

SENATE BILL REPORT

SB 6170

As of April 4, 2014

Title: An act relating to continuing education related to cultural competency for health care professionals.

Brief Description: Concerning cultural competency education for health care professionals.

Sponsors: Senators Keiser, Becker, Pedersen, Cleveland, Hasegawa, McCoy, Kohl-Welles, Frockt, McAuliffe and Kline.

Brief History:

Committee Activity: Health Care: 1/23/14.

SENATE COMMITTEE ON HEALTH CARE

Staff: Bonnie Kim (786-7316)

Background: In 2006 the Legislature directed the Department of Health (DOH) to establish, within available funds, an ongoing multicultural health awareness and education program as part of its health professions regulation. Multicultural health is defined as the provision of health care services with the knowledge and awareness of the causes and effects of the determinants of health that lead to disparities in health status between different genders and racial and ethnic populations and the practice skills necessary to respond appropriately. In 2009 DOH published its training guide titled Multicultural Awareness in Health Services, A Guide for Health Care Providers.

Disciplining authorities permitted to set continuing education (CE) requirements for their respective health care professions were given discretionary authority to provide training in the dynamics of providing culturally competent, multicultural health care to diverse populations. Disciplining authorities were directed to collaborate with educational programs that train students in their respective professions in developing any such multicultural health care courses. To date, no disciplining authority has mandated multicultural health education as a CE requirement.

A Health Impact Review of this legislation was requested and is available at the Washington State Board of Health's website: sboh.wa.gov/OurWork/HealthImpactReviews.aspx.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: By July 1, 2015, DOH must develop and make available a list of approved CE opportunities related to cultural competency for disciplining authorities authorized to establish CE requirements for their respective health care professions. Cultural competency relates to the provision of health care services responsive to the health beliefs, practices, and needs of diverse patients.

The CE opportunities must teach attitudes, knowledge, and skills that enable a health care professional to care for patients from diverse cultures and communities, including applying language skills, using cultural information to establish therapeutic relationships, and applying cultural and ethnic data in the process of clinical care. DOH may also accept gifts or grants from any public or private source, deposited into the health professions account, and consult with or grant funding to a public or private entity with expertise in cultural competency to develop the list of approved CE opportunities.

By July 1, 2016, those disciplining authorities authorized to establish CE requirements for their respective health care professions must incorporate approved cultural competency education opportunities into CE requirements. Cultural competency CE courses may be taken in addition to or in place of other existing CE requirements.

Provisions relating to discretionary health care profession CE requirements in the statute directing DOH to establish the multicultural health education program are removed.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: Diverse populations present challenges for health care providers. Outcomes of care may not have a direct correlation to economics or access to care, but cultural competency does seem to make a real difference. This bill presents an opportunity to make real progress in reducing health disparities. There is a particular need for cultural competency in the care of children with asthma. Cultural competency in health care professionals would decrease the burden of disease in costs borne both by the health care system and by families. These CE requirements are not intended to teach a provider every language, but rather how to find resources on health disparities or risk factors that affect different populations to assist providers in caring for those populations.

CON: Cultural competency is important and there is related training available in existing education opportunities offered to health care professionals. There is concern regarding the growing list of state-mandated CE requirements. Providers are concerned about the loss of ability to determine what best suits their needs in their profession or practice setting. It is unclear how CE will teach providers to speak every language in a diverse district. These CE requirements should remain voluntary for the providers. CE requirements should translate to continuing competency.

OTHER: Chiropractors already have multiple categories of CE requirements they must meet. Cultural competency CE should remain voluntary and is currently made available online for chiropractors and nurses who consider it relevant to their practice.

Persons Testifying: PRO: Senator Keiser, prime sponsor; Robin Evans-Agnew, Cross Cultural Collaborative of Pierce County; Ken Taylor, Valley Cities Counseling & Consultation; Suzanne Pak, Cornerstone Medical Services.

CON: Carl Nelson, WA State Medical Assn.; Leslie Emerick, Home Care Assn. of WA, WA St Hospice & Palliative Care, Assn. of Advanced Practice Psychiatric Nurses; Brad Tower, Optometric Physicians of WA.

OTHER: Melissa Johnson, WA State Nurses Assn.; Lori Grassi, WA State Chiropractic Assn.