

[Second Reprint]  
**SENATE, No. 1067**

**STATE OF NEW JERSEY**  
**221st LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

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**SYNOPSIS**

“Right to Mental Health for Individuals who are Deaf or Hard of Hearing Act”; establishes certain requirements concerning provision of mental health services to individuals who are deaf or hard of hearing.

**CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on October 7, 2024, with amendments.

(Sponsorship Updated As Of: )

1 AN ACT concerning access to mental health services for people who  
2 are deaf and hard of hearing <sup>1</sup>[and] <sup>2</sup>[and<sup>1</sup>] and<sup>2</sup> supplementing  
3 Title 30 of the Revised Statutes <sup>2</sup>[<sup>1</sup>, and making an  
4 appropriation<sup>1</sup>]<sup>2</sup>.  
5

6 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
7 *of New Jersey:*  
8

9 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.”  
12

13 2. 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,  
23 but are not limited to, issues involving communication access in  
24 general, deficient communication with family members, educators,  
25 and treating healthcare professionals, and access to appropriate  
26 educational services and culturally affirmative and linguistically  
27 appropriate 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  
31 are deaf and blind often have diverse ways of communicating, such  
32 as 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  
35 beings. Many individuals who are deaf or hard of hearing use sign  
36 language, which may be their primary method of communication,  
37 while other individuals who are deaf or hard of hearing receive  
38 language orally and aurally, with or without visual signs or cues.  
39 However, some individuals who are deaf or hard of hearing lack  
40 any significant language skills, may experience language  
41 deprivation, or both.

42 f. Individuals who are deaf or hard of hearing frequently  
43 possess highly diverse communication skills and experience highly  
44 diverse communication challenges. The nature and timing of a

**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:

<sup>1</sup>Senate SHH committee amendments adopted March 14, 2024.

<sup>2</sup>Senate SBA committee amendments adopted October 7, 2024.

1 hearing loss, the success of medical or therapeutic remediation  
2 efforts, and the accessibility of sign language or spoken language at  
3 home, school, and in other settings, each shape the way that hearing  
4 loss affects an individual who is deaf or hard of hearing.

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

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

17 (1) have access to appropriate mental health services that are  
18 provided in the primary communication method used by the  
19 individual, as determined by the individual's preference, by the  
20 results of an appropriate communication assessment, or both;

21 (2) have access to services provided by mental health  
22 professionals who are fluent in the individual's primary method of  
23 communication, understand the unique nature of being deaf or hard  
24 of hearing, possess the knowledge and training to work effectively  
25 with individuals who are deaf or hard of hearing to provide  
26 culturally affirmative and linguistically appropriate mental health  
27 services, and who can collaborate skillfully with interpreters;

28 (3) have access to mental health professionals who are familiar  
29 with the unique culture and needs of individuals who are deaf or  
30 hard of hearing, as a lack of awareness of the special needs of  
31 individuals who are deaf or hard of hearing or a lack training in  
32 working with individuals who are deaf or hard of hearing can result  
33 in misdiagnosis of a mental health issue;

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

38 (5) have access to mental health services that provide  
39 appropriate one-on-one access to a full continuum of mental health  
40 services, including all modes of therapy and evaluation, as well as  
41 access to specialized mental health services that are consistent with  
42 best practices and use appropriate curricula, staff, and outreach to  
43 support the unique mental health needs of individuals who are deaf  
44 or hard of hearing.

45 i. Individuals who are deaf or hard of hearing should have  
46 access to a resource guide listing the mental health services in this  
47 State that offer the best access and provide the most specialized  
48 mental health services for clients.

1 j. Individuals who are deaf or hard of hearing will benefit from  
2 the development and implementation of State and regional services  
3 designed to address their unique and specialized mental health  
4 needs.

5

6 3. As used in this act:

7 “Certified mental health professional” means a psychiatrist,  
8 psychologist, advanced practice nurse, therapist, counselor, or  
9 social worker licensed or certified to practice under Title 45 of the  
10 Revised Statutes who is certified by the Division of the Deaf and  
11 Hard of Hearing in the Department of Human Services as: fluent in  
12 one or more primary communication methods; a specialist who is  
13 trained and experienced in working skillfully with interpreters; and  
14 knowledgeable of the cultural needs of clients.

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

17 “Communication skills assessment” means the Sign Language  
18 Proficiency Interview assessment and any other communication  
19 skills assessment approved by the Division of the Deaf and Hard of  
20 Hearing in the Department of Human Services.

21 “Culturally affirmative mental health services” means mental  
22 health services provided by certified mental health professionals  
23 and support staff, which services are sensitive to, and in support of,  
24 the diverse cultural affiliations and needs of clients, including  
25 affiliation with the deaf community and culture.

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

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

34 “Fluent” means a sign language communication skills assessment  
35 score of “Advanced,” in the case of a certified mental health  
36 professional, and a sign language communication skills assessment  
37 score of “Intermediate Plus,” in the case of other licensed and  
38 nonlicensed support staff working in a mental health setting.

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

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

46 “Linguistically appropriate mental health services” means the  
47 full continuum of mental health services that are made available in  
48 the method of communication preferred by the client or in the

1 method of communication that is determined to be most effective  
2 for the individual, based on the results of a communication  
3 assessment.

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

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

17 “Primary method of communication” means the method of  
18 communication preferred by an individual who is deaf or hard of  
19 hearing that will be most effective, as determined by the preference  
20 of the individual who is deaf or hard of hearing, by the results of an  
21 appropriate communication assessment, or both.

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

25

26 4. a. Each certified mental health professional providing  
27 mental health services to a client shall:

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

31 (2) not deny a client access to culturally affirmative mental  
32 health services or linguistically appropriate mental health services  
33 using the client’s primary method of communication due to the  
34 client’s having:

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

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

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

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

41 (2) require a client to receive culturally affirmative mental  
42 health services or linguistically appropriate mental health services.

43

44 5. The Division of <sup>1</sup>**【Mental Health and Addiction Services】**  
45 the Deaf and Hard of Hearing<sup>1</sup> in the Department of Human  
46 Services, in consultation with the Division of <sup>1</sup>**【the Deaf and Hard**  
47 **of Hearing】** Mental Health and Addiction Services<sup>1</sup> in the  
48 Department of Human Services, shall:

- 1 a. implement and maintain culturally affirmative mental health
- 2 services and linguistically appropriate mental health services for
- 3 any client using the client's primary method of communication;
- 4 b. recruit, develop, and maintain an adequate number of
- 5 certified mental health professionals and other licensed and non-
- 6 licensed support staff qualified to work in settings where mental
- 7 health services are provided to clients to ensure the delivery of
- 8 culturally affirmative mental health services and linguistically
- 9 appropriate mental health services one-on-one to any client in the
- 10 client's primary method of communication;
- 11 c. monitor all culturally affirmative mental health services and
- 12 linguistically appropriate mental health services to ensure that
- 13 clients of all ages are adequately served;
- 14 d. provide adequate supplemental funding to all culturally
- 15 affirmative mental health services and linguistically appropriate
- 16 mental health services, as well as incentives to promote recruitment
- 17 and retention of certified mental health professionals;
- 18 e. establish a certification process for mental health
- 19 professionals who meet all standards and guidelines, as determined
- 20 by the <sup>1</sup>**【Division of the Deaf and Hard of Hearing】** division<sup>1</sup>, to
- 21 provide culturally affirmative mental health services and
- 22 linguistically appropriate mental health services to clients; and
- 23 f. develop and implement strategies for ensuring access to
- 24 culturally affirmative mental health services and linguistically
- 25 appropriate mental health services by clients in geographic areas
- 26 where there is a lack or shortage of certified mental health
- 27 professionals, including, but not limited to, the authorization of
- 28 treatment:
  - 29 (1) provided by certified mental health professionals in
  - 30 alternative or non-traditional locations; or
  - 31 (2) using telemedicine and telehealth or other approved remote
  - 32 technologies that allow certified mental health professionals to
  - 33 provide clients with culturally affirmative mental health services
  - 34 and linguistically appropriate mental health services.
  - 35
- 36 6. a. In order to provide culturally affirmative mental health
- 37 services and linguistically appropriate mental health services to clients,
- 38 the <sup>2</sup>Executive Director of the<sup>2</sup> Division of <sup>1</sup>**【Mental Health and**
- 39 **Addiction Services】** the Deaf and Hard of Hearing<sup>1</sup> in the Department
- 40 of Human Services, in consultation with the <sup>2</sup>Assistant Commissioner
- 41 of the<sup>2</sup> Division of <sup>1</sup>**【the Deaf and Hard of Hearing】** Mental Health
- 42 and Addiction Services<sup>1</sup> in the Department of Human Services, <sup>2</sup>**【shall**
- 43 **employ a deaf services coordinator, who】**<sup>2</sup> shall be responsible for
- 44 coordinating and overseeing the implementation of culturally
- 45 affirmative mental health services and linguistically appropriate
- 46 mental health services Statewide.

- 1           b. At a minimum, the <sup>2</sup>deaf services coordinator employed  
2 pursuant to subsection a. of this section] the Executive Director of the  
3 Division of the Deaf and Hard of Hearing<sup>2</sup> shall:
- 4           <sup>2</sup>[(1) be competent and have extensive experience in  
5 providing mental health services to clients;
- 6           (2) be fluent in American Sign Language and possess a thorough  
7 understanding of the deaf community and culture;
- 8           (3) have at least three years of experience providing one-on-one  
9 services to clients;
- 10          (4) possess a master's degree or higher in a behavioral health or  
11 clinical field, as well as the skill, knowledge, and experience in  
12 adapting and developing policies and procedures based on the actual  
13 service needs of individuals who are deaf or hard of hearing; and
- 14          (5) know and understand applicable State and federal laws  
15 governing the rights of, and services provided to, individuals who are  
16 deaf or hard of hearing.
- 17          c. The deaf services coordinator employed pursuant to subsection  
18 a. of this section shall:]<sup>2</sup>
- 19          (1) ensure that culturally affirmative mental health services and  
20 linguistically appropriate mental health services are accessible  
21 Statewide and that the provision of appropriate consultation, training,  
22 and technical assistance is accessible to mental health professionals in  
23 various settings, including, but not limited to, inpatient, outpatient, and  
24 residential programs;
- 25          (2) serve as a professional liaison to other State departments,  
26 divisions, offices, agencies, and boards for the collaboration needed to  
27 maximize the use of State resources and engage in joint planning;
- 28          (3) develop a model for a Statewide system of care for culturally  
29 affirmative mental health services and linguistically appropriate  
30 mental health services for clients that includes, at a minimum:
- 31           (a) standards of care for individuals who are deaf or hard of  
32 hearing, including standards for the level of American Sign Language  
33 fluency required to provide care in mental health settings;
- 34           (b) guidelines to measure the proficiency of a mental health  
35 professional in the methods of communication used by clients; and
- 36           (c) a partnership with the New Jersey Registry of Interpreters for  
37 the Deaf;
- 38          (4) collaborate with State and private mental health professionals  
39 throughout the State to assist and ensure compliance with State and  
40 federal laws relating to mental health services for clients;
- 41          (5) collect and evaluate clinical and programmatic outcome data  
42 from mental health professionals serving individuals who are deaf or  
43 hard of hearing;
- 44          (6) distribute funds or grants to public and private mental health  
45 professionals to achieve optimum service delivery within the system of  
46 care;

1 (7) prepare and submit <sup>2</sup>[such]<sup>2</sup> reports as <sup>2</sup>[shall be required by  
2 the Division of Mental Health and Addiction Services and the Division  
3 for the Deaf and Hard of Hearing] needed<sup>2</sup>; and

4 (8) <sup>2</sup>[provide] facilitate the provision of<sup>2</sup> clinical and  
5 administrative case consultations to mental health professionals, when  
6 appropriate, regarding the provision of culturally affirmative mental  
7 health services and linguistically appropriate mental health services to  
8 clients.

9 <sup>2</sup>[d.] c.<sup>2</sup> (1) The <sup>2</sup>[deaf services coordinator employed pursuant  
10 to subsection a. of this section] Executive Director of the Division of  
11 the Deaf and Hard of Hearing<sup>2</sup> shall establish an advisory committee  
12 to make recommendations and provide advice and assistance  
13 concerning the implementation of this section.

14 (2) The advisory committee established pursuant to paragraph (1)  
15 of this subsection shall comprise 10 members appointed by the  
16 Commissioner of Human Services. The membership of the advisory  
17 committee shall include at least six individuals who are deaf or hard or  
18 hearing, at least one parent or legal guardian of an individual who is  
19 deaf or hard of hearing, at least one certified mental health  
20 professional, at least one interpreter, and at least one educator who is  
21 licensed in New Jersey to teach individuals who are deaf or hard of  
22 hearing. The members of the advisory committee shall serve for a  
23 term of two years and shall be eligible for reappointment to the  
24 advisory committee.

25 (3) The <sup>2</sup>[deaf services coordinator] Executive Director of the  
26 Division of the Deaf and Hard of Hearing<sup>2</sup> shall call the first meeting  
27 of the advisory committee no later than 30 days after all 10 members  
28 are appointed to the advisory committee. Thereafter, the advisory  
29 committee shall meet at least quarterly and at the call of the <sup>2</sup>[deaf  
30 services coordinator] Executive Director of the Division of the Deaf  
31 and Hard of Hearing<sup>2</sup>.

32 (4) Members of the advisory committee shall serve without  
33 compensation, but may be reimbursed for travel and other reasonable  
34 expenses incurred in the performance of their duties as members of the  
35 advisory committee, within the limits of funds made available to the  
36 advisory committee for that purpose. To the extent possible, the  
37 <sup>2</sup>[deaf services coordinator] Executive Director of the Division of the  
38 Deaf and Hard of Hearing<sup>2</sup> shall seek to use technology and other  
39 available resources to limit the travel and related expenses incurred by  
40 the members of the advisory committee.

41  
42 7. a. Each client who is admitted for mental health treatment  
43 shall have access to culturally affirmative mental health services  
44 and linguistically appropriate mental health services.

45 b. (1) Each mental health professional who provides mental  
46 health services to clients shall work with the <sup>2</sup>[deaf services  
47 coordinator employed pursuant to subsection a. of section 6 of this



1 act] Executive Director of the Division of the Deaf and Hard of  
2 Hearing<sup>2</sup>, as appropriate, to ensure that culturally affirmative mental  
3 health services and linguistically appropriate mental health services  
4 are made accessible to clients.

5 (2) Each client shall have access to one-on-one culturally  
6 affirmative mental health services and linguistically appropriate  
7 mental health services from a certified mental health professional  
8 who is fluent in the client's primary method of communication, as  
9 determined by the preference of the client, by the results of an  
10 appropriate communication assessment, or both. If one-on-one  
11 culturally affirmative mental health services and linguistically  
12 appropriate mental health services by a certified mental health  
13 professional are not available within a reasonable geographical area  
14 for a client, as determined by the <sup>2</sup>**[deaf services coordinator]**  
15 Executive Director of the Division of the Deaf and Hard of Hearing<sup>2</sup>,  
16 the client shall be offered:

17 (a) an appropriate referral to a certified mental health  
18 professional who can provide culturally affirmative mental health  
19 services and linguistically appropriate mental health services  
20 through telemedicine and telehealth or other approved remote  
21 technologies; or

22 (b) at no cost to the client, culturally affirmative mental health  
23 services and linguistically appropriate mental health services  
24 through the use of an interpreter. If an interpreter cannot be  
25 physically present in a timely manner, the services of an interpreter  
26 may be offered to the client through telemedicine and telehealth or  
27 other approved remote technologies.

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

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

37 (a) secure from the client a signed waiver of the right to receive  
38 culturally affirmative mental health services and linguistically  
39 appropriate mental health services and include the signed waiver in  
40 the client's records;

41 (b) notify the <sup>2</sup>**[deaf services coordinator]** Executive Director of  
42 the Division of the Deaf and Hard of Hearing<sup>2</sup> of the client's refusal  
43 of culturally affirmative mental health services and linguistically  
44 appropriate mental health services; and

45 (c) allow the <sup>2</sup>**[deaf services coordinator]** Executive Director of  
46 the Division of the Deaf and Hard of Hearing<sup>2</sup> to review the culturally  
47 affirmative mental health services and linguistically appropriate

1 mental health services offered to ensure that the services were  
2 appropriate.

3

4 8. The Assistant Commissioner of the Division of Mental  
5 Health and Addiction Services in the Department of Human  
6 Services and the Executive Director of the Division of the Deaf and  
7 Hard of Hearing in the Department of Human Services may adopt  
8 rules and regulations, pursuant to the “Administrative Procedure  
9 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as necessary to  
10 implement the provisions of this act.

11

12 <sup>2</sup>[<sup>1</sup>9. There is appropriated from the General Fund to the  
13 Division of the Deaf and Hard of Hearing in the Department of  
14 Human Services such sums as are necessary to employ a deaf  
15 services coordinator as required under section 6 of this act.]<sup>2</sup>

16

17 <sup>1</sup>[<sup>9.</sup> <sup>2</sup>[<sup>10.</sup> <sup>1</sup>] <sup>9.</sup> <sup>2</sup> This act shall take effect 180 days after the  
18 date of enactment, except that the Assistant Commissioner of the  
19 Division of Mental Health and Addiction Services in the  
20 Department of Human Services and the Executive Director of the  
21 Division of the Deaf and Hard of Hearing in the Department of  
22 Human Services may take any administrative action in advance  
23 thereof as may be necessary to imple55ment the provisions of this  
24 act.