77th OREGON LEGISLATIVE ASSEMBLY – 2013 Regular Session MEASURE: HB 2611 A

STAFF MEASURE SUMMARY

House Committee on Health Care

CARRIER: Rep. Keny-Guyer

REVENUE: No revenue impact FISCAL: Minimal fiscal impact, no statement issued

Action: Do Pass as Amended and Be Printed Engrossed

Vote: 8 - 1 - 0

Yeas: Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Greenlick

Nays: Weidner

Exc.: 0

Prepared By: Tyler Larson, Administrator

Meeting Dates: 2/15, 4/3

WHAT THE MEASURE DOES: Authorizes specified boards adopt rules under which person authorized to practice by the board must receive cultural competency continuing education approved by Oregon Health Authority (OHA). Requires board report biennially to OHA on cultural competency continuing education participation. Requires OHA approve and maintain list of cultural competency continuing education opportunities; allows OHA to contract with entity to provide opportunities. Requires cultural competency continuing education opportunities cover specific topics. Allows OHA to receive gifts, grants or contributions. Appropriates funds from boards for cultural competency training. Allows public universities and community colleges to require persons authorized to practice by a board who provide services to students at campus health care facilities to provide proof of participation in cultural competency continuing education at least once every two years. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Cultural competency impact on patient-provider communication, accurate diagnosis, patient compliance and unnecessary emergency room visits
- Continuing education costs
- Positive impact of cultural competency training

EFFECT OF COMMITTEE AMENDMENT: Replaces the measure.

BACKGROUND: According to data provided by the Oregon Health Authority (OHA), disproportionate distribution of burdens and access to health care creates racial and ethnic health inequities. OHA asserts that health equity is achieved by developing health-promoting strategies tailored to meet the unique needs of the various population groups.

Proponents assert that creating cultural competency continuing education opportunities allows boards to better prepare licensees in providing more effective service and improving health outcomes.