

Testimony to the Ohio Senate Health and Human Services Committee
Regarding: SB 33

Presented by Todd Baker
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Chairwomen Jones and members of the Senate Health and Human Services Committee, I am Todd Baker, the Co-CEO of the Ohio State Medical Association. On behalf of the 20,000 members of the OSMA, I appreciate the opportunity to testify today and hope I can provide some perspective on Senate Bill (SB) 33, a bill that would require certain health care professionals to complete instruction in cultural competency.

Our organization recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. As such, we support physician cultural awareness initiatives and related consumer education activities as a means to eliminate racial and ethnic disparities in health care.

Our concern with SB 33 however, is that it would **mandate** health care professionals to take instruction in a content specific manner. We believe that health care professionals should be able to determine their initial and continuing education needs based upon their individual areas of expertise, practice type or specialty and the clinical needs of their patient population. We fear mandated content specific continuing education intrudes on the profession's responsibility to determine appropriate educational requirements.

There are several other health professional groups who share our concerns with this legislation. Those groups are:

Ohio Osteopathic Association
The Academy of Medicine of Cleveland & Northern Ohio
Ohio Pharmacists Association
American College of Emergency Physicians, Ohio Chapter
American Academy of Pediatrics, Ohio Chapter
Ohio Academy of Family Physicians
Ohio Psychiatric Association
Ohio Dental Association
Ohio Optometric Association
Ohio Foot and Ankle Association
Ohio Society of Anesthesiologists
Ohio Ophthalmological Society

The OSMA has always supported efforts to raise awareness about racial and ethnic health disparities. For example, we support the following efforts and recommendations for increasing education on cultural competency:

- Encouraging medical schools to offer courses in culturally competent health care with the goal of increasing awareness and acceptance of cultural differences between patient and provider.
- Assisting physicians in obtaining information about and/or training in culturally effective health care. One example is through the American Medical Association's "Working Together to End Racial and Ethnic Disparities: One Physician at a Time" toolkit which provides physicians with a broad overview of health disparities among racial and ethnic minority patients and strategies to enhance the services for diverse patients.
- Recommending the study of the integration of cultural competence training in graduate and voluntary continuing medical education and publicizing successful models.

We will continue to be leaders in addressing the issues in ethnic health disparities, as we have in the past. We are certainly interested in working on this important issue with members of the Senate Health Committee, and in finding ways to continue educating health professionals in this area. However, as stated above, our concern for this legislation is in the mandate it will cause for providers.

On behalf of the OSMA's 20,000 physician, resident and medical school members I appreciate the opportunity to testify here today and am happy to answer any questions you might have.