

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: HB 3099

Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office

*Only Impacts on Original or Engrossed
Versions are Considered Official*

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Measure Description:

Requires Oregon Health Authority and Department of Human Services to adopt standards and conduct examinations to ensure linguistic competence of health care facility and residential facility direct care staff hired on or after January 1, 2014.

Government Unit(s) Affected:

Department of Human Services (DHS), Oregon Health Authority (OHA)

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

House Bill 3099 requires the Oregon Health Authority and the Department of Human Services to adopt standards to ensure every health care facility under each agency's respective jurisdiction have a sufficient number of direct care staff who are linguistically competent in each of the primary languages spoken by the residents of the facility. The standards must ensure that each resident has immediate access at all times to a direct care staff person who is fluent in the language spoken by the resident. Both agencies are required to contract with an entity to conduct examinations of direct care staff to ensure the language proficiency of each staff person. This language competency requirement applies to staff in health care facility and residential facility direct care staff hired on or after January 1, 2014. The bill contains an emergency clause and takes effect on passage.

The full fiscal impact of this bill is indeterminate, but anticipated to be significant. At this time, the exact number of clients who will require language assistance, and the number of existing direct care staff who are fluent in the language spoken by these residents is unknown. The cost to contract for examination cannot be calculated because it is not known how many current and additional direct care staff will need to complete an examination to ensure language fluency. If this bill passes, OHA and DHS will need to create a database to track the number of direct staff who are eligible, and who have taken the proficiency examination, and in what language those individuals may have passed. Based on similar projects, OHA and DHS estimate this database to cost not less than \$50,000. In addition, the Office of Equity and Inclusion (OEI) estimates that at least 1 full-time Office Specialist 2 or equivalent will need to be hired to conduct data entry, respond to questions, and support program functions related to conducting examinations and administration of a statewide contract to conduct examinations. Personal Services and related Services and Supplies for this position is estimated to cost \$105,528 for the 2013-15 biennium and \$127,800 for the 2015-17 biennium.

In addition, the bill specifies that standards established must ensure that each resident has immediate access at all times to a direct care staff person who is fluent in the language spoken by the resident. Although the exact number of clients who will required language assistance, and the number of existing staff who are fluent in the language spoken by these residents is unknown at this time, OHA and DHS provide the following information as a point of reference: Rough estimates of the number of non-English speaking residents in facilities under the jurisdiction of each division

OHA Addictions and Mental Health (AM)	20
DHS Aging and People with Disabilities (APD)	1,612

DHS Developmental Disabilities (DD)	327
DHS Child Welfare (CW)	58

OHA and DHS estimate that 4.2 FTEs, with an average monthly wage of \$3,937, are required to provide 24/7 care to one client. Based on this rough workload cost, even if OHA and DHS only need to hire new staff to meet this 24/7 language competency requirement for 20 (a small percentage) of the above residents, the staffing cost alone could reach \$6 million for the 18 months of the 2013-15 biennium.