

Department of Legislative Services
Maryland General Assembly
2007 Session

FISCAL AND POLICY NOTE

House Bill 100 (Delegate Nathan-Pulliam, *et al.*)
Health and Government Operations and Appropriations

Health Occupations - Cultural Competency Workgroup

This bill requires the Department of Health and Mental Hygiene (DHMH) to convene a workgroup to develop recommendations that require individuals licensed by the health occupations boards to receive instruction in cultural competency as part of the licensure or license renewal process. The workgroup consists of individuals from each health occupations board and the Office of Minority Health and Health Disparities (OMHHD). A report with recommendations is due to selected legislative committees by January 1, 2008. The health occupations boards must provide staff support for the workgroup.

The bill takes effect July 1, 2007 and terminates June 30, 2008.

Fiscal Summary

State Effect: The health occupations boards could staff the workgroup with existing personnel and resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law/Background: In response to documented racial and ethnic disparities in health care services, Chapters 319 and 443 of 2004 established OMHHD to develop a statewide plan to systematically address the issue. The office formed four committees to identify recommendations for inclusion in the plan, including a committee on health

professional education. In a December 2005 report, the committee recommended that Maryland's institutions for health care professionals be required to incorporate health disparities coursework and continuing medical education in their initial and licensure renewal requirements. The committee also recommended that successful health professional education programs at institutions of higher education be replicated and that cultural competency curricula in the institutions be required, rather than elective.

Chapter 497 of 2006 required DHMH to assist community-based entities developing pilot programs to address health care provider cultural competency training and targeted health outcomes.

Cultural Competency Workgroup

DHMH convened a cultural competency workgroup in 2006 at the request of the House Health and Government Operations Committee. In its December 2006 report to the committee, DHMH advises against mandating cultural competency curricula and continuing education credits, stating that doing so would set a "dangerous precedent." The report predicts that if cultural competency is mandated then other requests for specialized training will be made. Further, the report states that health care professionals are interested in cultural competency training to grow their practices, limit legal liability, and avoid health occupations board sanctions.

Instead, staff from the health occupations boards and OMHHD recommended using five forms of communication to improve cultural competency among health care professionals. They also committed to implementing the following strategies:

- An article addressing cultural competency, health disparities, and OMHHD's role is being developed. The article will be included in the health occupations boards' newsletters.
- OMHHD staff gave a cultural competency and health disparities presentation at the health occupations boards' new board member training session in November 2006.
- The health occupations boards will include cultural competency information on their web sites.
- The health occupations boards will work with OMHHD to develop a list of available cultural competency courses.
- The health occupations boards will continue to work with OMHHD to address cultural competency issues and will address these issues during the individual monthly health occupations board meetings.

More specific examples of actions being taken are detailed below. The State Board of Physical Therapy Examiners agreed to accept cultural competency classes that can be used in the clinical practice of physical therapy as meeting continuing education requirements for licensure renewal.

The State Board of Pharmacy agreed to accept up to three continuing education credits in cultural competency and/or health disparities provided by OMHHD-recognized entities for renewing licensed pharmacists and registered pharmacy technicians. The board agreed to also publish OMHHD-provided articles at least twice a year in its newsletter.

The State Board of Dental Examiners requested and received information on cultural competency training that it will publish in the board's newsletter. The board also received information on a web-based cultural competency course.

The State Board of Examiners in Optometry will allow four hours in the general practice management category of continuing education required for licensure renewal. It also included an article on cultural competency in its newsletter.

The State Board of Podiatric Medical Examiners approved up to 15 continuing medical education credits (which are requirements for licensure renewal) for a second language the health care provider is studying to improve communication with patients.

The State Board of Physicians will include an article on cultural competency in its newsletter.

Several other health occupations boards are also addressing the cultural competency of the professionals they regulate, including the State Acupuncture Board; the State Board of Examiners for Audiologists, Hearing Aid Dispensers, and Speech-language Pathologists; the State Board of Chiropractic Examiners; the State Board of Dietetic Practice; the State Board of Morticians; the State Board of Examiners of Nursing Home Administrators; the State Board of Professional Counselors and Therapists; the State Board of Examiners of Psychologists; and the State Board of Social Work Examiners.

Physician Training Available

In 2001, the U.S. Department of Health and Human Services launched the development of the Cultural Competency Curriculum Modules (CCCM) to equip physicians with the

cultural and linguistic competencies required to improve the quality of care for minority, immigrant, and ethnically diverse communities. In December 2004, the interactive online curriculum of the CCCM was made available at no cost to the public.

Additional Information

Prior Introductions: An identical bill, HB 1295 of 2006 as amended, passed the House but received an unfavorable report by the Senate Education, Health, and Environmental Affairs Committee.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene; *Maryland Health Occupation Boards Cultural Competency Report*, December 2006; Department of Legislative Services

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Analysis by: Lisa A. Daigle

Direct Inquiries to:
(410) 946-5510
(301) 970-5510