

P.L. 2025, CHAPTER 177, *approved December 23, 2025*
Senate, No. 1067 (*Third Reprint*)

1 AN ACT concerning access to mental health services for people who
2 are deaf and hard of hearing ¹**[and]** ²**[, ¹]** ³**[and** ²supplementing
3 Title 30 of the Revised Statutes]³ ²**[¹, and making an**
4 appropriation¹]².
5
6 **BE IT ENACTED** *by the Senate and General Assembly of the State*
7 *of New Jersey:*
8
9 ³**[1.** This act shall be known and may be cited as the “Right to
10 Mental Health for Individuals who are Deaf or Hard of Hearing
11 Act.”³
12
13 ³**[2.]** ¹1.³ The Legislature finds and declares that:
14 a. Individuals who are deaf or hard of hearing, as a group,
15 represent an underserved population in many respects, particularly
16 with regard to access to mental health services.
17 b. Individuals who are deaf or hard of hearing often require
18 highly specialized mental health services because of communication
19 barriers and other complex needs.
20 c. Research shows that individuals who are deaf or hard of
21 hearing are subject to significantly more risks to their mental health
22 than are individuals who are able to hear, for reasons that include, but
23 are not limited to, issues involving communication access in general,
24 deficient communication with family members, educators, and treating
25 healthcare professionals, and access to appropriate educational
26 services and culturally affirmative and linguistically appropriate
27 physical and mental health services.
28 d. Some individuals who are deaf or hard of hearing may have
29 secondary disabilities that affect the type and manner of the mental
30 health services the individual needs. For example, individuals who are
31 deaf and blind often have diverse ways of communicating, such as
32 through the use of tactile sign language.
33 e. Being deaf or hard of hearing affects the most basic human
34 needs, including the ability to communicate with other human beings.

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

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
¹Senate SHH committee amendments adopted March 14, 2024.
²Senate SBA committee amendments adopted October 7, 2024.
³Senate amendments adopted in accordance with Governor's recommendations June 2, 2025.

1 Many individuals who are deaf or hard of hearing use sign language,
2 which may be their primary method of communication, while other
3 individuals who are deaf or hard of hearing receive language orally
4 and aurally, with or without visual signs or cues. However, some
5 individuals who are deaf or hard of hearing lack any significant
6 language skills, may experience language deprivation, or both.

7 f. Individuals who are deaf or hard of hearing frequently possess
8 highly diverse communication skills and experience highly diverse
9 communication challenges. The nature and timing of a hearing loss,
10 the success of medical or therapeutic remediation efforts, and the
11 accessibility of sign language or spoken language at home, school, and
12 in other settings, each shape the way that hearing loss affects an
13 individual who is deaf or hard of hearing.

14 g. The communication ability of an individual who is deaf or hard
15 of hearing can vary widely, and can be affected by factors such as the
16 individual's innate abilities and the degree to which the individual has
17 been supported in language acquisition. Some individuals who are
18 deaf or hard of hearing are multilingual, with fluency in more than one
19 communication method, while others are alingual, with fluency in no
20 communication methods. However, it is not uncommon for
21 individuals who are deaf or hard of hearing to have poorly developed
22 language skills in both sign language and spoken language.

23 h. It is essential that individuals who are deaf or hard of hearing:

24 (1) have access to appropriate mental health services ³that are
25 provided in the primary communication method used by the
26 individual, as determined by the individual's preference, by the results
27 of an appropriate communication assessment, or both;

28 (2) have access to services³ provided by mental health
29 professionals who ³are fluent in the individual's primary method of
30 communication, understand the unique nature of being deaf or hard of
31 hearing,³ possess the knowledge and training to work effectively with
32 individuals who are deaf or hard of hearing ³and³ to provide culturally
33 affirmative and linguistically appropriate mental health services, and
34 who can collaborate skillfully with interpreters; ³and

35 **[(3)]** ³(2) have access to mental health professionals who are
36 familiar with the unique culture and needs of individuals who are deaf
37 or hard of hearing, as a lack of awareness of the special needs of
38 individuals who are deaf or hard of hearing or a lack training in
39 working with individuals who are deaf or hard of hearing can result in
40 misdiagnosis of a mental health issue ³;

41 (4) are involved in determining the scope, content, and purpose of
42 the mental health services they are provided, which services should be
43 tailored for delivery to the individual who is deaf or hard of hearing;
44 and

45 (5) have access to mental health services that provide appropriate
46 one-on-one access to a full continuum of mental health services,
47 including all modes of therapy and evaluation, as well as access to

1 specialized mental health services that are consistent with best
2 practices and use appropriate curricula, staff, and outreach to support
3 the unique mental health needs of individuals who are deaf or hard of
4 hearing³.

5 i. Individuals who are deaf or hard of hearing should have access
6 to ³[a resource guide listing the]³ mental health services in this State
7 that offer the best access and provide the most specialized mental
8 health services for ³[clients] individuals who are deaf or hard of
9 hearing³.

10 ³[j. Individuals who are deaf or hard of hearing will benefit from
11 the development and implementation of State and regional services
12 designed to address their unique and specialized mental health
13 needs.]³

14
15 ³[3.] 2.³ As used in this act:

16 ³[“Certified mental health professional” means a psychiatrist,
17 psychologist, advanced practice nurse, therapist, counselor, or social
18 worker licensed or certified to practice under Title 45 of the Revised
19 Statutes who is certified by the Division of the Deaf and Hard of
20 Hearing in the Department of Human Services as: fluent in one or
21 more primary communication methods; a specialist who is trained and
22 experienced in working skillfully with interpreters; and knowledgeable
23 of the cultural needs of clients.]³

24 “Client” means an individual who is deaf or hard of hearing and
25 who is in need of mental health services.

26 ³[“Communication skills assessment” means the Sign Language
27 Proficiency Interview assessment and any other communication skills
28 assessment approved by the Division of the Deaf and Hard of Hearing
29 in the Department of Human Services.]³

30 “Culturally affirmative mental health services” means mental
31 health services ³[provided by certified mental health professionals and
32 support staff, which services] that³ are sensitive to, and in support of,
33 the diverse cultural affiliations and needs of clients, including
34 affiliation with the deaf community and culture.

35 “Deaf” means the condition of having sustained a hearing loss that
36 is so severe that the individual has difficulty in processing linguistic
37 information through hearing, regardless of amplification or other
38 assistive technology, as well as the unique culture, community, and
39 identity of an individual who is deaf.

40 “English-based manual or sign system” means a sign system that
41 uses manual signs in English word order, which may include the use of
42 added affixes that are not present in American Sign Language.

43 ³[“Fluent” means a sign language communication skills
44 assessment score of “Advanced,” in the case of a certified mental
45 health professional, and a sign language communication skills

1 assessment score of “Intermediate Plus,” in the case of other licensed
2 and nonlicensed support staff working in a mental health setting.】³

3 “Hard of hearing” means the condition of having sustained a
4 hearing loss, whether permanent or fluctuating, which hearing loss
5 may be corrected by amplification or other hearing assistive
6 technology, but which, regardless of correction, presents challenges in
7 processing linguistic information through hearing.

8 “Interpreter” means an interpreter certified by the New Jersey
9 Registry of Interpreters for the Deaf.

10 “Linguistically appropriate mental health services” means the full
11 continuum of mental health services that are made available in the
12 method of communication preferred by the client or in the method of
13 communication that is determined to be most effective for the
14 individual, based on the results of a communication assessment.

15 ³“Mental health professional” means a psychiatrist, psychologist,
16 advanced practice nurse, therapist, counselor, or social worker licensed
17 or certified to practice under Title 45 of the Revised Statutes.³

18 “Method of communication” means any of the following systems
19 of communication used by clients: American Sign Language; an
20 English-based manual or sign system; a highly visually oriented and
21 minimal sign language system to communicate, including, but not
22 limited to, a home-sign-based system, idiosyncratic signs, a sign
23 system or language of another country, or non-linguistic or semi-
24 linguistic communication systems designed to meet the needs of
25 language-deprived or dysfluent individuals; or an oral, aural, or
26 speech-based sign system.

27 “Oral, aural, or speech-based system” means a communication
28 system that uses the speech or residual hearing, or both, of an
29 individual who is deaf or hard of hearing, regardless of technology or
30 cued assistance.

31 ³【“Primary method of communication” means the method of
32 communication preferred by an individual who is deaf or hard of
33 hearing that will be most effective, as determined by the preference of
34 the individual who is deaf or hard of hearing, by the results of an
35 appropriate communication assessment, or both.

36 “Telemedicine and telehealth” means the provision of services
37 using telemedicine and telehealth in accordance with the provisions of
38 P.L.2017, c.117 (C.45:1-61 et al.).】³

39
40 ³【4. a. Each certified mental health professional providing
41 mental health services to a client shall:

42 (1) offer culturally affirmative mental health services and
43 linguistically appropriate mental health services to clients in the
44 client’s primary method of communication; and

45 (2) not deny a client access to culturally affirmative mental
46 health services or linguistically appropriate mental health services

1 using the client's primary method of communication due to the
2 client's having:

3 (a) residual hearing ability, whether or not supported by
4 amplification or other hearing assistive technology; or

5 (b) previous experience with another method of communication.

6 b. Nothing in this section shall be construed to:

7 (1) prevent a client from receiving mental health services in
8 more than one method of communication; or

9 (2) require a client to receive culturally affirmative mental
10 health services or linguistically appropriate mental health
11 services.]³

12

13 ³[5.] 3. a.³ The ³[Division of ¹[Mental Health and
14 Addiction Services] the Deaf and Hard of Hearing¹ in the
15 Department] Commissioner³ of Human Services, in consultation with
16 the Division of ¹[the Deaf and Hard of Hearing] ³[Mental Health and
17 Addiction Services¹ in the Department of Human Services] Consumer
18 Affairs, the Commissioner of Labor and Workforce Development, and
19 the advisory committee established pursuant to section 4 of this act,
20 P.L. , c. (pending before the Legislature as this bill)³, shall
21 ³conduct a landscape analysis of mental health services available to
22 clients, which shall include, but not be limited to, the following³:

23 ³[a. implement and maintain culturally affirmative mental health
24 services and linguistically appropriate mental health services for any
25 client using the client's primary method of communication;

26 b. recruit, develop, and maintain an adequate number of certified
27 mental health professionals and other licensed and non-licensed
28 support staff qualified to work in settings where mental health services
29 are provided to clients to ensure the delivery of culturally affirmative
30 mental health services and linguistically appropriate mental health
31 services one-on-one to any client in the client's primary method of
32 communication;

33 c. monitor all culturally affirmative mental health services and
34 linguistically appropriate mental health services to ensure that clients
35 of all ages are adequately served;

36 d. provide adequate supplemental funding to all culturally
37 affirmative mental health services and linguistically appropriate
38 mental health services, as well as incentives to promote recruitment
39 and retention of certified mental health professionals;

40 e. establish a certification process for mental health professionals
41 who meet all standards and guidelines, as determined by the
42 ¹[Division of the Deaf and Hard of Hearing] division¹, to provide
43 culturally affirmative mental health services and linguistically
44 appropriate mental health services to clients; and

45 f. develop and implement strategies for ensuring access to
46 culturally affirmative mental health services and linguistically
47 appropriate mental health services by clients in geographic areas

1 where there is a lack or shortage of certified mental health
2 professionals, including, but not limited to, the authorization of
3 treatment:

4 (1) provided by certified mental health professionals in alternative
5 or non-traditional locations; or

6 (2) using telemedicine and telehealth or other approved remote
7 technologies that allow certified mental health professionals to provide
8 clients with culturally affirmative mental health services and
9 linguistically appropriate mental health services】 (1) the current status
10 of, and future needs for, mental health professionals for clients in each
11 geographic region of the State, broken down by provider type,
12 occupation or specialty, education level, and other training,
13 qualifications, or experience related to the methods of communication
14 and cultural needs of clients;

15 (2) the current status of, and future needs for, support staff working
16 with clients in mental health settings in each geographic region of the
17 State, including interpreters, individuals who are fluent in American
18 Sign Language, and individuals with other training, qualifications or
19 experience related to the methods of communication and cultural
20 needs of clients;

21 (3) the mental health care needs of individuals who are deaf or
22 hard of hearing, the extent to which those needs are met, patient
23 satisfaction with currently available mental health services for
24 individuals who are deaf or hard of hearing, and any barriers to care;

25 (4) a cross analysis of the data or information identified in
26 paragraphs (1), (2), and (3) of this subsection to identify common
27 themes and differences across categories;

28 (5) an estimate of the future pipeline of mental health professionals
29 for clients and support staff working in mental health settings with
30 clients;

31 (6) the availability of any resources, publications, best practices or
32 guidance documents concerning culturally affirmative mental health
33 services and linguistically appropriate mental health services; and

34 (7) the availability of any evidence-based education courses or
35 training programs concerning culturally affirmative mental health
36 services and linguistically appropriate mental health services.

37 b. Within one year of the effective date of this act, P.L. , c.
38 (pending before the Legislature as this bill), the Commissioner of
39 Human Services shall prepare and submit to the Governor, and
40 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the
41 Legislature, a written report setting forth the findings of the analysis
42 conducted pursuant to subsection a. of this section and any
43 recommended policies, programs, or initiatives that may be undertaken
44 to increase the State's workforce of mental health professionals and
45 support staff working in mental health settings for clients, improve and
46 promote access to care, and enhance the capacity of mental health
47 professionals and support staff working in mental health settings for
48 clients to meet the communication and cultural needs of clients.

1 c. Within six months of issuing a report to the Governor and the
2 Legislature pursuant to subsection b. of this section, the Commissioner
3 of Human Services, in consultation with the Division of Consumer
4 Affairs, shall:

5 (1) identify best practices or recommended approaches for mental
6 health professionals and support staff working in mental health
7 settings related to the provision of culturally affirmative mental health
8 services and linguistically appropriate mental health services;

9 (2) develop or identify an existing evidence-based training or
10 education program or programs concerning the provision of culturally
11 affirmative mental health services and linguistically appropriate
12 mental health services; and

13 (3) make the information required by this subsection available on
14 its Internet website³.

15
16 ³6. a. In order to provide culturally affirmative mental health
17 services and linguistically appropriate mental health services to clients,
18 the ²Executive Director of the² Division of ¹Mental Health and
19 Addiction Services ¹the Deaf and Hard of Hearing¹ in the Department
20 of Human Services, in consultation with the ²Assistant Commissioner
21 of the² Division of ¹the Deaf and Hard of Hearing Mental Health
22 and Addiction Services¹ in the Department of Human Services, ²shall
23 employ a deaf services coordinator, who² shall be responsible for
24 coordinating and overseeing the implementation of culturally
25 affirmative mental health services and linguistically appropriate
26 mental health services Statewide.

27 b. At a minimum, the ²deaf services coordinator employed
28 pursuant to subsection a. of this section ¹the Executive Director of the
29 Division of the Deaf and Hard of Hearing² shall:

30 ²(1) be competent and have extensive experience in
31 providing mental health services to clients;

32 (2) be fluent in American Sign Language and possess a thorough
33 understanding of the deaf community and culture;

34 (3) have at least three years of experience providing one-on-one
35 services to clients;

36 (4) possess a master's degree or higher in a behavioral health or
37 clinical field, as well as the skill, knowledge, and experience in
38 adapting and developing policies and procedures based on the actual
39 service needs of individuals who are deaf or hard of hearing; and

40 (5) know and understand applicable State and federal laws
41 governing the rights of, and services provided to, individuals who are
42 deaf or hard of hearing.

43 c. The deaf services coordinator employed pursuant to subsection
44 a. of this section shall:²

45 (1) ensure that culturally affirmative mental health services and
46 linguistically appropriate mental health services are accessible
47 Statewide and that the provision of appropriate consultation, training,

1 and technical assistance is accessible to mental health professionals in
 2 various settings, including, but not limited to, inpatient, outpatient, and
 3 residential programs;

4 (2) serve as a professional liaison to other State departments,
 5 divisions, offices, agencies, and boards for the collaboration needed to
 6 maximize the use of State resources and engage in joint planning;

7 (3) develop a model for a Statewide system of care for culturally
 8 affirmative mental health services and linguistically appropriate
 9 mental health services for clients that includes, at a minimum:

10 (a) standards of care for individuals who are deaf or hard of
 11 hearing, including standards for the level of American Sign Language
 12 fluency required to provide care in mental health settings;

13 (b) guidelines to measure the proficiency of a mental health
 14 professional in the methods of communication used by clients; and

15 (c) a partnership with the New Jersey Registry of Interpreters for
 16 the Deaf;

17 (4) collaborate with State and private mental health professionals
 18 throughout the State to assist and ensure compliance with State and
 19 federal laws relating to mental health services for clients;

20 (5) collect and evaluate clinical and programmatic outcome data
 21 from mental health professionals serving individuals who are deaf or
 22 hard of hearing;

23 (6) distribute funds or grants to public and private mental health
 24 professionals to achieve optimum service delivery within the system of
 25 care;

26 (7) prepare and submit ²[such]² reports as ²[shall be required by
 27 the Division of Mental Health and Addiction Services and the Division
 28 for the Deaf and Hard of Hearing] needed²; and

29 (8) ²[provide] facilitate the provision of² clinical and
 30 administrative case consultations to mental health professionals, when
 31 appropriate, regarding the provision of culturally affirmative mental
 32 health services and linguistically appropriate mental health services to
 33 clients.

34 ²[d.] c.² (1) ³ 4. a. ³ The ²[deaf services coordinator employed
 35 pursuant to subsection a. of this section] ³[Executive Director of the
 36 Division of the Deaf and Hard of Hearing²] Commissioner of Human
 37 Services³ shall establish an advisory committee to make
 38 recommendations and provide advice and assistance concerning the
 39 implementation of this ³[section] act, P.L. , c. (pending before the
 40 Legislature as this bill)³.

41 ³[(2)] b. ³ The advisory committee established pursuant to
 42 ³[paragraph (1) of this] ³ subsection ³a. of this section³ shall comprise
 43 ³[10] 11³ members appointed by the Commissioner of Human
 44 Services. The membership of the advisory committee shall include at
 45 least six individuals who are deaf or hard or hearing, at least one
 46 parent or legal guardian of an individual who is deaf or hard of
 47 hearing, at least one ³[certified]³ mental health professional, at least

1 one interpreter, ³at least one person who has experience in or is a
 2 representative of an institution of higher education,³ and at least one
 3 educator who is licensed in New Jersey to teach individuals who are
 4 deaf or hard of hearing. ³【The members of the advisory committee
 5 shall serve for a term of two years and shall be eligible for
 6 reappointment to the advisory committee.

7 (3) ³c.³ The ²【deaf services coordinator】 ³【Executive Director
 8 of the Division of the Deaf and Hard of Hearing²】 Commissioner of
 9 Human Services or their designee³ shall call the first meeting of the
 10 advisory committee no later than 30 days after all ³【10】³ members are
 11 appointed to the advisory committee. Thereafter, the advisory
 12 committee shall meet at least quarterly and at the call of the ²【deaf
 13 services coordinator】 ³【Executive Director of the Division of the Deaf
 14 and Hard of Hearing²】 Commissioner of Human Services or their
 15 designee³.

16 ³【(4)】 ³d.³ Members of the advisory committee shall serve without
 17 compensation, but may be reimbursed for travel and other reasonable
 18 expenses incurred in the performance of their duties as members of the
 19 advisory committee, within the limits of funds made available to the
 20 advisory committee for that purpose. To the extent possible, the
 21 ²【deaf services coordinator】 ³【Executive Director of the Division of
 22 the Deaf and Hard of Hearing²】 Commissioner of Human Services³
 23 shall seek to use technology and other available resources to limit the
 24 travel and related expenses incurred by the members of the advisory
 25 committee.

26 ³e. The advisory committee shall expire upon the submission of
 27 the report required pursuant to subsection b. of section 3 of this act,
 28 P.L. , c. (pending before the Legislature as this bill).³
 29

30 ³【7. a. Each client who is admitted for mental health treatment
 31 shall have access to culturally affirmative mental health services
 32 and linguistically appropriate mental health services.

33 b. (1) Each mental health professional who provides mental
 34 health services to clients shall work with the ²【deaf services
 35 coordinator employed pursuant to subsection a. of section 6 of this
 36 act】 Executive Director of the Division of the Deaf and Hard of
 37 Hearing², as appropriate, to ensure that culturally affirmative mental
 38 health services and linguistically appropriate mental health services
 39 are made accessible to clients.

40 (2) Each client shall have access to one-on-one culturally
 41 affirmative mental health services and linguistically appropriate
 42 mental health services from a certified mental health professional
 43 who is fluent in the client's primary method of communication, as
 44 determined by the preference of the client, by the results of an
 45 appropriate communication assessment, or both. If one-on-one
 46 culturally affirmative mental health services and linguistically

1 appropriate mental health services by a certified mental health
2 professional are not available within a reasonable geographical area
3 for a client, as determined by the ²**deaf services coordinator**
4 Executive Director of the Division of the Deaf and Hard of Hearing²,
5 the client shall be offered:

6 (a) an appropriate referral to a certified mental health
7 professional who can provide culturally affirmative mental health
8 services and linguistically appropriate mental health services
9 through telemedicine and telehealth or other approved remote
10 technologies; or

11 (b) at no cost to the client, culturally affirmative mental health
12 services and linguistically appropriate mental health services
13 through the use of an interpreter. If an interpreter cannot be
14 physically present in a timely manner, the services of an interpreter
15 may be offered to the client through telemedicine and telehealth or
16 other approved remote technologies.

17 (3) If an interpreter is offered to a client, the client may
18 voluntarily decline to accept or use the mental health services
19 through the interpreter, without a penalty to the client, and shall be
20 offered any other assistance and services as are required by State
21 and federal law, including, but not limited to, the use of a different
22 interpreter or hearing assistive technology.

23 (4) If a client refuses all culturally affirmative mental health
24 services and linguistically appropriate mental health services that
25 are offered, the mental health professional shall:

26 (a) secure from the client a signed waiver of the right to receive
27 culturally affirmative mental health services and linguistically
28 appropriate mental health services and include the signed waiver in
29 the client's records;

30 (b) notify the ²**deaf services coordinator** Executive Director of
31 the Division of the Deaf and Hard of Hearing² of the client's refusal
32 of culturally affirmative mental health services and linguistically
33 appropriate mental health services; and

34 (c) allow the ²**deaf services coordinator** Executive Director of
35 the Division of the Deaf and Hard of Hearing² to review the culturally
36 affirmative mental health services and linguistically appropriate
37 mental health services offered to ensure that the services were
38 appropriate.】³

39
40 ³**8. The Assistant Commissioner of the Division of Mental**
41 **Health and Addiction Services in the Department of Human**
42 **Services and the Executive Director of the Division of the Deaf and**
43 **Hard of Hearing in the Department of Human Services may adopt**
44 **rules and regulations, pursuant to the "Administrative Procedure**
45 **Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as necessary to**
46 **implement the provisions of this act.】**³

1 ¹[9.]²[10.¹]³[9.²]⁵³ This act shall take effect ³[180] ⁹⁰³
2 days after the date of enactment, except that the ³[Assistant]³
3 Commissioner of ³[the Division of Mental Health and Addiction
4 Services in the Department of Human Services and the Executive
5 Director of the Division of the Deaf and Hard of Hearing in the
6 Department of]³ Human Services may take any administrative action
7 in advance thereof as may be necessary to implement the provisions of
8 this act.

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13 Directs DHS to conduct landscape analysis of available mental
14 health services.