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FISCAL IMPACT REPORT

SPONSOR Sanchez, B. DATE TYPED 2/28/05 HB _____

SHORT TITLE Health Education Cultural Competence SB 785/aSPAC

ANALYST Woods

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	NFI				

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Regulation and Licensing Department (RLD)
 Health Policy Commission (HPC)
 Commission on the Status of Women (CSW)
 Department of Health (DOH)

Department of Indian Affairs (DIA)
 New Mexico Medical Board (NMMB)
 New Mexico Board of Nursing (NMBN)

SUMMARY

Synopsis of SPAC Amendment

Senate Public Affairs Committee Amendment to SB785 clarifies language as follows:

- *On page 2, line 14:* strike the word “and” and insert a comma in lieu thereof.
- *On page 2, line 15:* after the word “American” insert the text “and African-American”.

This amendment to SB785 adds no appropriation to the bill.

Synopsis of Original Bill

Senate Bill 785 – For the Legislative Health and Human Services Committee: An Act Relating to Health; Establishing Cultural Competence Education Requirements in Certain Health Education Programs – seeks the following the following:

Section 1. With respect to the requirement of Cultural Competence Health Education:

A. New Mexico institutions of higher education offering health education programs, both those culminating in a specific health-related degree and those resulting in completion of a curriculum in health-related technical competence, shall include courses ensuring knowledge of cultural awareness and competence in their respective health service fields; further,

- the curricula shall be required in four-year institutions; branch, community and junior colleges; and vocational and trade schools offering higher education degrees; and
- the curricula shall be required at the undergraduate and at the graduate level; provided that health students who have successfully completed cultural competence course work at the undergraduate level may be exempt from duplicate requirements at the graduate study level.

B. the Commission on Higher Education shall lead a task force on cultural competence composed of the following:

- health curricula specialists from each New Mexico institution of higher education;
- a single representative from each New Mexico health-related licensing board;
- a single representative from each statewide health-related professional association;
- one representative from the New Mexico Health Policy Commission;
- one representative from the Commission on the Status of Women;
- one representative each from statewide Hispanic and Native American organizations;
- two representatives from the Indian Affairs Department; and
- two representatives from the Department of Health.

C. The task force shall study and make recommendations on specific course curricula for each health-related education field offered. The course work shall be designed to be offered electronically and through various distance-education methods and media so as to minimize duplication and expense. Cultural competence health courses shall include:

- cross-cultural communication;
- culturally and linguistically appropriate health policy considerations;
- exploration of health beliefs and explanatory models;
- culturally competent health care delivery;
- health disparities, privilege and equity factors in the health system; and
- culturally and linguistically competent care supported by policy, administration and practice.

Section 2. With respect to the Uniform Licensing Act, new language as applied to Health Professional Boards:

“The boards of health-related licensed professions regulated under Chapter 61, Articles 2, 3, 4, 5A, 6, 7A, 8, 9, 9A, 10, 11, 12A, 12B, 12C, 12D, 12E, 13, 14A, 14B, 14D, 14E and 17A NMSA 1978 shall study and recommend to the governor and the legislative finance committee by August 2006 the continuing education courses to be required for licensure and license renewal by members of their respective professions. In preparing their recommendations, the boards shall consider the course curricula recommended for adoption at New Mexico institu-

tions of higher education by the commission on higher education's task force on cultural competence."

Significant Issues

The Department of Health (DOH) indicates that New Mexico is a majority-minority state, with a culturally diverse population; combined, people of cultural, linguistic, and racial minority comprise more than 50 percent of the state's population. Native American Indians are diverse and include two Apache tribes, three bands in the Navajo Nation, and 19 Pueblos throughout the State of New Mexico. Native American Indians are indigenous to the state and region. Hispanics have lived in the southwest region for more than 400 years. Both groups have been major contributors to the cultural and linguistic wealth of the state. In addition, people of African descent have been living in New Mexico and contributing to the state's cultural and economic wealth since the sixteenth century. Further, that it is important that health professionals serving the culturally diverse populations in New Mexico demonstrate an ability to function across cultural differences appropriately and effectively with respect to the diverse cultural mores and understandings of the people.

The Commission on the Status of Women suggests that cultural competence would ensure the highest quality of medical care to New Mexicans because the medical professionals providing that care would be sensitive to the cultural differences between groups such as Native Americans, Hispanics, African Americans and women; while the Department of Indian Affairs observes that the legislation would address the need for health care providers and organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care setting.

The New Mexico Medical Board (NMMB) agrees that cultural competence is a key skill for health care professionals to develop, and leads to better communication between physician and patient, which in turn leads to more accurate diagnoses, improved patient participation in and understanding of treatment plans, and improved medication and treatment compliance. Further, that the addition of cultural competence courses to health-related education programs is an appropriate step in helping health care professionals gain this valuable skill. However, the NMMB cautions that these requirements could have an adverse impact on physicians who are not initially trained within the state and are considering a practice in New Mexico.

The New Mexico Board of Nursing (NMBN) adopts a similar posture with respect to the proposed legislation indicating that the curriculum of nursing programs in New Mexico already addresses the issues of cultural awareness and competence. These issues are incorporated throughout each specific nursing course and are therefore continually addressed throughout the academic career of the nursing student. All nursing program curriculums in New Mexico currently include content dealing with cultural awareness and competence as students are expected to care for clients/patients from other cultures. The national nursing examination (NCLEX) for entry in to practice also includes questions regarding culture awareness and competence. The Board feels confident that cultural competency is addressed adequately for initial licensure.

PERFORMANCE IMPLICATIONS

DOH indicates that the legislation supports the department's strategic plan, Program Area 1: Prevention and Disease Control, Strategic Direction: Improve the Health of New Mexicans; and

Program Area 2, Health Care Delivery, Strategic Direction: Improve access to health services.

The Regulation and Licensing Department (RLD) indicates that the legislation will require every health-related professional board through the task force to incorporate a curricula that provides courses on cultural competence health education for initial licensure and for continuing education, which will require multiple meetings for the task force outlined above, and which will further be impacted by the rulemaking implementation process. Moreover, that this will place an undue burden on the boards when the administrative and financial resources for administering the Act are unavailable and not provided for in the legislation. Additionally, RLD implies that most of the health-related professional boards have national standards for the curricula outlined in statute and, therefore, the legislation may result in a conflict to each board's statutory requirements.

NMMB notes that it does not currently have any continuing education requirements for initial licensure, and feels that establishing such would create an additional and unreasonable hurdle for licensure. Only about half of the licensed physicians currently licensed in New Mexico actually practice in the state, and a requirement for continuing education related to "cultural competence" may not be relevant or possible to attain out of state. The board observes:

"We need to make sure we are not suspending the license of physicians because they did not require education that is not readily available. At a time when we are trying to encourage more physicians to practice in New Mexico, another requirement, no matter how valuable, may serve to discourage, rather than encourage."

FISCAL IMPLICATIONS

There is no appropriation attached to this legislation.

OTHER SUBSTANTIVE ISSUES

As general background to this initiative, the Health Policy Commission offers the following observations:¹

- Findings from a survey of 24 post-secondary schools in New Mexico offering training for health professions indicate that:
 - (a) 79 percent of the schools surveyed said their curricula always or frequently included coursework in cultural and linguistic competence.
 - (b) Most of the respondents indicated that their programs in health care did not include individual courses focused on intercultural communication competence.
 - (c) A majority of respondents also indicated that demonstration of cultural and linguistic competency was not a requirement for graduation from their

¹ SOURCE: *Report of Senate Joint Memorial 13* "The Study of Cultural and Linguistic Issues in Health Care in New Mexico." New Mexico Department of Health, October 1, 2004)

programs in health care.

- Of the health professional licensing boards in New Mexico, only the board regulating the licensure of social workers was identified as having cultural competency requirements, as it requires social workers to pass the New Mexico Cultural Awareness Examination to legally practice in the state.

BFW/lg:yr