.

House Amendment(s): The House amendment includes a definition of multi-cultural health and requires the Department of Health to establish an ongoing multi-cultural health awareness and education program. Disciplining authorities that offer continuing education may provide multi-cultural health training. Requires education programs for health care professions to integrate instruction in multi-cultural health into the basic education preparation curriculum no later than July 1, 2008. The Department of Health cannot deny the application of an applicant because the education program that the applicant completed did not include multi-cultural health education in the curriculum.