

### Fiscal Estimate - 2015 Session

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> <b>15-0257/2</b>	<b>Introduction Number</b> <b>AB-0852</b>	
<b>Description</b> Expanding eligibility for the earned income tax credit; hospital best practices for postpartum patients and newborns; hospital staff privileges and written agreements required for nurse-midwives; coverage of nurse-midwives under the injured patients and families compensation fund; a report on information related to hospital neonatal intensive care units; an electronic application and information system to determine eligibility and register for public assistance programs; directing the Department of Health Services to request a Medical Assistance waiver; evidence-based home visitation program services for persons who are at risk of poor birth outcomes or of abusing or neglecting their children; designating race and ethnicity on birth certificates; a report on fetal and infant mortality and birth outcomes; requiring informed consent for performance on pregnant women of certain elective procedures prior to the full gestational term of a fetus; cultural competency training for certain students enrolled in the University of Wisconsin System and the technical college system; granting rule-making authority; and requiring the exercise of rule-making authority		
<b>Fiscal Effect</b>  <b>State:</b> <input type="checkbox"/> No State Fiscal Effect <input checked="" type="checkbox"/> Indeterminate <input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Create New Appropriations <input type="checkbox"/> Decrease Costs		
<b>Local:</b> <input type="checkbox"/> No Local Government Costs <input checked="" type="checkbox"/> Indeterminate 1. <input type="checkbox"/> Increase Costs      3. <input type="checkbox"/> Increase Revenue      5. Types of Local Government Units Affected <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities 2. <input type="checkbox"/> Decrease Costs      4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts		
<b>Fund Sources Affected</b> <b>Affected Ch. 20 Appropriations</b> <input checked="" type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS		
<b>Agency/Prepared By</b> UWS/ Adam Pfof (608) 262-4836	<b>Authorized Signature</b> Freda Harris (608) 262-2734	<b>Date</b> 2/5/2016

## Fiscal Estimate Narratives

UWS 2/5/2016

LRB Number	<b>15-0257/2</b>	Introduction Number	<b>AB-0852</b>	Estimate Type	<b>Original</b>
<b>Description</b> Expanding eligibility for the earned income tax credit; hospital best practices for postpartum patients and newborns; hospital staff privileges and written agreements required for nurse-midwives; coverage of nurse-midwives under the injured patients and families compensation fund; a report on information related to hospital neonatal intensive care units; an electronic application and information system to determine eligibility and register for public assistance programs; directing the Department of Health Services to request a Medical Assistance waiver; evidence-based home visitation program services for persons who are at risk of poor birth outcomes or of abusing or neglecting their children; designating race and ethnicity on birth certificates; a report on fetal and infant mortality and birth outcomes; requiring informed consent for performance on pregnant women of certain elective procedures prior to the full gestational term of a fetus; cultural competency training for certain students enrolled in the University of Wisconsin System and the technical college system; granting rule-making authority; and requiring the exercise of rule-making authority					

### Assumptions Used in Arriving at Fiscal Estimate

The section of this bill relating to the University of Wisconsin System is identical to 2013 AB 754. The fiscal estimate for 2013 AB 754 is copied below.

This bill requires the Board of Regents to ensure that all University of Wisconsin System students enrolled in a healthcare program, the UW-Madison School of Medicine and Public Health, or a social work program receive cultural competency training.

Cultural competency training in UW health programs is already required by accrediting agencies. For example, the School of Medicine and Public Health notes the following:

Cultural competency is an important part of our educational program and is mandated by our national accreditation body, the LCME. They have had education standards for cultural competency for years and we are in full compliance with the LCME accreditation requirements.

The following provides more information on cultural competency guidelines from accrediting agencies. The policies for different agencies are noted with a pair of astricks (\*\*). A conclusion sections follows the policies.

**\*\*Liaison Committee on Medical Education (LCME): IS-16\*\***

An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

The LCME and the CACMS believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- Basic principles of culturally competent health care.
- Recognition of health care disparities and the development of solutions to such burdens.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, social accountability) needed to provide effective care in a multidimensionally diverse society.

The institution should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. The institution should consider in its planning elements of diversity including, but not limited to, gender, racial, cultural, and economic factors. The institution should establish focused, significant, and

sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

**\*\*Council on Education for Public Health (CEPH): 1.8\*\***

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

Recognizing that graduates of public health programs may be employed anywhere in the world and work with many different populations, programs should provide a learning environment that prepares their students with broad skills regarding diversity and cultural competence, within the context of their own institution's mission statement. Systematic, coherent and long-term efforts to incorporate elements of diversity are expected at all levels including faculty, staff, students, curriculum, research and service. Programs can accomplish these aims through a variety of practices including incorporation of diversity and cultural competency considerations in the curriculum; recruitment/retention of faculty, staff and students; policies that are free of harassment and discrimination; reflection in the types of research conducted; and cultural considerations in service or workforce development activities.

Cultural competence, in this context, refers to skills for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite skills include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the skills for recognizing and adapting to cultural differences. Each program must define these terms in its own context.

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status.

**\*\*Commission on Collegiate Nursing Education (CCNE): Compliance with the following list of professional nursing standards\*\***

- The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)

With projections pointing to even greater diversity in the coming years, professional nurses need to demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings.... Professional nursing requires a balance between evidence based knowledge, skills, and attitudes and professional confidence, maturity, caring, and compassion. In this global society, patient populations are increasingly diverse. Therefore, essential to the care of diverse populations is the need for evidence based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality. Baccalaureate graduates are prepared to care for at-risk patients, including the very young and the frail elderly, and to assist patients with decision-making about end-of-life concerns within the context of the patient's value system.

- The Essentials of Master's Education in Nursing (AACN, 2011)

The IOM also recognized the need for care providers to demonstrate a greater awareness to "patient values, preferences, and cultural values," consistent with the Healthy People 2010 goal of achieving health equity through interprofessional approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master's graduate to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, facilitate access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007).

- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)

The DNP program prepares the graduate to: 1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health. 2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations. 3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

**\*\*Accreditation Commission for Education in Nursing (ACEN): 4.5\*\***

The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences

from regional, national, or global perspectives.

**\*\*Accreditation Council for Education in Nutrition and Dietetics (ACEND): 11.1\*\***

Learning activities must prepare students/interns to implement the nutrition care process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and the elderly.

**\*\*Commission on Accreditation in Physical Therapy Education (CAPTE): CC-5.17, CC-5.18, CC-5.26, CC-5.34, CC-5.41, CC-5.50, and CC-5.53\*\***

Cultural and linguistic competence is an asset of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thought, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

The academic environment must provide students with opportunities to learn from and be influenced by knowledge outside of, as well as within, physical therapy. In this environment, students become aware of multiple styles of thinking, diverse social concepts, values, and ethical behaviors that will help prepare them for identifying, redefining, and fulfilling their responsibilities to society and the profession. Of major importance is emphasis on critical thinking, ethical practice, and provision of culturally competent service to meet the changing needs of society.

**\*\*Accreditation Council for Occupational Therapy Education (ACOTE): B.1.4, B.2.9, B.4.0, B.4.7, B.5.1\*\***

Apply knowledge of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society to meet the needs of individuals and communities. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.

Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.

The process of screening, evaluation, referral, and diagnosis as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations.

Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.

Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant,

**\*\*Accreditation Council for Pharmacy Education (ACPE): 3.5, Appendix 1, Appendix 2\*\***

The graduate must be able to recognize social determinants of health to diminish disparities and inequities in access to quality care.

Examination of U.S. health systems in which patient-centered and/or population-based care is provided, and how social, political, economic, organizational and cultural factors influence providers' ability to ensure patient safety and deliver coordinated interprofessional care services.

Exploration of the potential impact of cultural values, beliefs, and practices on patient care outcomes.

Collect record and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.

Demonstrate sensitivity and responsiveness to culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity when interacting with patients, caregivers, and other healthcare professionals.

Maintain professional and ethical behavior in all practice environments, demonstrating ethical practice, empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards.

Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other healthcare providers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.

**\*\*American Psychological Association Commission on Accreditation (APA-CoA): Domain D.2\*\***

The program has a thoughtful and coherent instructional plan to provide residents with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. It engages in positive efforts designed to ensure that residents will have opportunities to learn about cultural and individual diversity as it relates to the advanced substantive traditional or specialty practice area of psychology postdoctoral training. The avenues by which these training goals are achieved by the program are to be developed by the program.

**\*\*Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE): Standard I\*\***

Educational outcomes of the program are congruent with those of the parent institution. Graduates will meet clear standards of achievement that are demonstrated through explicit assessment of performance. Expected student learning outcomes are congruent with the mission, philosophy, goals and objectives of the program and the institution. These student learning outcomes reflect marriage and family therapy philosophy, standards, and guidelines; consider the needs and expectations of the communities of interest; and recognize an understanding and respect for cultural diversity.

Conclusion

Considering the existing cultural competency requirements from accrediting agencies, is unclear what additional changes would be needed to comply with the bill. As such, a meaningful fiscal estimate on the cost of meeting the intent of the bill cannot be generated.

If existing accreditation requirements are adequate to address the bill, then no additional resources would be needed.

However, if the legislative intent requires a formalized investigation by the Board, considerable staff time would be needed to clarify the educational standard created by the legislation, to evaluate programs for compliance with that standard, and to create new academic content.

### **Long-Range Fiscal Implications**

The legislation does not provide a sunset for the requirement that the Board of Regents review programs for compliance with a cultural competency standard. As such, if compliance with a new standard is required, resources would be required for reporting on an ongoing basis.