

PA13-76

SB0366

House	6226-6264	39
Public Health	287-298, 464-475	24
Senate	1456-1464, 1509-1511	12
		75

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**CONNECTICUT
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the Chamber please.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members voted? Please check the board to see that your vote has been properly cast. If all the members have voted then the machine will be locked and the Clerk will take a tally. The Clerk will announce the tally.

THE CLERK:

Madam Speaker, in concurrence with the Senate, Senate Bill 984 as amended by Senate Amendment A.

Total Number Voting	140
Necessary for Adoption	71
Those voting aye	140
Those voting nay	0
Absent and not voting	10

DEPUTY SPEAKER SAYERS:

The bill as amended in concurrence with the Senate. Will the Clerk please call Calendar 544.

THE CLERK:

Madam Speaker, on page 25 of the Calendar, Calendar number 544, favorable report of the joint standing Committee on Public Health, substitute Senate Bill number 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS, COUNSELORS AND THERAPISTS TO COMPLETE

CONTINUING EDUCATION COURSE WORK IN CULTURAL
COMPETENCY.

DEPUTY SPEAKER SAYERS:

The esteemed Chairman of the Public Health
Committee, Representative Johnson.

REP. JOHNSON (49th):

Good evening, Madam Speaker. I move the joint
committee's favorable report and passage of the bill
in concurrence with the Senate.

DEPUTY SPEAKER SAYERS:

The question is acceptance of the joint
committee's favorable report and passage of the bill
in concurrence with the Senate. Representative
Johnson, you have the floor.

REP. JOHNSON (49th):

Thank you. This bill will provide -- or require
rather an hour of cultural competency training for
social workers, professional counselors, alcohol and
drug counselors and family therapists. They must do
this every year at the time of renewal. I move its
adoption and I also would like to call an amendment,
LCO number 6281. And it be asked to -- allowed to
summarize.

DEPUTY SPEAKER SAYERS:

Will the Clerk please call Senate Amendment --
LCO number 6281 which shall be designated Senate
Amendment Schedule A.

THE CLERK:

Yes, Madam Clerk, LCO number 6281, designated
Senate Amendment A offered by Senators Williams et al.

DEPUTY SPEAKER SAYERS:

The Representative seeks leave of the Chamber to
summarize the amendment. Is there any objection to
summarization? Is there any objection? Hearing none,
Representative Johnson, you may proceed with
summarization.

REP. JOHNSON (49th):

Thank you, Madam Chair. This simply changes the
effective dates. The start date is October, 2013 and
the registration date is October 2014. I move
adoption.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is adoption of
Senate Amendment Schedule A. Will you remark on the
amendment? Representative Candelaria of the -- oops,
no. No? Will you remark further on the amendment
that is before us? If not, let me try your minds.
All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER SAYERS:

Those opposed, nay. The ayes have it. The
amendment is adopted. Will you remark further on the
bill as amended? Representative Srinivasan of the
31st.

REP. SRINIVASAN (31st):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good afternoon, Sir.

REP. SRINIVASAN (31st):

We live, Madam Speaker, in a very diverse
society. Being better informed of the cultural
differences by the various professionals will enhance
their capacity to deliver healthcare. A simple thing
-- a simple form of greeting which we all do on a
routine basis, shaking hands with each other an
acceptable form of greeting each other is unacceptable
in certain cultures especially when a man has to greet
a woman and it is not done by shaking hands.

And so for us, all professionals it is good to
know what is different in these various cultures so
that we are able to approach them and in this approach

do not offend them because if we begin on the wrong note it becomes very difficult later on to deliver the real message, the medical message that these patients need to hear from their professional people that have come to help them.

So cultural competency is an extremely important part of education for all of us. Through you, Madam Speaker, a few questions to the proponent of the bill as amended.

DEPUTY SPEAKER SAYERS:

Please frame your question, Sir.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, for a clarification. Line 14 talks about one contact of training or education. Through you, Madam Speaker. Could we clarify what is a contact hour of training or education? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. There's a total of 15 hours a year. The one hour that now would be devoted cultural competency for each of the stated professions. Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I definitely understand that is one hour of -- in one registration period, one hour of the 15 hours. But is it a contact hour of training? Is that a didactic session that these people need to attend or is it an education where it does not have to be in the physical presence of -- of the person who's teaching the course can be done through other -- some other form of media?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

I thank the -- through you, Madam Speaker. I thank the Ranking Member for the clarification. It is a contact hour. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker. just to be clear so that contact hour is a didactic session that occurs between somebody who is giving the course and these

people who need to take the course need to be physically present in that room to take that credit. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That's correct, Madam Speaker. Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker, for the clarification. And one more question through you, Madam Speaker. This 15 hours which is required as it is right now for registration on an annual basis. Is this one hour going to substitute for one of the 15 or is it 15 plus one that these people have to take so that they have the appropriate credentials? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (31st):

Through you, Madam Speaker. This 15 is -- is 15 hours. There's no increase of the numbers of hours it's just one hour is devoted to cultural competency

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from here on in. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. And I want to thank the Chair of the Public Health Committee for her answers.

DEPUTY SPEAKER SAYERS:

Representative Ayala of the 128th.

REP. AYALA (128th):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good afternoon to you.

REP. AYALA (128th):

I rise in support of this bill. I believe that this bill will allow barriers to be brought down within clients and therapists, social workers, and so forth. I believe that there are a lot of cultural differences that at times will make people reluctant to open up and benefit from the work of these -- of these professionals.

I'm -- I urge my colleagues to support it and I'm -- I'm very happy to see that the committee was able to produce a bill that will allow so many people to

feel more comfortable. Thank you.

DEPUTY SPEAKER SAYERS:

Thank you, Representative. Representative
Candelaria of the 95th.

REP. CANDELARIA (95th):

Thank you, Madam Speaker. Madam Speaker, a quick
question to the proponent of the amendment.

DEPUTY SPEAKER SAYERS:

Please frame your question, Sir.

REP. CANDELARIA (95th):

Just for my own knowledge what topics will be
covered under cultural competency? Through you, Madam
Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. Some of the topics
will be certainly as the Ranking Member spoke of,
greetings. Some of the testimony received certain
cultures do not prefer eye contact when a student's
speaking to a teacher. So those kinds of things.

They feel they're being respectful and pretty
much in this culture we -- we like to have the eye
contact as a sign of respect and recognition that what

we're saying to somebody is being acknowledged. So all cultures are different. These little -- these little things go a long way to learning how to best communicate with people and it's especially necessary in circumstances where someone is a social worker or a professional counselor or working with somebody who has some sort of addiction problem as is states in the bill, marriage -- and also marriage and family counselor and therapists.

So those are the types of people who will be providing -- getting this training. They're already required to have training. And these kinds of things will help them with their work when they're working with clients. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Candelaria.

REP. CANDELARIA (95th):

Thank you, Madam Speaker. I want to thank the Gentlelady for her answers. I rise actually in support of this bill.

I think this goes a long way for therapists, social workers who interact with individuals from different cultures and understanding that culture's sensitivity and ensuring that that individual

maximizes out of that session the most possible.

And ensuring them that social worker has the skills to understand and relate to that client is very important. So I urge my colleagues to support this bill. Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, Sir. Representative Case of the 63rd.
REP. CASE (63rd):

Thank you, Madam Speaker. I do -- I rise -- I'm in agreement with the theme of this bill but I do have a few questions to the proponent of the bill please.

DEPUTY SPEAKER SAYERS:

Please frame your question, Sir.
REP. CASE (63rd):

First question in reading through the bill, I don't see any numbers and I'm curious on how many social workers we have in the State of Connecticut that would have to be registered and have the run through this course in any given year.

DEPUTY SPEAKER SAYERS:

Representative Johnson.
REP. JOHNSON (49th):
Through you, Madam Speaker. All the social workers have to do this every year.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (95th):

That's half of my answer. I asked if there's any -- if she knows of a number of how many social workers we have that would have to do this in the State of Connecticut. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The bill does not speak to the numbers of social workers only the fact that the social workers must complete the course.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (95th):

Thank you, Madam Speaker. My second part of the question is -- and once again I do agree with the theme of this, is the fiscal note. There is no fiscal note. And through you, Madam Speaker, to the proponent of the bill.

We have a 15 hour clause of classroom time for social workers and then a six hour I believe it is if you do it online. Who is paying for this -- or how

are we paying for the people to teach these courses or
is it a cost to the social workers themselves?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The cost is born by
the fees of the social worker that have to annually
register each year.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (95th):

Okay. So 100 percent of the cost go to the
social workers. Is that correct? Through you, Madam
Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. There's no fiscal
note so there doesn't seem to be any other information
on the cost. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (95th):

I'll try to rephrase it in a different way. So how are we paying these instructors to teach these courses or paying for the department to put the program online for the six hour course.

Obviously there needs to be some money put forward and I'm just trying to find out who's paying for it and how much it costs and that's why I was asking how many social workers we have. Once again I agree with the theme of this bill. I'm just wondering where we're getting the money to pay for it and how we're paying for it.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. the -- there is no fiscal note and the -- there is no other information in the documentation that we have here or from the Department of Public Health that would refer to any other additional costs. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (95th):

Thank you, Madam Speaker. And I do, thank Madam Chair, for bringing this out. I'm just a little bit

concerned because there's a few unanswered questions. We don't know how many social workers. And we all know that when we put courses forward they're going to cost people money.

And if it's going to cost our social workers money are we letting them know in a due amount of time that they have to -- through you, Madam Speaker, are we letting them know in a decent amount of time that there's going to be costs associated with the reregistering every year?

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. All the social workers who are registered know that they have to reregister every year that they have a registration fee and also that they have to take these classes that they have to meet these requirements in order to reregister.

And the classes are provided by -- they seek out the classes and demonstrate to the Department of Public Health that they have met the requirements and the training courses. They seek them privately.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (95th):

So reading through the bill in lines 19 through 21 where it claims that the Department of Public Health will be doing the online course, obviously there must be a cost to the Department of Public Health. Through you, Madam Speaker. I think I've heard the answer that there is no fiscal note.

We have not seen it in appropriations but obviously somebody needs to pay for this. I guess I'll take that back as a question. I do -- as I once had said, agree with the theme of this bill but obviously somebody has to be paying for it.

And I hope it doesn't fall on the good citizens of social workers that we have and we can find an avenue to take care of this. And I do appreciate the bill coming out. Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Noujaim of the 74th.

REP. NOUJAIM (74th):

Thank you, Madam Speaker. And good evening to you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good evening to you too, Sir.

REP. NOUJAIM (74th):

Thank you. Madam Speaker, obviously I rise in support of this bill. It really is harmless. It does not really harm anybody. Representative Johnson, you -- you may be seated. Relax yourself for a minute. That's okay. Thank you. But I would like to extend gratitude to Representative Johnson for her work on -- on this bill.

But sometimes I wonder and I say to myself it's such a common sense approach. Why do we get ourselves involved in -- in putting legislations in place that should only be common sense for our -- our days life. You know we legislate them. And -- and something happened to me last year that basically exactly what is happening in this bill.

Last year I travelled to my native country of Lebanon. I took my daughter Rebecca with me, my youngest daughter who has never been there. And you know we are Catholic so you obviously we have our traditions and habits. When we went there and went up to the mountains my birthplace right up in the Chouf Mountains. There are you know sects that are called the Druze and they are -- they are a sect from the

Muslim religion. And they're holy men. And -- and believe me I -- I love those people.

I grew up in that part of the world and they're so nice people and they were our neighbors. And we knew them very well. We socialized with them very well. But the thing about, you know, those holy men who are like the -- the leaders of the Druze communities they do not shake hands with women. So I wanted to introduce my daughter Rebecca to this holy man that I loved.

I grew up knowing him very well so I wanted to introduce her to him. And then my daughter, Rebecca extended her hand and the gentleman just puts his hand on his -- on his chest indicating that essentially he is not allowed to shake hands. So you know -- so it's a situation where I felt really bad because I never explained to my daughter that this is something she should know about.

So you -- essentially even though I felt bad and I appreciate this bill but then I say to myself it was my -- it was my responsibility to teach my daughter that she should know these things not put it in a piece of legislation. But here for some reason we always put things in legislations. I'm not only

talking about this piece of legislation.

. I'm talking about many things we do. I say to myself sometimes society either forces us to make bills to make sure that society is taking care of each other or sometimes we don't have common sense. And I'm saying that we here in the General Assembly don't have common sense. But the world sometimes does not have common sense.

So what came first, the chicken or the egg? I really don't know. But sometimes when we make those laws we better say to ourselves and think is this a parental thing, you know our parents should teach us or our siblings should teach us or our grandparents should teach us or society itself should teach us. So you know these are the things that I wanted to ponder upon.

And you know even though I support this piece of -- piece of legislation I say to myself maybe in the future we ought to think and say let society take care of itself rather than we having to worry about everything for society. Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, Sir. Representative Carter of the
2nd.

REP. CARTER (2nd):

Thank you very much, Madam Speaker. I rise in support of this bill. It's actually I think a long time coming. I -- it's not without some concerns however. You know I think one of the problems we have in our nation and our State is I don't -- I think sometimes we don't try hard enough to make ourselves a homogenous group anymore.

I think we go -- we bend over backwards to count -- you know to have many different languages available, many different opportunities that -- that almost divide us instead of uniting us together. I know there are good programs out there where we do do that but sometimes I don't think we're going the right direction.

However in a bill like this where we're talking about dealing with therapy. We're dealing with you know the medical world, social workers. I think this goes a long way to understand what somebody's culture really is and what we do to help them in our society. Many years ago when I was in the Air Force I was an instructor pilot for a period of time.

And we used to have Japanese students that came from their program into our program and we would teach

them to fly.

And the thing that was always interesting is how different they were culturally to our pilots, to the point where when you were trying to give instruction to somebody from Japan if they didn't understand what you were saying as an instructor they wouldn't ask a question. They -- they -- it was incumbent upon them to go home, look up the answer because they felt it would have been disrespectful to the instructor to have to answer the question.

Now obviously that's not the way we roll. We wanted to make sure that we had a dialogue. But there was this cultural barrier there that we needed to overcome. Moving on in career we discussed it in safety doing a -- what we call crew resource management. How -- how you would have people from different backgrounds and how the breakdown in communications could actually lead to major events and death. When I moved on in my career I was in sales for many years.

And I tell you what, there are companies who spends millions of dollars on these kinds of programs to go out there and help people understand each other so they can affect their business in a positive way.

So I think in our own State when we have this kind of opportunity to help our citizens who have a much different cultural background than maybe some of us I think this goes a long way. It's a good idea. While I respect the concern that we need to work together, we need to be together and be a homogenized America, that we doesn't mean we don't need to -- we need to understand the cultural difference to make sure we are -- are considering the health of our population.

This is a good bill and I would encourage all my colleagues to vote for it. Thank you.

DEPUTY SPEAKER SAYERS:

Will you remark? Will you remark further on the bill as amended? If not, will staff -- Representative O'Neill of the 69th.

REP. O'NEILL (69th):

Yes. Thank you, Madam Speaker. sitting here listening to the conversation about this and noticing, looking in the background at the amount of time that the various counselors, social workers and so on are required to have maintained these contract hours the -
- we're adding 50 minutes. We're adding one more.

I don't know how this has been proceeding,

whether we've been adding one every year or two or some small number like that but we're now up to 15. I guess this will make it 16 for most people and 20 I guess for drug and alcohol counselors. And I'm just wondering who pays for this?

So if I may through you, Madam Speaker. And I don't know if that was a question that was asked and answered earlier and I apologize if it was but I'm just wondering who is responsible? There's no fiscal note so it doesn't cost the State anything. But I'm - - I'm wondering who pays for this additional training and I guess for the overall contact hours? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. The -- the social workers who are licensed through the Department of Public Health, the marriage and family counselors, the alcohol and drug rehabilitation counselors and the professional counselors all pay privately. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker. And -- and where do they get this training? You know what kind of training is this? Do they go to like a community college? Are they the ones that provide this training? Is this something that the Department of Public Health provides that they pay the Department of Public Health for? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. They provide -- they obtain private courses through places that offer it. And -- and to the best of my knowledge has been stated here, is through the Department of Public Health. They have some online courses but I would suspect just like through the Bar Association they -- they provide training. I'm sure the social workers have their own associations that also provide counseling and training opportunities as well.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank -- thank you, Madam Speaker. Well that

raising an interesting question though because the -- the Bar Association -- first of all lawyers aren't really required to undergo continuing legal education. That's a point of discussion that people think that maybe there should be but that's not a required thing.

And the Bar Association does provide programs and certifies other programs I guess that are considered to be sufficient. Who certifies -- or who decides whether the programs meet the standards to satisfy this contact hours required by -- are these programs that are certified or approved or something like that by the Department of Public Health? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Well the Department of Public Health again offers these -- some of these training hours through their own website and there probably are other opportunities offered in other places but I would suspect that the Department of Public Health will actually affirm whether or not a particular training course that someone has taken meets the requirements of the 15 hours. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker. and the - during the testimony the Department of Public Health had requested and I -- and I -- I'm not entirely sure how the -- all the moving parts worked together but one of the things they requested was that should this proposal move forward they requested they be given the opportunity to participate in any discussions regarding revised statutory language to ensure that the requirements are consistent with similar provisions for other licensed professions.

And the implementation would have no fiscal impact. Obviously there's no fiscal impact. I'm wondering about the other part. Has this now been harmonized with the other professions? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (59th):

I was unable to hear the good Representative's remarks. Could you please have him rephrase them? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill, will you please repeat the question.

REP. O'NEILL (69th):

Thank you, Madam Speaker. Yes. Part of the testimony of the Department of Public Health was should this proposal move forward the Department of Public Health respectfully requests the opportunity to participate in any discussions regarding revised statutory language to ensure that the requirements are consistent with similar provisions for other licensed provision -- professions. And I'm just wondering if the amendment in the Senate addressed that. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP JOHNSON (49th):

Through you, Madam Speaker. The amendment in the Senate actually had to do with the dates. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

So was there a substitute language on this that

addressed the -- the issue that was raised by the Department of Public Health? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm not sure what the good Representative's trying to find out.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Well in their testimony the Department of Public Health said that they wanted to participate in discussions regarding revised statutory language, that is a revision from the raised bill I think it was at the hearing, to make ensure that the requirements are consistent with similar provisions for other licensed professions.

And I'm trying to find out if in fact the statutory language was changed to make it consistent. I'm assuming that since they asked for that that the language at the time of the public hearing was not consistent with other professions. So I'm asking if it was changed to address the issue raised by the

Department of Public Health. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This is substitute Senate Bill. The requirements in the bill discuss the contact hours and that's basically most of the bill is very, very simple, very, very to the point, very technical requiring that each level has the one hour of cultural competency required. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Well perhaps another way to get at this was were there conversations with the Department of Public Health between the Chair of the Public Health Committee and the Department of Public Health that resulted in changes to satisfy the concern that they raised at the public hearing? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The bill simply states that there is an hour required of cultural competency in each of the different professions that are spelled out in the -- in the bill. And it was done in compliance with, and communication with the Department of Public Health. There is an agreement with the Department of Public Health on how this bill reads. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker. I -- I guess that's a yes so thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Perillo of the 113th.

REP. PERILLO (113th):

Good evening, Madam Speaker. Thank you very much. If I could through you a few questions to the proponent of the bill?

DEPUTY SPEAKER SAYERS:

Please frame your question, Sir.

REP. PERILLO (113th):

Thank you, Madam Speaker. I understand that the

bill is requiring that there be an hour specifically dedicated toward cultural competencies and I think I've gained some sense of what the definition of cultural competencies are. But I don't understand what the goal is of that.

Is there some sort of deficiency in the current treatment offered by therapists that requires this? If the Chair could explain exactly what the core point of this is I think it would be helpful to me in understanding why the bill is before us.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Yes. Apparently when people have obtained their license either in social work or in marriage and family counseling, alcohol and drug addiction or just plain professional counseling they may be -- they may be from other cultures or it may be people who are from this cultural providing counseling to other cultures.

So these competencies can be addressed by taking a calls and trying to understand some of the people who either come to -- has -- has patients or understanding the -- the culture in which you're

providing your service. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. So to follow up, so this bill as I understand it if the Chair could just clarify is requiring that this training be done every year. This would annually be part of the continuing education? Is that correct?

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Yes. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. Is there a concern, through you, that this training is lacking, that individuals are coming into the -- to the profession without having been taught these cultural competencies?

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Yes. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Perillo.

REP.PERILLO (113th):

Thank you, Madam Speaker. And I ask the question specifically because I actually I looked up some of the curriculum for -- and specifically master's of social work programs. And I happened to -- the first one I looked at was actually at the University of Pennsylvania. It's in their MSW program.

They have a class called social work 602 human behavior in the social environment and specifically in the course description it says emphasis is given to the impact of different cultures and traditions on individual functioning.

So here we have a master's in social work program that has a specific class designed -- a semester long class designed to teach exactly what we're asking for in this annual one hour program. So I'm wondering why we're dedicating an hour out of 20 every year to something that these individuals -- these future MSWs are taught in their initial training.

And should we instead be directing that one out of 20 hours towards something that perhaps would be

something those MSWs have not already been taught that would be enrichment beyond what they've already been taught. But here what we're simply saying is -- and I don't -- I don't if it was understood when the language was originally drafted.

And we're saying that yes we know you've learned this already but we want you -- to teach it to you again. So I understand the intent of the bill and I understand that -- that the goal is that you know perhaps we'll overcome some sort of perceived deficiency in the therapy and social work community. But it would indicate to me based upon the research that I've done on what training is out there and especially in the MSW world that this is something that's already being taught.

And if in a given year we're only requiring 20 hours of continuing education I would hope we would make sure that those 20 hours are maximized and that they are truly for enrichment. And that they are truly aimed towards teaching these MSWs and therapist something beyond what they have already learned.

And I worry that the bill that's before us may be infringing upon that and may be actually acting in opposite, may be actually depriving these therapists

and MSWs from gaining something they could gain, something new in that extra hour and instead rehashing something that they've already learned as a component of their initial training to become master's in social work or -- or therapists and what not.

So -- so just a -- just a question. And I believe the Chair answered it before. My question previously had been is there something that is lacking in the training as it pertains to cultural competencies yet we've established that this is something that is instructed in the initial training.

So is the thought process that even though we are training about cultural differences and cultural nuances in initial training is the thought that that is not sufficient that we need more. Is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

The -- I thank him for the question. And I think that what happens here is that we have many, many cultures in this society. We don't just have one. We have several. We have almost different 60 language taught -- languages taught in the West Hartford public

school system. We have about 40 languages taught in the Norwich area. We have many, many people coming from all over the world.

So I'm not sure that one semester and one -- one class in -- in a social work school in Pennsylvania would -- would address the -- the issues of cultural competency for all the different cultures that someone might be finding when they open up practice either as a social worker, as a counselor, someone who is doing drug and alcohol counseling or doing marriage and therapy counseling.

I think that perhaps -- and this is the reason for the course -- for this continuing education, nobody I don't believe can possibly learn everything just from going to school. It requires continuous education all throughout one's life. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Madam Speaker. And just to clarify, I'm not referencing course work offered by some social work school in Pennsylvania. It's from the University of Pennsylvania which is an Ivy League

intuition that happens to physically be in Philadelphia. So we're not talking about a fly by night. This is a school that has a very good reputation.

And I should also point out that this is not the only class that is by the way required in order to become an MSW by the University of Pennsylvania. There are others that are relevant. There's classes on racism that are established -- that cover these items in great detail. But I'm going to leave this alone and I am actually going to support the bill. I just wonder if this is a solution in search of a problem.

And I read the testimony from those individuals who were supportive of it and I understand why they are supportive of it. But it would seem to me that a properly trained social worker or a properly trained therapist would have the knowledge needed in order to practice in a given community and be able to be affective in that community given that community's cultural nuances and cultural characteristics and cultural needs.

I think that becomes a bit of self-selection after a while. If you're an individual with -- with -

- your own individual cultural nuance you're obviously going to seek out social work and advise from someone who can understand that cultural nuance.

So again I will support this bill with some reservation because I do believe that we are simply searching for something that's really not necessary. And I do want to thank the Chair for her time in answering my questions.

DEPUTY SPEAKER SAYERS:

Thank you, Sir. Will you remark further? Will you remark further on the bill as amended? If not, will staff and guests please come to the well of the House. Will members take their seat and the machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber please. The House of Representatives is voting by roll call. Members to the Chamber please.

DEPUTY SPEAKER SAYER:

Have all the members voted? Have all the members voted? Please check the board to determine if your vote has been properly cast. If all the members have voted the machine will be locked and the Clerk will

take a tally. The Clerk will announce the tally.

THE CLERK:

Yes Madam Speaker, in concurrence with the Senate, substitute Senate Bill number 366 as amended by Senate Amendment A.

Total Number Voting	140
Necessary for Adoption	71
Those voting aye	105
Those voting nay	35
Absent and not voting	10

DEPUTY SPEAKER SAYERS:

The bill as amended passes in concurrence with the Senate. Will the Clerk call -- please call Calendar number 268.

THE CLERK:

Yes, Madam Speaker, on page 44 of the Calendar today, Calendar number 268, favorable report of the joint standing Committee on Insurance and Real Estate, substitute for House Bill 6160, AN ACT REQUIRING WORKING SMOKE AND CARBON MONOXIDE DETECTORS IN ALL RESIDENTIAL BUILDINGS AT THE TIME TITLE IS TRANSFERRED.

DEPUTY SPEAKER SAYERS:

Representative Fox of the 148th.

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And in terms of some of the work that you might do as an attorney, are you working to do estate planning for families that have this sort of thing? Would that be part of the plan? Is that the focus for the National Association?

RICHARD FISHER: Well, I do that. That's on a private basis, yes. But we, also, as the Association, have a program -- a number of programs that assist the citizens of Connecticut. We have a four-part caregivers program that we do in various parts of the state at different times. And I -- and other attorneys deliver the fourth portion which financial and legal. And if anybody is interested in finding when these programs are, they can go to our website which is very simply alz.org/ct. And we have a lot of information on that website for you or for anybody who might be interested.

REP. JOHNSON: Thank you so much. Any questions?

Thank you for being here.

RICHARD FISHER: Thank you.

REP. JOHNSON: The next person on the list is Steve Karp.

STEPHEN KARP: Good evening. I'm Stephen Karp, Executive Director for National Association of Social Workers, Connecticut Chapter. And we're here to speak today in favor of S.B. 366.

We recognize the importance of assuring that a healthcare provider workforce is culturally confident. We believe this bill moves us in that direction. We also would recommend that social workers and most mental health

professionals get 15 hours a year requiring for continuing aid. We feel at least one hour being related to cultural confidence is a reasonable amount of time.

Another standing on cultural diversity is a key factor and successful prevention in treatment in healthcare. As social workers, cultural competence is embedded in all of the training we receive. If I look at the Baccalaureate and Master level degree. N.A.S.W. recognizes that it's also ongoing learning, that cultural confidence is something you need to be continuing throughout your career so our association regularly runs continuing education programs related to diversity and cultural competence.

There are a couple of things we'd like to make note of. First of all, the bill does mention the licensed master social worker. This bill -- that part of the law has, actually, not been implemented yet. So, we would certainly love to see that implemented before we start revising it. But we have no objection to including that. But we want the Committee to understand that new MSW graduates currently are not licensed and do not currently have a continuing requirement in place.

We would recommend that there be an audit of, at least, 5 percent of all renewals be audited for continuing education. Five percent is not a very big number, but it's really better than the zero percent that was current in Connecticut. We'll note that the Missouri social work board went to 100 percent auditing and found in the first year that 40 percent of the renewals had not, actually, gotten their continuing education.

Now, obviously, our members are all social

workers. Other licensed professionals are supposed to be getting continuing ed. It's no secret that no one ever checks. So, if you really want to put some strength into this kind of a recommendation, of this kind of a statute, there really needs to be some auditing that takes place to make sure that people are actually doing what they should be doing.

We also would note that it is currently is for license mental health providers that have continuing education requirements, whether you do it in this bill or we do it in the future. It really makes total sense that all health care providers that have continuing education have a similar requirement, just as the validity for licensed mental health providers, the same validity exists in terms of physical health care providers. And we would certainly hope that that if that's not something that's going to be done this year, that could be done in the future.

And with that, I thank you for your time.

REP. JOHNSON: Thank you so much for your comprehensive testimony and waiting so long.

I'd like to know if there's any questions from the Committee?

Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you, Steve, for your testimony this evening.

This -- your suggestion for education on cultural competence which, of course, is extremely important. Are you suggesting that it be an ongoing thing for the social worker or if you take one course and, you know, that

goes as adequate for X number of years or what are your thoughts with regard to the continuing part after they have taken it the first time?

STEVEN KARP: We think, you know, given the changing diversity of Connecticut's population, that it's region to expect that an hour a year be applied towards cultural competence. There is enough to learn.

I mean, clearly, professionals probably don't necessarily like being told what they have to get and what they don't have to get. But, I think, with 15 hours to -- that is a reasonable amount. And I would think that an annual requirement is not unreasonable.

REP. SRINIVASAN: Thank you. Thank you, Madam Chair.

REP. JOHNSON: Thank you. Any additional questions?

Thanks again for your testimony.

STEVEN KARP: Thank you.

REP. JOHNSON: The next person on the list is Jose Ortiz.

Welcome and thank you so much for your wait. And please state your name for the record.

JOSE ORTIZ: Well, good evening, Madam Chair and members of the Committee. My name is Jose Ortiz. I'm the president and CEO of the Hispanic Health Council. And I thank you for the opportunity to speak before today's support of the Proposed bill, 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS AND

COUNSELORS TO COMPLETE CONTINUING EDUCATION
COURSEWORK IN CULTURAL FOUNDATIONS.

The Proposed bill expands the current requirement for medical doctors and psychiatrists that have to complete, at least, one hour of cultural competence training for licensure and the licensure renewal. We're suggesting that the state require the same minimum requirement for social workers, professional counselors, family therapist, and drug and alcohol counselors. That is, at least, an hour of cultural competence training as part of the continuing education requirement and license renewal.

The basis of this bill that -- is that cultural competence is a critically important element to effect the healthcare interactions and, therefore, has implications in healthcare costs, health status and, indeed, health disparities. The landmark remark -- report on equal treatment released by the Institute of Medicine in 2003 provided results of their review of over 100 studies that assessed the quality of healthcare for racial minorities across the United States.

The vast majority show that minorities are less likely than whites to receive necessary services even when shown for confounding variables such as income, education, and insurance status. That report also included that some evidence suggest that bias, prejudice and stereotyping on the part of healthcare providers may play a significant role and recommends that all current and future healthcare providers can benefit from cross cultural education.

Unfortunately, studies conduct since 2003 have consistently shown that the problem gives

disparities continuously. Given the critical nature of this situation, I advocated in my former role as a Director of Multicultural Affairs for the Connecticut Department of Mental Health and Addiction Services for the current role, again, which we require medical doctors and psychiatrists to get this training.

This was a good first step, but, clearly, not enough. My many years of working mental health addiction services confirm that with the federal government have documented and that there are behavioral health care similar to those identified in the medical settings.

Given the sense that in a very personal nature of social work and counseling and I can say that because I'm also a licensed alcohol and drug counselor, I think it's critically important that providers in this field have some mandated standard of cultural competence training. We're suggesting a minimum of one hour of cultural competence training as part to the continuing education requirement for license renewal. At DEHMS, where it led the transformation to state agency into a nationally recognized cultural competence organization, I've witnessed the dramatic difference what this training can make in job performance and service outcomes. The mandated code of competence training of social workers and counselors is once more doable and significant step that can take -- that is taken towards achieving these kinds of service improvements. So, I urge you to support the passes of this bill.

And, by the way, I did hear that in the initial earlier testimony, someone talking about the doctors not having to take the same course every single year. You should know

that cultural competence, you never really get to the continual. You're always learning because cultures change every day. So, you're not taking the same course every year. Every year it can be different.

And in my opinion and having been in this field for many, many years in that position, I can tell that it's almost unethical not to get this training at least once a year. And one hour, by the way, is very minimal. One hour of training, one hour from October all the way to June. So, it's really, really more intense than people even imagine --

REP. JOHNSON: Thank --

JOSE ORTIZ: -- because people don't know it. They don't know.

REP. JOHNSON: Thank you so much for your comprehensive testimony. It's very much appreciated.

Are there any questions?

Thank you. And thank you for waiting. We appreciate it very much.

Yvette Bello is the next person our list. Thank you.

YVETTE BELLO: Hi.

REP. JOHNSON: Welcome. And thank you for waiting. And please state your name for the record.

YVETTE BELLO: Hello and as we say in Spanish [speaks Spanish]. I see that you're eating dinner, so, bone appetite and thank you for hanging in there as well.

Good evening. My name is Yvette Bello. I am the Executive Director of Latino Community Services. It's here in Hartford.

I'm here to support, hopefully, the passage of S.B. 66 -- 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS AND COUNSELORS TO COMPLETE CONTINUING EDUCATION, COURSE WORK IN CULTURAL FOUNDATIONS.

The Latino Community Services is a 27-year old non-profit located in Hartford. Our mission is two-fold. First, to reduce the spread of HIV and AIDS among Latinos and other populations at risk. And, second, to help those already living with HIV and AIDS to achieve better health outcomes.

From the very beginning, our organization was designed to offer all of its services in a culturally confident manner to Latinos.

The staff at Latino Community Services, currently, are almost entirely bilingual, Spanish and English, and in some cases bicultural.

We have built a solid foundation as an organization that delivers quality HIV prevention and care programming with cultural respect as a basis.

While I know that we have built this competency in our field, by no stretch of the imagination do I believe that we are the answer to all the healthcare needs for the entire Latino community nor do I believe we have enough health professionals from historically underrepresented populations to meet the needs of Connecticut changing demographics.

What I believe will keep Connecticut healthy, will be that all health professionals, including groups represented in H.B. 366 have a basis of understanding and cultural competence. Access to culturally competent services can impact the overall health of our underserved populations and create a safer Connecticut.

To illustrate the importance, we at LCS, Latino Community Services, place on providing a culturally competent and culturally relevant services to our target populations. I share this example.

LCS was recently awarded federal funding to increase access to mental health. And HIV prevention services among Latino, Caribbean, and African American men who have sex with men between the ages of 18 and 29.

We knew from the very beginning that while we have experienced working with Latino populations and HIV, we felt it important to learn more about the urban LGBT culture as well as the values added to (inaudible) of the Caribbean and African American men.

Additionally, since LCS does not provide mental health services, we knew that a mental health provider would -- we knew that the mental health provider we would need to partner with, needed to value the importance of learning along with us. We felt it imperative that we would -- that the partner would need to add value to the project and deliver culturally competent medical health services to our populations.

We found the partner and solidified the partnership on the basis that we share the goal of engaging this population in a

consistent and culturally competent manner.

We went so far as making sure our mental health provider partner participated in our own two-week long series of training to orient ourselves as a team to understand the complexities that exist in this community.

S.B. 366 not only makes sense, but it allows us -- allows for our trusted mental health providers an opportunity to learn a new tool, to assist in making connections with people that are truly looking for help.

The idea is not new. In 2005, the Connecticut Health Foundation released a constructive recommendation in their report "Pathways to Equal Health" eliminating racial and ethnic health disparities in Connecticut. These recommendations were made by the independent Connecticut Health Foundations Policy Panel on racial and ethnic health disparities which included then mayor Stanford, Dan O.P. Malloy. Among the recommendations, the panel included that the Connecticut Department of Public Health should collect and track race and ethnicity data of all licensed, medical professionals and issue annual report on the diversity of the healthcare workforce in this state. And B) require all healthcare professionals to participate in cultural and linguistic continuing education programs through licensure requirements.

Ladies and gentlemen, today I'm here to support S.B. 366 because the bill is a good first step towards exposing the ranks of mental health professionals to a new tool that will ultimately make them better at what they do. And, more importantly, an asset to their patients. Thank you.

REP. JOHNSON: Thank you so much for your testimony and your work on these important issues.

I wonder if there's any questions at this point?

Yes, Representative Sayers.

REP. SAYERS: Hi. I'm just really surprised to think that that's not part of the training that you would have originally. I mean, I could understand for additional, say, in-service types of things there are workshops on it to help you along. But I'm just really amazed to know that it's not part of your original training.

YVETTE BELLO: In what sense, the mental health professional training?

REP. SAYERS: For anybody whether it's counselor or social worker. To me it seems it should be part and parcel of what you do because if you don't recognize that cultural competence that is required, it will make it all the more difficult to really provide --

YVETTE BELLO: I think that there's foundations. I'm not a mental health professional. I -- but in the field, I believe the course work does involve some sort of introducing. But as we said and as others have testified, it is an ongoing learning. We can consider ourselves, at our organization, proficient in Latinos. We need a new Latino from a different country, we have a learning to do. And then the cross sections of behavior and how to be -- effect people, more learning to have.

And, so, it really is just an illustration that more can be done in that manner and it is a tool.

REP. SAYERS: Right. And I'm not disagreeing.

YVETTE BELLO: Yes.

REP. SAYERS: I'm just saying I'm really surprised that it isn't already part of it.

YVETTE BELLO: It -- you can change that. Thank you.

SENATOR GERRATANA: Well, hopefully we can.

YVETTE BELLO: Any more questions?

REP. JOHNSON: Any additional questions?

Thank you so much, again. And thank you for waiting and providing such good information.

YVETTE BELLO: Good evening.

REP. JOHNSON: Good evening.

The next three people to speak are Althea Marshall-Brooks, and we had John Foley, already. I don't know if he's still in the room to speak some more. But I suspect that he -- he is. Okay. Very good. And then the next person after that is Dr. Ann Aresco and then we have Dr. Elizabeth Mental. So, those are the next four speaks just so that you know.

And we can start if Dr. Althea -- if Althea-Marshall-Brooks, rather, is in the room. Please step to the microphone.

A VOICE: (Inaudible).

REP. JOHNSON: Okay. Then we will go to Dr. Foley. And thank you for waiting and coming back to

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Senator Gerratana, Representative Johnson, Members of the Public Health Committee:

My name is Jose Ortiz, I am President and CEO of the Hispanic Health Council, and I thank you for the opportunity to speak before you today in support of Proposed Bill No. 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS AND COUNSELORS TO COMPLETE CONTINUING EDUCATION COURSEWORK IN CULTURAL FOUNDATIONS. The proposed bill expands the current requirement for medical doctors, including psychiatrists, to complete at least one hour of cultural competence training for initial licensure and licensure renewal. We are suggesting that the state require the same minimum level of training for Social Workers, Professional Counselor, Marital and Family Therapists and Drug and Alcohol Counselors, at least one hour of cultural competence training as part of the continuing education requirement for license renewal.

The basis for this bill is that cultural competence is a critically important element to effective healthcare interactions, and therefore has implications to health care costs, health status and health disparities. The landmark report "Unequal Treatment" released by the Institute of Medicine in 2003, provided results of their review of over 100 studies that assessed the quality of health care for racial and ethnic minorities across the U.S. The vast majority showed that minorities are less likely than whites to receive necessary services even when controlling for confounding variables such as income, education level and insurance status. The "Unequal Treatment" report concluded that "Some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may play a significant role" and recommends that "All current and future healthcare providers can benefit from cross-cultural education." Unfortunately, studies conducted since 2003 have consistently shown that this problem of healthcare disparities continues.

Given the critical nature of this situation, I advocated in my former role as Director of Multi-Cultural Affairs at the Connecticut Department of Mental Health and Addiction Services for the current law, which requires training of medical doctors – including psychiatrists. This was a good first step, but it is clearly not enough. My many years working in mental health and addiction services confirmed what the federal government has also documented – that there are disparities in behavioral health care similar to those identified in medical settings. Given the sensitive and very personal nature of social work and counseling, it is critically important that providers in this field have some mandated standard of cultural competence training.

We are suggesting a minimum of an hour of cultural competence training as part of the continuing education requirement for license renewal. At DMHAS, where I led the transformation of that state agency into a nationally recognized culturally competent

organization, I've witnessed the dramatic difference that this training can make in job performance and service outcomes. Mandated cultural competence training of social workers and counselors is one small, doable and significant step that can be taken towards achieving these kinds of service improvements. I urge you to support passage of Bill #366.

I. Healthcare Disparities

What are healthcare disparities? What is the connection between healthcare disparities and cultural competence training?

Health Care Disparities: The landmark report "Unequal Treatment" released by the Institute of Medicine in 2003 confirmed disparities in health care which are defined as "racial and ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention."

The report provided results of reviewing over 100 studies that assessed the quality of health care for racial and ethnic minorities across the U.S. The vast majority of studies showed that minorities are less likely than whites to receive necessary services even when controlling for confounding variables.

Unequal Treatment was published ten years ago. Do these healthcare disparities still exist? Recent studies indicate that the findings of Unequal Treatment remain true ten years later. Examples include:

- The National Healthcare Disparities Report -2011 (U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) found that:
 - Previous NHDRs showed that Blacks had poorer quality of care and worse access to care than Whites for many measures tracked in the reports. Of all measures of health care quality and access that are tracked in the reports and support trends over time, Blacks had worse care than Whites in the most recent year for 67 measures. Most of these measures showed no significant change in disparities over time. Specific examples include that compared to Whites:
 - Black hospital patients with pneumonia were 1.6 times less likely to receive an initial antibiotic dose within six hours of hospital arrival.
 - Black hospital patients with heart attack are 1.6 time less likely to receive percutaneous coronary intervention within 90 minutes of arrival.
 - Previous NHDRs showed that Hispanics had poorer quality of care and worse access to care than non-Hispanic Whites for many measures that the reports track. Of all measures of health care quality and access that are tracked in the reports and support trends over time, Hispanics had worse care than non-Hispanic Whites in the most recent year for 63 measures. Most of these measures showed no significant change in disparities over time. Examples include that compared to Whites:
 - Hispanic long-term nursing home residents were 1.6 times less likely to be assessed for pneumococcal vaccination.

- Other specific recent examples of disparities in healthcare include:
 - The findings of a recently reported, federally-funded study by Georgetown University, in conjunction with the Rand Corporation and the University of Pennsylvania, which were published in the New England Journal of Medicine, indicate that physicians are far less likely to refer blacks and women than white men with identical complaints of chest pain to heart specialists for cardiac catheterization; and the authors of this study suggest that the difference in referral rates stems from racial and sexual biases;

Why are there disparities in health care?

The conclusions of the "Unequal Treatment" report include that "Some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may play a significant role." Recommendations included that "All current and future healthcare providers can benefit from cross-cultural education."

II. Disparities in Mental Healthcare

Are there disparities in mental health care?

- In 2001 former Surgeon General Dr. David Satcher released *Culture, Race and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. This landmark report documented the lack of access and the poor quality of mental health care that people of color had been receiving when dealing with mental illness. The report discusses disparities in behavioral health services for members of racial and ethnic minority populations. People in these populations:
 - are less likely to have access to available mental health services;
 - are less likely to receive necessary mental health care;
 - often receive a poorer quality of treatment; and
 - are significantly underrepresented in mental health research.

Members of racial minority groups, including African Americans and Latinos, underuse mental health services and are more likely to delay seeking treatment. Consequently, in most cases, when such individuals seek mental health services they are at an acute stage of illness. This delay can result in a worsening of untreated illness and an increase in involuntary services. Generally, rates of mental disorders among people in most ethnic minority groups are similar to rates for Caucasians. However, members of minority populations are more likely to experience factors – such as racism, discrimination, violence and poverty – that may exacerbate mental illnesses.

The message of the Surgeon General was clear: culture counts and the mental health system was leaving thousands of Americans behind.

- Subsequent reports continued to highlight continued to highlight barriers to accessing mental health treatment and the poor quality of care received by ethnic/racial communities. These include: *Unequal Treatment* (IOM 2003), *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2003), the President's New Freedom Commission on Mental Health *Achieving the Promise: Transforming Mental Health Care in America* (2003), and the Agency for Healthcare Research and Quality *National Healthcare Disparities Report* (2005).

III. Cultural Competence

- a. Cultural competence is defined as:
 - The ability to move beyond good intentions in cultural relations.
 - A lifelong process of acquiring knowledge, attitudes, values, and skills that helps one to:
 - Understand other cultures along with one's own culture;
 - Facilitate understanding among different cultures;
 - Confront the inconsistencies, biases and unconscious assumptions of these cultures; and
 - Take action to level the playing field. (Ryan and Parker 1999)
- b. A culturally competent healthcare system is defined as: one that acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs.
- c. Within the behavioral health system (which addresses both mental illnesses and substance abuse), cultural competence must be a guiding principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment and intervention. (Temple University, http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Cultural_Competence_in_MH.pdf)

IV. Cultural Competence Workforce Training

- a. Medical Providers (Including Psychiatrists)
 - Connecticut law currently mandates a minimum of one hour of training for licensure and licensure renewal for medical doctors and psychiatrists.
 - The public interest in providing quality health care to all segments of society dictates the need for a formal requirement that medical professionals be trained in culturally competent healthcare provision as a condition of licensure to practice medicine in New Jersey.
- b. Social Workers, Behavioral Health Providers and Drug and Alcohol Counselors
 - Connecticut does not currently mandate any cultural competence training for licensure and licensure renewal for Social Workers, Behavioral Health Providers and Drug and Alcohol Counselors

Profession	Current number of hours of continuing education dedicated to Cultural Competence training / number of hours of continuing education training per renewal period	With the passing of SB 366, number of hours of continuing education dedicated to Cultural Competence training / number of hours of continuing education training per renewal period
Professional Counselors	0 of 15 hours/year of continuing ed.	No less than 1 of 15 hours/year of continuing ed.
Clinical Social Workers	0 of 15 hours/year of continuing ed.	No less than 1 of 15 hours/year of continuing ed.
Alcohol and Drug Counselors	0 of 20 hours/year of continuing ed.	No less than 1 of 20 hours/year of continuing ed.
Marital and Family Therapists	0 of 15 hours/year of continuing ed.	No less than 1 of 15 hours/year of continuing ed.

V. Increasing Minority Population in U.S. and Connecticut

a. According to the National Healthcare Disparities Report:

- In 2010, about 41% of the U.S. population identified themselves as members of racial or ethnic minority groups. More than half of the growth in the total population of the United States between 2000 and 2010 was due to an increase in the Hispanic population. By 2050, it is projected that these groups will account for almost half of the U.S. population.
- For the 2010 U.S. census data, the Census Bureau reported that the United States had 42 million Blacks or African Americans (13.6% of the U.S. population); 50.4 million Hispanics or Latinos (16.3%); 17.3 million Asians (5.6%); 1.2 million Native Hawaiians and Other Pacific Islanders (NHOPIs) (0.4%); and 5.2 million American Indians and Alaska Natives (AI/ANs) (1.7%).

b. In Connecticut:

- In 2010, 28.8% defined themselves as members of racial or ethnic minority groups, increased from 22.5% in 2000.
- Connecticut's population is 77.57% White, down from 81.64% in 2000; 13.4% Hispanic, up from 9.4% in 2000; 10.14% Black, up from 9.1% in 2000; and 3.70% Asian, up from 2.42% in 2000.

- VI. What is Patient-Centered Care and what is the connection between cultural competence and patient-centered care?
- a. In its 2001 report *Crossing the Quality Chasm*, the Institute of Medicine included patient-centeredness of care as one of its six domains of quality and "Aims for Improvement." Patient-centered care includes consideration of patient culture, as outlined in the definition below.
- "Patient-Centered Care is care that is "respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions." (IOM, 2001)
 - "Individual patient's culture, social context, and specific needs deserve respect, and the patient should play an active role in making decisions about his/her own care" (Institute for Healthcare Improvement, 2010).
 - Patient-centeredness will increase health care quality for all, and is particularly applicable for diverse populations.
 - Research has shown that "orienting the health system around the preferences and needs of patients has the potential to improve patients' satisfaction with care as well as their clinical outcomes." (Commonwealth Fund, 2010)



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Testimony on SB 366: An Act Requiring Licensed Social Workers and Counselors to Complete Continuing Education Coursework in Cultural Foundations

Public Health Committee Hearing

February 20, 2013

Submitted by: Stephen A. Karp, MSW

The National Association of Social Workers, Connecticut chapter offers our support and suggestions on SB 366. We recognize the importance of assuring of a health care provider workforce that is culturally competent and believe that this bill moves us in that direction. We recommend that licensees attain at least one hour per licensure renewal in education related to cultural competence.

An understanding of cultural diversity is a key factor to successful prevention and treatment within health care. As social workers we embrace this concept as documented in the profession's formal education in bachelor and master level education, as well as ongoing continuing education programs. Cultural diversity is embedded within all major coursework for the social work degree. Likewise, NASW/CT regularly offers workshops related to cultural competence.

The *NASW Standards for Cultural Competence in Social Work Practice*, 2001, states "Social workers shall advocate for and participate in educational and training programs that help advance cultural competence within the profession." These standards speak to the importance our profession places on culturally competent practice and the recognition that education on cultural competence is career long learning with continuing education hours a primary vehicle for such learning.

To make this requirement fully effective we strongly urge the Public Health Committee to include a requirement that the Department of Public Health audit at least 5% of all license renewals that include attestation of continuing education. We realize that 5% is not a high percentage however it is far better than the 0% that is now in place. The Social Work Board for the State of Missouri went to a 100% audit of continuing education and discovered that 40% of renewals had not completed continuing education. It is unfortunate realities that some licensed individuals ignore the continuing education requirements for license renewal knowing that they will never be asked for proof of continuing education. Auditing assures that SB 366 is not easily skirted by licensed practitioners who may believe that they are not in need of further education on diversity and cultural competence.

SB 366 covers Licensed Master Social Workers (LMSW). We have no issue with including the LMSW but will note that this level of licensure is in statute only. The LMSW has not yet been implemented thus new MSW graduates will not need to attain continuing education in cultural competence until they attain the Clinical license or upon such time that the LMSW is implemented. The Department of Public Health (DPH) had funding in the current fiscal year to begin the LMSW however that funding was rescinded in January due to DPH having not completed hiring of a staff person.

Finally, we urge the Public Health Committee to expand the requirements for continuing education in cultural competence to all licensed health care personnel that have continuing education requirements. SB 366 is a good start in that it captures most licensed mental health providers however the rationale for this bill is equally applicable to physical health care providers.

Testimony to the Public Health Committee by Yvette Bello, Executive Director of Latino Community Services, Inc for Proposed S.B. No 366 AN ACT REQUIRING LICENSED SOCIAL WORKERS AND COUNSELORS TO COMPLETE CONTINUING EDUCATION COURSEWORK IN CULTURAL FOUNDATIONS on February 20, 2013

Good Afternoon,

My name is Yvette Bello and I am the Executive Director of Latino Community Services, Inc . I come here today to testify in full support for S.B. No 366.

Latino Community Services is a nonprofit organization located in Hartford, CT. Our mission is two part, first to reduce the spread of HIV/AIDS among Latinos and other populations at risk and second to help those already living with HIV/AIDS achieve better health outcomes. From the very beginning our organization was designed to offer all its services in a culturally competent manner to Latinos. The staff at Latino Community Service are almost entirely bilingual (Spanish and English) and in some cases bi-cultural. We have built a solid foundation as an organization that delivers quality HIV prevention and care programing with cultural respect as a basis.

While I know that we have built this competency in our field by no stretch of the imagination do I believe that we are the answer to all the health care needs for the entire Latino community nor do I believe that we have enough health professionals from historically underrepresented populations to meet the needs of Connecticut's changing demographics.

To further illustrate Latino Community Services was recently awarded federal funding to first increase access to mental health and HIV prevention among Latino and African American men between the ages of 18 and 29 We knew from the very beginning that we would need a partner that would add value to the project and who would be able to deliver culturally competent mental health services to our population We met with our mental health provider partner and explained the importance of engaging this population in a consistent and competent manner and we went so far as making sure we engaged our partner in our own series of trainings to orient ourselves as a team to understand the complexities that exist for this community

In 2005 the CT Health Foundation released constructive recommendations in their report PATHWAYS TO EQUAL HEALTH: Eliminating Racial and Ethnic Health Disparties in Connecticut These recommendations were made by the Connecticut Health Foundation's Policy Panel on Racial and Ethnic Health Disparties which included then Mayor of Stamford, Dannel P. Malloy. Among the recommendations, the panel included that "The Connecticut Department of Public Health should (a) collect and track data on the race and ethnicity of all licensed medical professionals and issue an annual report on the diversity of the health care workforce in the state and (b) require all healthcare professionals to participate in cultural and linguistic competence continuing education programs through licensure requirements."

Ladies and gentlemen, today I am here to support S B 366 because the bill is a good first step towards increasing the ranks of health professionals that understand the importance of culture in the context of treatment

From: Aldon Hynes <aldon.hynes@gmail.com>
Sent: Tuesday, February 19, 2013 8:55 PM
To: PHC Testimony
Subject: Testimony Supporting Senate Bill 366

Testimony Supporting Senate Bill 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS AND COUNSELORS TO COMPLETE CONTINUING EDUCATION COURSEWORK IN CULTURAL FOUNDATIONS

Sen. Gerratana, Rep. Johnson, members of the Public Health Committee. I am writing to you today concerning Senate Bill 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS AND COUNSELORS TO COMPLETE CONTINUING EDUCATION COURSEWORK IN CULTURAL FOUNDATIONS. My name is Aldon Hynes. I live in Woodbridge, CT. I am the Social Media Manager for the Community Health Center, Inc., headquartered in Middletown, CT and am a member of the Connecticut Health Foundation's 2013 Health Leadership Fellows Program. My testimony is based on my experiences with these two organizations, but I am speaking on my own behalf.

Every year, the General Assembly considers many bills. Those that move forward requires fiscal notes from the Office of Financial Analysis. It is my belief that every bill that moves forward should also require an analysis of its health equity impact: how does the bill effect the health of the people of Connecticut, and how equitably does it meet that impact?

SB 366 is a bill that I believe can have a positive impact on the health of Connecticut's citizens and do so in an equitable manner. The better informed Licensed Social Workers and Counselors are in the cultural foundations which affect their care of patients, the better the outcomes we can expect. In addition these outcomes are most likely to assist those from different cultures that experience health disparities, making such training important in achieving health equity. Currently, all staff, especially those in behavioral health, at the Community Health Center are expected to complete yearly cultural foundation training. The cost is minimal and the benefit can be great.

Therefore, I strongly urge you to support SB 366 and to consider all bills in terms of the health impact they have and how equitably they active this impact.

Sincerely,

Aldon Hynes

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Woodbridge, CT 06525

SENATOR ANDRES AYALA, JR.

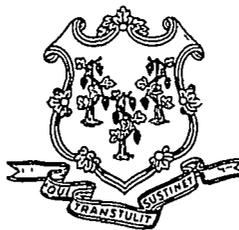
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State of Connecticut
SENATE

ASSISTANT MAJORITY LEADER

Chair

Aging Committee

Regulations Review Committee

Vice Chair

Public Safety & Security Committee

Member

Finance, Revenue & Bonding Committee

February 20, 2013

Good morning Chair-Women Gerratana and Johnson and the members of the Public Health committee. I am here this morning to provide testimony on behalf of Proposed S.B. No. 366 An Act Requiring Licensed Social Workers And Counselors To Complete Continuing Education Coursework In Cultural Foundations. This bill is important to me because as we go forward in discussing the issue of mental health, it is important to ensure these people who we entrust with diagnosis and treatment be aware of cultural competencies to ensure the best possible diagnosis and treatment. This bill does not ask anything extra of these professionals. The only thing we ask is that of the 20 hours of continuing education these professionals are already required to take that one hour be dedicated to cultural competencies. As our population continues to become more diverse, it is important to ensure that the individuals who are providing treatment understand the person they are consulting with. This bill will provide for a more qualified person who is able to take into account the cultural nuances a person may have to be able to deliver better services. I understand there may already be some course work which is done but as we require this class of worker to continue to expand upon his/her knowledge then we should also expect for them to expand beyond just a course which may or may not provide everything they may need to know. As an educator in the Bridgeport School System for twenty years I know how valuable my knowledge in cultural competencies has served me. It is important that these professionals continue to expand their minds and use the acquired knowledge to better serve a diverse population. If I can be of any other service or answer any other questions please feel free to ask me or contact my office.

Respectfully Submitted,

Andres Ayala



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE

February 20, 2013

Jewel Mullen MD, MPH, MPA, Commissioner, (860)509-7101

Senate Bill 366 – AN ACT REQUIRING LICENSED SOCIAL WORKERS AND COUNSELORS TO COMPLETE CONTINUING EDUCATION COURSEWORK IN CULTURAL FOUNDATIONS

The Department of Public Health provides the following information regarding Senate Bill 366.

This proposal would amend the mandatory continuing education requirements for licensed clinical social workers, master social workers, professional counselors, alcohol and drug counselors and marital and family therapists to require coursework in "cultural foundations." The statutory requirements for continuing education for each of these professions would need to be amended to clearly define term "cultural foundations" and identify the specific number of hours to be completed. Should this proposal move forward, the Department of Public Health respectfully requests the opportunity to participate in any discussions regarding revised statutory language to ensure that the requirements are consistent with similar provisions for other licensed professions and that implementation of the proposal has no fiscal impact to the Department.

Thank you for your consideration of the Department's views on this bill.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
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Mr. Clerk.

THE CLERK:

Also on Page 19, Calendar 392, Substitute for Senate Bill Number 366, AN ACT REQUIRING LICENSED SOCIAL WORKERS, COUNSELORS AND THERAPISTS TO COMPLETE CONTINUING EDUCATION COURSE WORK IN CULTURAL COMPETENCY, Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, I move acceptance of the joint committee's Favorable Report and passage of the bill.

THE CHAIR:

The motion is on passage. Will you remark, ma'am?

SENATOR GERRATANA:

Yes, Madam President. Thank you, very much.

Madam President, the Clerk has an amendment. It is LCO 6281; would he please call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 6281, Senate "A", offered by Senators Williams, Looney, et al.

THE CHAIR:

Senator Gerratana.

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SENATOR GERRATANA:

Thank you, Madam President.

I move adoption.

THE CHAIR:

Motion is on adoption. Will you remark?

SENATOR GERRATANA:

Yes, Madam President.

This amendment simply makes the underlying bill easier to implement. It comes as a request from the Department of Public Health, when they gave testimony on the original bill.

THE CHAIR:

Will you remark?

Senator Frantz.

SENATOR FRANTZ:

Thank you, Madam President.

If I pulled up the correct amendment -- and I have a question, through you, Madam President, for --

THE CHAIR:

Please proceed, sir.

SENATOR FRANTZ:

Thank you. Through you.

If I have the correct amendment here, it says An Act Requiring Licensed Social Workers, Counselors, and Therapists to Complete Continuing Education Course Work and Cultural Competency, and then you have the amendment. Cultural competency; what does that mean?

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THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Okay. That is in the title. I was going to explain the underlying bill, but we're on the amendment and I'm happy to do that, actually, through you, Madam President.

Senator Frantz, I actually did research on this, and I'll get right into what I was going to talk about, and that is a report on Cultural Competency Training for Health Care Professionals in Connecticut. I have the report here. It's on-line through the Department of Public Health.

I read through it and, you know, some of the recommendations, but cultural competency refers to an ability to interact effectively with people of different cultures and socioeconomic backgrounds. And I'll tell you what that means. That means an awareness of one's own cultural world view, an attitude toward cultural differences, the knowledge of different cultural practices and world views, and also across cultural skills -- a lot of Cs here. That definition comes from the work that was done on the national level, and this is the National Standards for Culturally and Linguistically Appropriate Services in Health Care; it's called the "CLAS," C-L-A-S standards.

Through you, Madam President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you, and through you, Madam President.

Maybe the -- the questions should be at the underlying bill and -- and at Senator Gerratana.

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But, if it's okay, through you, Madam President, a follow-up on that.

Are the, are the standards that they're teaching, are they achievable by everybody or is it more just kind of a broad, general-education effort that they're trying to make as opposed to trying to reach certain standards of whatever you would like to -- to call it, acceptability, tolerance, whatever the proper adjective is for this particular case?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, thank you.

What this bill will do is help us achieve some of the goals that we would like to reach in public health care, in health care, in general, in fact, in our country. And that is when people can communicate more effectively, when they understand what is going on with a patient, the whole patient, if you will -- and this is in alignment, too, with our national goals for patient-centered homes -- that health care becomes integrated and -- and, of course, that health care professionals understand what is going on with the individual, with the patient. This goes to that, at the heart of that matter.

The underlying bill actually talks about its -- the training would be about an hour, 50 minutes on cultural competency. It's a minimum requirement, one that we require also of physicians. Usually these are done in modules, and they are available for professions to take.

The reason for the bill, if you look at the report that DPH did, is also that they made a recommendation. They said that currently the training of these professionals, health care professionals should be brought up to date and that this kind of training is necessary to go forward if we're going to treat our patients in a manner that we understand them and know what's going on.

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Through you, Madam President,

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And through you, Madam President.

Just to reconfirm what you said before; this is a 50-minute course, and is it a one-shot deal or is it a recurring, annual requirement?

SENATOR GERRATANA:

That's --

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

That is my understanding; these are usually about 50-minute -- they're called "modules" in the vernacular, if you will, Senator Frantz. There's other information in the requirement will also be every time the individual goes to renew the license. My understanding is that, at times, these modules change or are modified from time to time with new information or additional information.

Through you, Madam President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

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Thank you; I appreciate those answers. Through you, Madam President, thank you to Senator Gerratana.

And I may have some more questions on the underlying bill, but for now, thank you.

And thank you.

THE CHAIR:

Thank you.

Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I rise simply to support the amendment. The underlying bill is, was very uncontroversial in committee, simply adding a module to requirements of 15 to 20 hours, depending on which -- which person you're talking about. In fact, the only controversy was we just needed some time to -- to really get this up and running, and that's why this amendment is -- is totally appropriate.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, I'll try your minds. All those in favor of the amendment, please say Aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

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The amendment passes.

Senator Gerratana.

SENATOR GERRATANA:

Yes. Thank you, Madam President.

Now we're on the bill as amended, and it simply requires the -- the department that, which license social workers, professional counselors, alcohol and drug counselors, and marriage and family therapists to complete the contact hour.

Madam President, I also want to thank Senator Ayala who brought this to our committee. I thank you very much and the testimony that you give. And I hope the Chamber is in concurrence and -- and also agrees with the bill we have at hand.

Thank you, Madam President.

THE CHAIR:

Will you remark further?

Senator Ayala.

SENATOR AYALA:

Thank you, Madam President.

I, too, want to thank the -- the Chairwoman of Public Health; what a fine job that she did in navigating this bill through the process.

And, essentially, when -- when I first thought about this bill, it, in light of what we've been talking about in this Chamber with regard to mental health, I really feel that this is an important component of mental health.

When we have our social workers and individuals that are working with patients, clients that might come from a multicultural perspective, it's important for the individual who is on the other side to be able to

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understand that sometimes there's a little bit more that goes beyond just what the regular question, answers provide, that they are some idiosyncrasies that can give a telltale sign of how a person is either understanding what's going on or whether or not they're giving off certain indicators that might be important in the diagnosis of that individual client.

So that's what this bill really lies at, and that's what it's really trying to attain, to ensure that individuals that are in this health profession are aware of what those idiosyncrasies are, that they're aware that culture plays a big role in how a person acts, reacts, even answer a question.

A prime example that I'd like to offer to my colleagues around the Circle is very simple. Within the Latino culture, it's pretty commonplace that when you're talking to someone who is an authority, that there isn't eye-to-eye contact. If a person who is on the other side of a desk sees that type of a behavior, they might come with a diagnosis that that person may not be someone that is engaged. They might come up with some type of a diagnosis that really doesn't have to do with the issues that are involved with that patient.

So there are things as simple as that, that help to really make the person on the other end of that desk, the professional in health care that is delivering the services, to really understand that we need to look at the whole person, not just a Q-and-A session that happens. And that's the purpose behind this bill.

And I -- I, once again, want to extend my thanks to the Chairwoman for bringing this out and for helping me get it passed through committee and hopefully through this Chamber.

Thank you.

THE CHAIR:

Thank you.

Will you remark?

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Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I rise simply to voice my support for this bill. One of the things that I think impacted me the most during the public hearing was really the -- the overwhelming support by all facets of the communities impacted here, saying this is something we really need, I think much for some of the reasons that Senator Ayala mentioned.

But, again, there was literally no opposition, and I think this will go a long way into improving the services that we provide in various and diverse communities.

Thank you, Madam President.

THE CHAIR:

Thank you, Senators.

Will you remark? Will you remark?

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

If there's no objection, I ask that this item be moved to our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On Page 20, Calendar 396, Substitute for Senate Bill Number 991, AN ACT CONCERNING AN ADVISORY COUNCIL ON