

HB 3415 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 04/17/17

Action: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.)

Vote: 9-0-0-0

Yeas: 9 - Alonso Leon, Buehler, Greenlick, Hack, Hayden, Kennemer, Keny-Guyer, Malstrom, Nosse

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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WHAT THE MEASURE DOES:

Establishes the Mental Health for Deaf and Hard of Hearing Individuals' Bill of Rights. Defines terms. Requires Oregon Health Authority (OHA) to develop and train a mental health workforce to ensure culturally and linguistically appropriate mental health services are available to deaf and hard of hearing individuals in their preferred communication style. Requires OHA to allocate funding to mental health programs to provide accessible mental health services, statewide, to deaf and hard of hearing individuals; authorizes the use of technology to provide services by licensed mental health professionals. Expands the requirements to include "deaf-blind." Changes definition of deaf individual and hard of hearing individual. Adds definition of deaf-blind individual. Adds licensed professional counselors, licensed marriage and family therapists, licensed psychologists, psychiatrists and registered nurses to the mental health workforce culturally appropriate training requirement. Requires OHA to establish and hire a position to coordinate statewide provision of mental health services to deaf and hard of hearing individuals. Specifies duties and responsibilities of new coordinator position. Requires hospitals and residential treatment centers to provide a qualified staff member to coordinate mental health treatment for individuals who are deaf or hard of hearing. Establishes civil penalties for organizations that fail to provide a qualified mental health provider or interpreter.

ISSUES DISCUSSED:

- Provisions of the bill
- Deaf, hard of hearing and deaf-blind services in Oregon
- Importance of having access to appropriate services
- Personal difficulties of deaf and deaf-blind individuals
- Concerns about unintended consequences of the bill
- Proposed amendment

EFFECT OF AMENDMENT:

Expands the requirements to include "deaf-blind." Changes definition of deaf individual and hard of hearing individual. Adds definition of deaf-blind individual. Adds licensed professional counselors, licensed marriage and family therapists, licensed psychologists, psychiatrists and registered nurses to the mental health workforce culturally appropriate training requirement.

BACKGROUND:

The National Association of the Deaf (NAD) has proposed model legislation for states to provide oversight of mental health programs that serve deaf and hard of hearing populations. Such legislation, commonly referred to as the Mental Health Bill of Rights Act (Act) is based on research that indicates the availability of culturally and linguistically appropriate mental health services is too often inadequate or not provided at all. Individuals, who are deaf or hard of hearing communicate in sign language and are often excluded from health services, experience delays or denials of

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health services or receive suboptimal care based on inaccurate or incomplete information. The intent of the model legislation is to ensure individuals who are deaf or hard of hearing, including individuals with a federally recognized disability through the Americans with Disabilities Act (ADA), have equal access to health care services.

States often do not have qualified mental health professionals who can communicate effectively or directly with deaf or hard of hearing individuals. Individuals who are deaf may give and receive information to a provider through writing or sign language rather than through speech. For example, in a doctor's office, an interpreter may be needed for taking the medical history of a patient who uses sign language or for discussing a serious diagnosis and treatment options. Consequently, a health provider may need to provide an accommodation such as the use of a qualified interpreter to ensure the provider is communicating in a manner that is appropriate and clear for an individual who is deaf or hard of hearing. The type of aids or services a health care provider might offer include qualified notetaker, a qualified sign language interpreter, a video remote interpreting service or a printed script, among a variety of other technologies.

The Oregon Health Care Interpreter Program, established in 2001, created statewide standards for the practice of health care interpreting. Oregon now has a registry of qualified and certified individuals that have met the state's standards. In 2015, the Oregon Legislative Assembly passed House Bill 2419, which expanded the Oregon Health Care Interpreter Program to include sign language interpreters.

House Bill 3415-A requires mental health service providers in Oregon to provide linguistically accessible services, as a legal right, to individuals who are deaf or hard of hearing.