

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action: Do Pass

Vote: 5 - 2 - 1

Yeas: Cannon, Doherty, Hoyle, Kennemer, Thompson

Nays: Parrish, Weidner

Exc.: Greenlick

Prepared By: Sandy Thiele-Cirka, Administrator

Meeting Dates: 5/9

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) and specified regulatory boards to develop standards and list of opportunities for continuing education in cultural competence and to develop and implement education for licensed health care providers. Requires OHA and boards to study cost and operation of and opportunities in such education. Requires OHA to report to legislative committee on or before December 31, 2012. Sunsets on January 2, 2014. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Different forms of inequities, disparities and cultural competency
- Definition of cultural competence
- Continuing education requirements
- Cost of implementation
- Importance of effective and competent care
- Current barriers to minority populations

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: Oregon has experienced an increase in population diversity, with approximately 20 percent of Oregonians currently identifying as non-white. National and state studies show health disparities or differences in health outcomes and determinate, between white and non-white communities. Additionally, health disparities exist across linguistic, economic, religious and other factors. Cultural competence training is designed to address factors that contribute to these disparities, including patient-practitioner communication, cultural and linguistic barriers, and access to care.

Senate Bill 97-A requires Oregon Health Authority (OHA) to collaborate with specified health regulatory boards to develop standards and identify opportunities for continuing education in cultural competency. The federal Patient Protection and Affordable Care Act of 2010 include provisions for promoting cultural competency in health care service delivery through training of the health care workforce. Washington, California, New Mexico, New Jersey and Connecticut have enacted laws requiring cultural competence continuing education.

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This summary has not been adopted or officially endorsed by action of the committee.