



State Senator
TINA MAHARATH

3rd District

Sponsor Testimony
Senate Bill 88
Health, Human Services, & Medicaid Committee
Wednesday, April 9, 2019

Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio and members of the Health and Human Services Committee, thank you for the opportunity to provide sponsor testimony on Senate Bill 88. This bill requires healthcare professionals to complete cultural competency training in order to receive or renew their license, certification or registration by the appropriate state board. Healthcare professionals will have to submit evidence to the board which they report to demonstrating that they have completed training in cultural competency according to the standards set by their respective boards.

Healthcare providers need to be equipped with the skills to serve the state's diverse populations, which are continuing to increase. In Ohio, racial and ethnic minorities represent over 15% of the population. African Americans account for 12.2% and Asian-Americans 1.9%. The Hispanic population in Ohio increased by 40.2% between 2000 and 2008, and now accounts for 3.4% of the state's total population. And with more than 60 languages spoken in Ohio it is increasingly important to be culturally and linguistically competent in order to better serve our state's residents.

Cultural Competency has become recognized as an integral component of healthcare because of its relevance in treating patients and eliminating health disparities among racial, ethnic and cultural communities. Research from the Health Policy Institute of Ohio indicates that African Americans and Hispanics are more likely than Caucasians to feel they have been treated disrespectfully or inadequately during a health care visit. This type of miscommunication can be fatal.

The U.S. Department of Health and Human Services established the National Standards on Culturally and Linguistically Appropriate Services (CLAS), aimed at assisting healthcare organizations to make their services culturally and linguistically accessible. While some of the standards serve as recommendations and guidelines, others are mandated for recipients of Federal funds.

Six states have required cultural competency as a part of their continuing medical education: California, Connecticut, New Jersey, New Mexico, Oregon, and Washington.



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Ohio has made notable strides in becoming more culturally competent. Senate Bill 206 in the 130th General Assembly required the Medicaid Director to implement a system that encourages Medicaid providers to provide services in a culturally and linguistically appropriate manner. Senate Bill 332 of the 131st General Assembly required each state board to provide its licensees or certificate holders with a list of continuing education courses and experiential learning opportunities addressing cultural competency in health care treatment on an annual basis. These efforts are a step in the right direction, but we still have a lot of work to do if we want to eliminate health disparities in Ohio.

In order to achieve health equity we must eliminate barriers that prevent individuals from receiving quality care. Requiring cultural competency training is an opportunity to assist healthcare providers in gaining the knowledge needed to successfully serve patients from all backgrounds and to eliminate health disparities among all Ohioans.

Chairman Burke and members of the Committee, I appreciate your attention to this issue and I respectfully request your favorable consideration and passage of Senate Bill 88. Thank you and I am happy to respond to questions from the committee.