45:9-7.2

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2005 CHAPTER: 53

NJSA: 45:9-7.2 (Requires physician cultural competency training as a condition of licensure)

BILL NO: S144 (A492 Combined with S144)

SPONSOR(S): Bryant and others

DATE INTRODUCED: Pre-filed

COMMITTEE: ASSEMBLY:

SENATE Commerce

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: January 24, 2005

SENATE: February 14, 2005

DATE OF APPROVAL: March 24, 2005

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL Senate Substitute (1R) for S144/A492

S144

SPONSOR'S STATEMENT: (Begins on page 3 of original bill)

Yes

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes

FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: No

A492

SPONSOR'S STATEMENT: (Begins on page 3 of original bill)

Yes

COMMITTEE STATEMENT: <u>ASSEMBLY</u>: <u>Yes</u>

SENATE: No

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No No Newspaper articles: No

IS 4/10/07

P.L. 2005, CHAPTER 53, approved March 24, 2005 Senate Substitute (First Reprint) for

Senate, No. 144 and Senate Substitute for Assembly, No. 492

1 **AN ACT** concerning medical education and supplementing chapter 9 of Title 45 of the Revised Statutes.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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- 1. The Legislature finds and declares that:
- 8 a. The findings of a recently reported, federally-funded study by 9 Georgetown University, in conjunction with the Rand Corporation and 10 the University of Pennsylvania, which were published in the New England Journal of Medicine, indicate that physicians are far less likely 11 to refer blacks and women than white men with identical complaints 12 13 of chest pain to heart specialists for cardiac catheterization; and the authors of this study suggest that the difference in referral rates stems 14 15 from racial and sexual biases;
 - b. These findings are the latest in a growing body of medical literature which documents race and gender-based disparities in the provision of health care, especially in the treatment of cardiovascular disease; however, according to the Surgeon General of the United States, the Georgetown University study represents the best attempt to date to document the racial attitudes of physicians as a factor in the poorer health of African Americans;
 - c. It is estimated that the minority population in the United States will increase by 60% between now and the year 2010;
 - d. Cultural awareness and cultural competence are essential skills for providing quality health care to a diverse patient population;
 - e. Only a small percentage of medical schools nationwide currently provide some formal training in cultural competence;
 - f. The Association of American Medical Colleges is working to help medical schools improve the teaching of cultural competency; and
 - g. 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 the provision of culturally competent health care as a condition of licensure to practice medicine in New Jersey.

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2. The State Board of Medical Examiners shall prescribe the

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly floor amendments adopted December 13, 2004.

1 following requirements for physician training, by regulation, in 2 consultation with the Commission on Higher Education:

- a. The curriculum in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.
- b. Completion of cultural competency instruction as provided in subsection a. of this section shall be required as a condition of receiving a diploma from a college of medicine in this State.
- c. A college of medicine which includes instruction in cultural competency as provided in subsection a. of this section in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with the instruction developed pursuant to subsection a. of this section.
- d. A person who received a diploma from a college of medicine in this State prior to the effective date of this act, who was not required to receive and did not receive instruction in cultural competency as part of a medical school curriculum, shall be required as a condition of relicensure by the board, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board. The training required by this subsection shall be in addition to any continuing medical education required pursuant to section 10 of P.L.2001, c.¹[37] 307¹ (C.45:9-7.1).
- e. A physician licensed to practice medicine in this State prior to the effective date of this act, who was not required to receive and did not receive instruction in cultural competency as part of a medical school curriculum, shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board ¹[prior to relicensure] no later than three years after the effective date of this act¹. The training required pursuant to this subsection shall be in addition to any continuing medical education required pursuant to section 10 of P.L.2001, c.¹[37]307¹ (C.45:9-7.1).
- f. The board may waive the requirement in subsection d. or e. of this section if an applicant for ¹[licensure or]¹ relicensure ¹[, as applicable,]¹ demonstrates to the satisfaction of the board that the applicant has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.

3. The State Board of Medical Examiners, pursuant to the

[1R] SS for S144

"Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et 1 2 seq.), shall adopt rules and regulations to effectuate the purposes of 3 this act. 4 4. This act shall take effect immediately. 5 6 7 8 9 10 Requires physician cultural competency training as a condition of 11 licensure.

SENATE, No. 144

STATE OF NEW JERSEY

211th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2004 SESSION

Sponsored by:

Senator WAYNE R. BRYANT

District 5 (Camden and Gloucester)

Senator DIANE ALLEN

District 7 (Burlington and Camden)

SYNOPSIS

Requires physician cultural competency training as a condition of licensure.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



AN ACT concerning medical education and supplementing chapter 9 of Title 45 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. The Legislature finds and declares that:
- a. 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;
 - b. These findings are the latest in a growing body of medical literature which documents race and gender-based disparities in the provision of health care, especially in the treatment of cardiovascular disease; however, according to the Surgeon General of the United States, the Georgetown University study represents the best attempt to date to document the racial attitudes of physicians as a factor in the poorer health of African Americans;
 - c. It is estimated that the minority population in the United States will increase by 60% between now and the year 2010;
 - d. Cultural awareness and cultural competence are essential skills for providing quality health care to a diverse patient population;
 - e. Only a small percentage of medical schools nationwide currently provide some formal training in cultural competence;
 - f. The Association of American Medical Colleges is working to help medical schools improve the teaching of cultural competency; and
 - g. 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 the provision of culturally competent health care as a condition of licensure to practice medicine in New Jersey.

- 2. The State Board of Medical Examiners shall prescribe the following requirements for physician training, by regulation, in consultation with the Commission on Higher Education:
- a. The curriculum in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.
- b. Completion of cultural competency instruction as provided in

subsection a. of this section shall be required as a condition of receiving a diploma from a college of medicine in this State.

- c. A college of medicine which includes instruction in cultural competency as provided in subsection a. of this section in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with the instruction developed pursuant to subsection a. of this section.
- d. A person who received a diploma from a college of medicine in this State prior to the effective date of regulations adopted by the board to effectuate the purposes of this act shall be required, as a condition of initial licensure by the board, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board.
- e. A physician licensed to practice medicine in this State shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board no later than three years after the effective date of this act.
- f. The board may waive the requirement in subsection d. or e. of this section if an applicant for licensure or relicensure, as applicable, demonstrates to the satisfaction of the board that the applicant has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.
- 3. The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.
 - 4. This act shall take effect immediately.

STATEMENT

This bill requires that physicians in New Jersey be required to take cultural competency training as a condition of licensure by the State Board of Medical Examiners.

Specifically, the bill mandates that the board prescribe the following requirements for physician training in New Jersey, by regulation, in consultation with the Commission on Higher Education:

a. The curricula in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment

- decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized
- 3 organization which reviews medical school curricula.

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- b. Completion of cultural competency instruction shall be required
 as a condition of receiving a diploma from a college of medicine in this
 State.
- c. A college of medicine in this State which includes cultural competency instruction as provided in this bill in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with instruction developed pursuant to this bill.
 - d. A person who received a diploma from a college of medicine in this State prior to the effective date of regulations adopted by the board to effectuate the purposes of this bill shall be required, as a condition of initial licensure by the board, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board.
 - e. A physician licensed to practice medicine in this State shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board no later than three years after the effective date of the bill.
- f. The board may waive the requirement to complete cultural competency training offered pursuant to this bill for initial licensure or relicensure if an applicant demonstrates to the satisfaction of the board that he has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 144

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 24, 2004

The Senate Commerce Committee reports favorably, and with committee amendments, Senate Bill No. 144.

As amended, this bill requires that physicians in New Jersey take cultural competency training as a condition of licensure, or relicensure, as the case may be, by the State Board of Medical Examiners.

Specifically, the bill mandates that the board prescribe the following requirements for physician training in New Jersey, by regulation, in consultation with the Commission on Higher Education:

- a. The curricula in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.
- b. Completion of cultural competency instruction shall be required as a condition of receiving a diploma from a college of medicine in this State.
- c. A college of medicine in this State which includes cultural competency instruction as provided in this bill in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with instruction developed pursuant to this bill.
- d. A person who received a diploma from a college of medicine in this State prior to the effective date of this bill who was not required and did not receive instruction in cultural competency as part of a medical school curriculum shall be required, as a condition of relicensure by the board, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board. This training requirement is in addition to existing continuing medical education requirements.
- e. A physician licensed to practice medicine in this State prior to the effective date of the bill who was not required to receive and did

not receive instruction in cultural competency as part of a medical school curriculum shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered through continuing education pursuant to this bill to the satisfaction of the board. This training requirement is in addition to existing continuing medical education requirements.

f. The board may waive the requirement to complete cultural competency training offered pursuant to this bill for initial licensure or relicensure if an applicant demonstrates to the satisfaction of the board that he has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.

The committee amended the bill to clarify that the bill's provisions will apply upon relicensure to medical school graduates and licensed physicians who were not required and who did not receive instruction in cultural competency as part of a medical school curriculum. The amendments also make it clear that the cultural competency training required for relicensure shall be in addition to any continuing medical education already required pursuant to law.

This bill was pre-filed for introduction in the 2004 session pending technical review. As reported, the bill includes the changes required by technical review which has been performed.

STATEMENT TO

SENATE SUBSTITUTE FOR SENATE, No. 144 and SENATE SUBSTITUTE FOR ASSEMBLY No. 492

with Assembly Floor Amendments (By Assemblywoman WATSON COLEMAN)

ADOPTED: DECEMBER 13, 2004

These amendments allow those physicians licensed to practice medicine in this State prior to the effective date of the bill, who were not required to receive and did not receive instruction in cultural competency as part of a medical school curriculum, to document completion of cultural competency training to the satisfaction of the State Board of Medical Examiners no later than three years after the effective date of the bill, as a condition of relicensure. The bill currently requires completion of the training prior to relicensure. Inasmuch as approximately 10,000 physicians are due for relicensure effective July 1, 2005, the amendment will allow sufficient time, both for the board to prepare for the new relicensure requirement, and for physicians to complete the new requirement for cultural competency.

ASSEMBLY, No. 492

STATE OF NEW JERSEY 211th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2004 SESSION

Sponsored by:

Assemblywoman BONNIE WATSON COLEMAN District 15 (Mercer) Assemblyman GORDON M. JOHNSON District 37 (Bergen)

SYNOPSIS

Requires physician cultural competency training as a condition of licensure.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



AN ACT concerning medical education and supplementing chapter 9 of Title 45 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. The Legislature finds and declares that:
- a. 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;
 - b. These findings are the latest in a growing body of medical literature which documents race and gender-based disparities in the provision of health care, especially in the treatment of cardiovascular disease; however, according to the Surgeon General of the United States, the Georgetown University study represents the best attempt to date to document the racial attitudes of physicians as a factor in the poorer health of African Americans;
 - c. It is estimated that the minority population in the United States will increase by 60% between now and the year 2010;
 - d. Cultural awareness and cultural competence are essential skills for providing quality health care to a diverse patient population;
 - e. Only a small percentage of medical schools nationwide currently provide some formal training in cultural competence;
 - f. The Association of American Medical Colleges is working to help medical schools improve the teaching of cultural competency; and
 - g. 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 the provision of culturally competent health care as a condition of licensure to practice medicine in New Jersey.

- 2. The State Board of Medical Examiners shall prescribe the following requirements for physician training, by regulation, in consultation with the Commission on Higher Education:
- a. The curriculum in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.
- b. Completion of cultural competency instruction as provided in

subsection a. of this section shall be required as a condition of receiving a diploma from a college of medicine in this State.

- c. A college of medicine which includes instruction in cultural competency as provided in subsection a. of this section in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with the instruction developed pursuant to subsection a. of this section.
- d. A person who received a diploma from a college of medicine in this State prior to the effective date of regulations adopted by the board to effectuate the purposes of this act shall be required, as a condition of initial licensure by the board, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board.
- e. A physician licensed to practice medicine in this State shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board no later than three years after the effective date of this act.
- f. The board may waive the requirement in subsection d. or e. of this section if an applicant for licensure or relicensure, as applicable, demonstrates to the satisfaction of the board that the applicant has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.
- 3. The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.
 - 4. This act shall take effect immediately.

STATEMENT

This bill requires that physicians in New Jersey be required to take cultural competency training as a condition of licensure by the State Board of Medical Examiners.

Specifically, the bill mandates that the board prescribe the following requirements for physician training in New Jersey, by regulation, in consultation with the Commission on Higher Education:

a. The curricula in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment

- decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.
- b. Completion of cultural competency instruction shall be required
 as a condition of receiving a diploma from a college of medicine in this
 State.
- c. A college of medicine in this State which includes cultural competency instruction as provided in this bill in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with instruction developed pursuant to this bill.

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- d. A person who received a diploma from a college of medicine in this State prior to the effective date of regulations adopted by the board to effectuate the purposes of this bill shall be required, as a condition of initial licensure by the board, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board.
- e. A physician licensed to practice medicine in this State shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board no later than three years after the effective date of the bill.
- f. The board may waive the requirement to complete cultural competency training offered pursuant to this bill for initial licensure or relicensure if an applicant demonstrates to the satisfaction of the board that he has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.

ASSEMBLY COMMERCE AND ECONOMIC DEVELOPMENT COMMITTEE

STATEMENT TO

ASSEMBLY, No. 492

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 9, 2004

The Assembly Commerce and Economic Development Committee reports favorably and with committee amendments Assembly Bill No.492.

Assembly Bill No.492, as amended by the committee, requires that physicians in New Jersey be required to take cultural competency training as a condition of licensure by the State Board of Medical Examiners.

Specifically, the bill mandates that the board prescribe the following requirements for physician training in New Jersey, by regulation, in consultation with the Commission on Higher Education:

- a. The curricula in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.
- b. Completion of cultural competency instruction shall be required as a condition of receiving a diploma from a college of medicine in this State
- c. A college of medicine in this State which includes cultural competency instruction as provided in this bill in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other educational programs sponsored by the college and which meets criteria established by the board consistent with instruction developed pursuant to this bill.
- d. A person who received a diploma from a college of medicine in this State prior to the effective date of regulations adopted by the board to effectuate the purposes of this bill shall be required, as a condition of initial licensure by the board, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board.
 - e. A physician licensed to practice medicine in this State shall be

required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to this bill to the satisfaction of the board no later than three years after the effective date of the bill.

f. The board may waive the requirement to complete cultural competency training offered pursuant to this bill for initial licensure or relicensure if an applicant demonstrates to the satisfaction of the board that he has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.

Committee Amendments

When this bill was originally introduced in 1999, it was responding to the then recent release of a groundbreaking report on racial, ethnic, and gender-related disparities in the treatment of certain cardiac conditions. The committee amended the bill to make those changes to the bill's findings necessary to reflect additional medical research and efforts which have been undertaken in this area since the bill's original introduction.

This bill was prefiled for introduction in the 2004 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

Contact: Kelley Heck 609-777-2600

RELEASE: March 23, 2005

Codey Signs Bill to Improve Medical Care for Minorities

New Law Requires Cultural Competency Training for Doctors

(STRATFORD) – Acting Governor Richard J. Codey today signed legislation that will improve medical care for minorities by requiring cultural competency training for New Jersey physicians.

"We have an obligation to recognize the unique needs of our diverse community, and one area where we need to be especially sensitive to the needs of minorities is health care," Codey said during a ceremony at the University of Medicine and Dentistry of New Jersey's School of Osteopathic Medicine.

Codey said it is important for physicians to know that asthma, hypertension, AIDS, Sickle Cell Anemia and several types of cancer affect minorities at greater rates. Health care professionals also must be aware of unique cultural beliefs that may affect the health care decisions their patients make, he said.

"This new law will help provide equality in medical care by requiring that New Jersey physicians take special training to diagnose and treat conditions that are prevalent among minorities," Codey said.

The bill, S144, requires New Jersey physicians to take cultural competency training in order to obtain a medical license from the State Board of Medical Examiners. Physicians who already have their medical licenses will need to complete the training as a condition of renewing their licenses.

"The practice of denying critical care to patients is both immoral and unfair, and it is time to end the discrimination," said Senator Wayne R. Bryant, D-Camden and Gloucester, the bill's sponsor. "This new law shows that the State is concerned with ending health care disparities and is working to solve the issues plaguing minority patients."

"It is the responsibility of New Jersey's health sciences university to prepare culturally competent health care providers, who now, as a result of this legislation, will be provided with educational programs to help them keep abreast of the necessary knowledge, skills and attitudes they need to care for New Jersey's diverse population," said Dr. Maria Soto-Greene, chief of staff and vice president of the University of Medicine and Dentistry of New Jersey.

UMDNJ is developing a Center of Cultural Competency that will establish training programs to