

VETOES

This bill would require that an applicant for a license to practice dentistry, pharmacy, psychology, or social work demonstrate oral competency in English as a condition of licensure. The bill also requires that the licensing boards for these health occupations and the boards for nurses, physical therapists, physicians, and podiatrists, develop procedures for testing an individual with a speech impairment.

In 1985 the General Assembly passed similar legislation requiring that nurses, physical therapists, physicians, and podiatrists demonstrate oral competency in English. Governor Hughes vetoed the legislation based on constitutional concerns that were raised by the Attorney General's Office. The Attorney General's Office concluded that although the 1985 legislation was "facially constitutional, it will almost inevitably be administered so as to invidiously discriminate against the foreign born and the disabled." The veto was overridden by the General Assembly.

It is my understanding that House Bill 91 was introduced to address the concerns raised by the Attorney General's Office and Governor Hughes' veto message. House Bill 91 does provide statutory guidelines designed to minimize the possible discriminatory application of this Act by clarifying the definition of oral competency and adopting regulations to accommodate individuals with a speech impairment. I support these amendments.

The troublesome feature of this bill, however, lies in extending the oral competency requirement to non-acute care health providers. In many instances, a person will require emergency care from a physician when an error in diagnosis and treatment can be life threatening. Assuring adequate oral communication between a physician and patient, therefore, becomes essential.

However in non-acute care situations, while adequate oral communication facilitates the relationship between a health provider and client, it is not usually considered life threatening. A person in need of dental or psychological care has the ability to simply walk away from a provider who does not speak English proficiently and select another dentist or psychologist. This option does not exist in acute care situations. Furthermore, the Department of Health and Mental Hygiene has been unable to document any consumer complaints concerning the four health professions being added by this year's legislation and has advised me that the problem of oral competency is confined to the acute care setting.

This nation has had an unique and proud history of being home to diverse ethnic and immigrant communities. And while all of us must strive to be proficient in the English language, I do