

CHAPTER 177

AN ACT concerning access to mental health services for people who are deaf and hard of hearing.

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

1. The Legislature finds and declares that:

a. Individuals who are deaf or hard of hearing, as a group, represent an underserved population in many respects, particularly with regard to access to mental health services.

b. Individuals who are deaf or hard of hearing often require highly specialized mental health services because of communication barriers and other complex needs.

c. Research shows that individuals who are deaf or hard of hearing are subject to significantly more risks to their mental health than are individuals who are able to hear, for reasons that include, but are not limited to, issues involving communication access in general, deficient communication with family members, educators, and treating healthcare professionals, and access to appropriate educational services and culturally affirmative and linguistically appropriate physical and mental health services.

d. Some individuals who are deaf or hard of hearing may have secondary disabilities that affect the type and manner of the mental health services the individual needs. For example, individuals who are deaf and blind often have diverse ways of communicating, such as through the use of tactile sign language.

e. Being deaf or hard of hearing affects the most basic human needs, including the ability to communicate with other human beings. Many individuals who are deaf or hard of hearing use sign language, which may be their primary method of communication, while other individuals who are deaf or hard of hearing receive language orally and aurally, with or without visual signs or cues. However, some individuals who are deaf or hard of hearing lack any significant language skills, may experience language deprivation, or both.

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

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

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

(1) have access to appropriate mental health services provided by mental health professionals who possess the knowledge and training to work effectively with individuals who are deaf or hard of hearing and to provide culturally affirmative and linguistically appropriate mental health services, and who can collaborate skillfully with interpreters; and

(2) have access to mental health professionals who are familiar with the unique culture and needs of individuals who are deaf or hard of hearing, as a lack of awareness of the special needs of individuals who are deaf or hard of hearing or a lack training in working with individuals who are deaf or hard of hearing can result in misdiagnosis of a mental health issue.

i. Individuals who are deaf or hard of hearing should have access to mental health services in this State that offer the best access and provide the most specialized mental health services for individuals who are deaf or hard of hearing.

2. As used in this act:

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

“Culturally affirmative mental health services” means mental health services that are sensitive to, and in support of, the diverse cultural affiliations and needs of clients, including affiliation with the deaf community and culture.

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

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

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

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

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

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

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

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

3. a. The Commissioner of Human Services, in consultation with the Division of Consumer Affairs, the Commissioner of Labor and Workforce Development, and the advisory committee established pursuant to section 4 of this act, P.L.2025, c.177, shall conduct a landscape analysis of mental health services available to clients, which shall include, but not be limited to, the following:

(1) the current status of, and future needs for, mental health professionals for clients in each geographic region of the State, broken down by provider type, occupation or specialty,

education level, and other training, qualifications, or experience related to the methods of communication and cultural needs of clients;

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

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

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

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

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

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

b. Within one year of the effective date of this act, P.L.2025, c.177, the Commissioner of Human Services shall prepare and submit to the Governor, and pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a written report setting forth the findings of the analysis conducted pursuant to subsection a. of this section and any recommended policies, programs, or initiatives that may be undertaken to increase the State's workforce of mental health professionals and support staff working in mental health settings for clients, improve and promote access to care, and enhance the capacity of mental health professionals and support staff working in mental health settings for clients to meet the communication and cultural needs of clients.

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

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

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

(3) make the information required by this subsection available on its Internet website.

4. a. The Commissioner of Human Services shall establish an advisory committee to make recommendations and provide advice and assistance concerning the implementation of this act, P.L.2025, c.177.

b. The advisory committee established pursuant to subsection a. of this section shall comprise 11 members appointed by the Commissioner of Human Services. The membership of the advisory committee shall include at least six individuals who are deaf or hard of hearing, at least one parent or legal guardian of an individual who is deaf or hard of hearing, at least one mental health professional, at least one interpreter, at least one person who has experience

in or is a representative of an institution of higher education, and at least one educator who is licensed in New Jersey to teach individuals who are deaf or hard of hearing.

c. The Commissioner of Human Services or their designee shall call the first meeting of the advisory committee no later than 30 days after all members are appointed to the advisory committee. Thereafter, the advisory committee shall meet at least quarterly and at the call of the Commissioner of Human Services or their designee.

d. Members of the advisory committee shall serve without compensation, but may be reimbursed for travel and other reasonable expenses incurred in the performance of their duties as members of the advisory committee, within the limits of funds made available to the advisory committee for that purpose. To the extent possible, the Commissioner of Human Services shall seek to use technology and other available resources to limit the travel and related expenses incurred by the members of the advisory committee.

e. The advisory committee shall expire upon the submission of the report required pursuant to subsection b. of section 3 of this act, P.L.2025, c.177.

5. This act shall take effect 90 days after the date of enactment, except that the Commissioner of Human Services may take any administrative action in advance thereof as may be necessary to implement the provisions of this act.

Approved December 23, 2025.