

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action:	Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means
Vote:	4 - 0 - 1
Yeas:	Kruse, Morse, Shields, Monnes Anderson
Nays:	0
Exc.:	Bates
Prepared By:	Brian Nieuburt, Administrator
Meeting Dates:	2/21, 3/28, 4/11

WHAT THE MEASURE DOES: Requires the Oregon Health Authority (OHA) and health care professional regulatory boards (boards) to collaborate with other interested parties to: (a) develop standards for continuing education in cultural competence; (b) develop a list of opportunities for continuing education; and, (c) coordinate with other states and national entities to develop and implement continuing education. Defines “cultural competence.” Requires OHA and boards to collaborate with other interested parties to: (a) evaluate the costs of implementation and logistical issues associated with establishing requirements for continuing education; (b) examine operational issues; and, (c) develop new, or identify existing, opportunities for continuing education. Requires OHA to report to a legislative committee on or before December 31, 2012. Sunsets provisions regarding collaboration on implementation issues on January 2, 2014. Allows OHA to accept gifts, grants or contributions from public and private sources. Allows OHA to contract with or award grant funding to a public or private entity to develop or offer continuing education opportunities. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Prevalence of cultural health disparities
- Definition of “cultural competence”
- Similar continuing education requirement in legal profession
- Burden of continuing education requirements
- Role of linguistic component in cultural competency

EFFECT OF COMMITTEE AMENDMENT: Replaces measure.

BACKGROUND: Like the rest of the United States, Oregon has seen a steady increase in the diversity of its population, with approximately 20 percent of Oregonians currently identifying as non-white. National and state studies have consistently shown health disparities, or differences in health outcomes and their determinates, between white and non-white communities. Health disparities also exist across linguistic, economic, religious and other lines. 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 OHA to collaborate with boards to develop standards and identify opportunities for continuing education in cultural competency. The federal Patient Protection and Affordable Care Act of 2010 includes 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 also all passed laws requiring cultural competence continuing education.

4/14/2011 9:00:00 AM

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