

**First Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 13-0235.01 Kristen Forrestal x4217

HOUSE BILL 13-1088

HOUSE SPONSORSHIP

Fields, Buckner, Court, Fischer, Ginal, Labuda, Levy, May, McCann, Melton, Mitsch Bush, Moreno, Pabon, Peniston, Primavera, Rosenthal, Salazar, Schafer, Singer, Tyler, Williams, Young

SENATE SPONSORSHIP

Giron,

House Committees

Health, Insurance & Environment

Senate Committees

Health & Human Services

A BILL FOR AN ACT

101 **CONCERNING MODIFICATION OF THE WORK OF THE DEPARTMENT OF**
102 **PUBLIC HEALTH AND ENVIRONMENT REGARDING HEALTH**
103 **DISPARITIES TO INCLUDE HEALTH EQUITY, AND, IN CONNECTION**
104 **THEREWITH, RENAMING THE OFFICE OF HEALTH DISPARITIES TO**
105 **THE OFFICE OF HEALTH EQUITY AND CONSOLIDATING THE**
106 **DUTIES OF THE MINORITY HEALTH ADVISORY COMMISSION AND**
107 **THE INTERAGENCY HEALTH DISPARITIES LEADERSHIP COUNCIL**
108 **INTO THE NEWLY CREATED HEALTH EQUITY COMMISSION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

SENATE
2nd Reading Unamended
March 5, 2013

HOUSE
3rd Reading Unamended
February 11, 2013

HOUSE
Amended 2nd Reading
February 7, 2013

applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries.>)

The bill changes the name of the office of health disparities in the department of public health and environment to the office of health equity (office) and adds duties to the office that include promoting health equity and including more diverse groups that may be affected by health equity and health disparity issues. The bill also replaces the minority health advisory commission with the health equity commission (commission). The purpose of the commission is to serve as an advisor to the office on health equity issues. The commission representation is changed from 13 to 15 members and includes the executive directors of the department of human services and department of health care policy and financing. The members of the commission must represent diverse populations in Colorado that include those whose health equity may be affected due to ethnicity, sexual orientation, gender identity, disability, and socioeconomic status and also must have expertise in at least one specified area. The commission's new duties include coordination of the departments' health equity efforts and health disparities grant program and strengthening partnerships with communities impacted by health disparities. The bill changes the sunset review date of the commission from 2017 to 2023.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 25-4-2201, **amend**
3 (2); and **add** (1.5) and (3) as follows:

4 **25-4-2201. Legislative declaration.** (1.5) THE GENERAL
5 ASSEMBLY HEREBY DETERMINES AND DECLARES THAT:

6 (a) UNDERSTANDING THE ROOT CAUSES OF HEALTH DISPARITIES
7 INCLUDES RECOGNIZING THAT HEALTH STARTS IN OUR HOMES, SCHOOLS,
8 AND COMMUNITIES;

9 (b) VULNERABLE POPULATIONS THAT ARE CURRENTLY IDENTIFIED
10 BY RACE, ETHNICITY, SEXUAL ORIENTATION, GENDER IDENTITY,
11 DISABILITY STATUS, AGING POPULATION, AND SOCIOECONOMIC STATUS,
12 AMONG OTHERS, EXPERIENCE POORER HEALTH STATUS OUTCOMES; AND

13 (c) MOUNTING EVIDENCE DEMONSTRATES THAT FACTORS SUCH AS

1 ECONOMIC, PHYSICAL, AND SOCIAL ENVIRONMENT PLAY A SIGNIFICANT
2 ROLE IN HEALTH, AND IF ADDRESSED, CAN CREATE BETTER HEALTH
3 OUTCOMES.

4 (2) Therefore, the general assembly hereby declares that it is in the
5 best interests of the state to establish a health disparities grant program to
6 provide prevention, early detection, and treatment of cancer and
7 cardiovascular and pulmonary diseases to ~~minority~~ UNDER-REPRESENTED
8 populations.

9 (3) THE GENERAL ASSEMBLY FINDS THAT MODIFYING THE DUTIES
10 AND STRUCTURE OF THE OFFICE OF HEALTH DISPARITIES TO BECOME THE
11 OFFICE OF HEALTH EQUITY REFLECTS THE RECENT ADVANCEMENTS IN THE
12 FIELD OF HEALTH BY BROADENING THE SCOPE OF THE OFFICE TO INCLUDE
13 THE ECONOMIC, PHYSICAL, AND SOCIAL ENVIRONMENT, AND OFFERS A
14 MORE INCLUSIVE APPROACH TO ELIMINATING HEALTH DISPARITIES FOR ALL
15 COLORADANS.

16 **SECTION 2.** In Colorado Revised Statutes, 25-4-2202, **amend**
17 (1) and (4); **repeal** (2); and **add** (3.5), (3.7), and (4.5) as follows:

18 **25-4-2202. Definitions.** As used in this part 22, unless the
19 context otherwise requires:

20 (1) "Commission" means the ~~minority health advisory~~ HEALTH
21 EQUITY commission created in section 25-4-2206.

22 (2) "~~Council~~" means the ~~interagency health disparities leadership~~
23 ~~council~~ created in section 25-4-2207.

24 (3.5) "HEALTH DISPARITIES" MEANS DIFFERENCES IN HEALTH
25 STATUS, ACCESS TO CARE, AND QUALITY OF CARE AS DETERMINED BY
26 RACE, ETHNICITY, SEXUAL ORIENTATION, GENDER IDENTITY, DISABILITY
27 STATUS, AGING POPULATION, SOCIOECONOMIC STATUS, AND OTHER

1 FACTORS.

2 (3.7) "HEALTHEQUITY" MEANS ACHIEVING THE HIGHEST LEVEL OF
3 HEALTH FOR ALL PEOPLE AND ENTAILS FOCUSED EFFORTS TO ADDRESS
4 AVOIDABLE INEQUALITIES BY EQUALIZING THOSE CONDITIONS FOR HEALTH
5 FOR ALL GROUPS, ESPECIALLY FOR THOSE THAT HAVE EXPERIENCED
6 SOCIOECONOMIC DISADVANTAGES OR HISTORICAL INJUSTICES.

7 (4) "Office" means the office of health ~~disparities~~ EQUITY created
8 in section 25-4-2204.

9 (4.5) "SOCIAL DETERMINANTS OF HEALTH" MEANS
10 LIFE-ENHANCING RESOURCES, SUCH AS FOOD, HOUSING, ECONOMIC AND
11 SOCIAL RELATIONSHIPS, TRANSPORTATION, EDUCATION, AND HEALTH
12 CARE, WHOSE DISTRIBUTION ACROSS POPULATIONS EFFECTIVELY
13 DETERMINES THE LENGTH AND QUALITY OF LIFE.

14 **SECTION 3.** In Colorado Revised Statutes, 25-4-2203, **amend**
15 (3) as follows:

16 **25-4-2203. Health disparity grant program - rules.** (3) The
17 commission shall APPOINT A REVIEW COMMITTEE TO review the
18 applications received pursuant to this section and make recommendations
19 to the ~~state board~~ COMMISSION regarding the entities that may receive
20 grants and the amounts of the grants. THE COMMISSION SHALL FINALIZE
21 THE RECOMMENDATIONS FOR FUNDING AND PROVIDE THEM TO THE STATE
22 BOARD. Within thirty days after receiving the commission's
23 recommendations, the state board shall award grants to the selected
24 entities, specifying the amount and duration of each award. A grant
25 awarded pursuant to this section shall not exceed three years without
26 renewal.

27 **SECTION 4.** In Colorado Revised Statutes, 25-4-2204, **amend**

1 (1) as follows:

2 **25-4-2204. Office of health equity - creation.** (1) There is
3 hereby created in the department of public health and environment the
4 office of health ~~disparities~~ EQUITY. The executive director of the
5 department, subject to the provisions of section 13 of article XII of the
6 state constitution, shall appoint the director of the office, who shall be the
7 head of the office.

8 **SECTION 5.** In Colorado Revised Statutes, 25-4-2205, **amend**
9 (1), (2) introductory portion, (2) (b), (2) (d), (2) (e), (2) (j), and (3);
10 **repeal** (2) (k); and **add** (2) (l) and (2) (m) as follows:

11 **25-4-2205. Powers and duties of office of health equity.**

12 (1) The purpose of the office is to serve in a coordinating, educating, and
13 capacity-building role for state and local public health programs and
14 community-based organizations, ~~The office shall be dedicated to~~
15 ~~eliminating racial, ethnic, and rural health disparities in Colorado by~~
16 ~~fostering systems change and capacity-building through collaboration~~
17 ~~with multiple sectors impacting minority health and with input from a~~
18 ~~variety of multicultural professionals~~ PROMOTING HEALTH EQUITY IN
19 COLORADO BY IMPLEMENTING STRATEGIES TAILORED TO ADDRESS THE
20 VARYING COMPLEX CAUSES OF HEALTH DISPARITIES, INCLUDING THE
21 ECONOMIC, PHYSICAL, AND SOCIAL ENVIRONMENT. THE OFFICE SHALL
22 WORK COLLABORATIVELY WITHIN THE DEPARTMENT AND WITH AFFECTED
23 STAKEHOLDERS TO SET PRIORITIES, COLLECT AND DISSEMINATE DATA, AND
24 ALIGN RESOURCES WITHIN THE DEPARTMENT AND ACROSS OTHER STATE
25 AGENCIES.

26 (2) The office ~~shall have~~ HAS the following powers, duties, and
27 functions:

1 (b) LEADING AND coordinating ~~with and providing advice to the~~
2 ~~department~~ THE DEPARTMENT'S HEALTH EQUITY EFFORTS;

3 (d) Providing education to the public on ~~racial and ethnic health~~
4 ~~disparities and cultural competence~~ HEALTHEQUITY, HEALTH DISPARITIES,
5 AND THE SOCIAL DETERMINANTS OF HEALTH;

6 (e) ~~Improving~~ COORDINATING THE interpretation and translation
7 services within ~~public health systems~~ THE DEPARTMENT AND OFFERING
8 TECHNICAL ASSISTANCE TO OTHER STATE AND LOCAL AGENCIES;

9 (j) Coordinating and staffing the ~~minority health advisory~~ EQUITY
10 commission created in section 25-4-2206;

11 (k) ~~Coordinating and supporting an interagency health disparities~~
12 ~~leadership council created in section 25-4-2207.~~

13 (l) BUILDING COLLABORATIVE PARTNERSHIPS WITH COMMUNITIES
14 TO IDENTIFY AND PROMOTE HEALTH EQUITY STRATEGIES; AND

15 (m) DEVELOPING COMMUNICATIONS STRATEGIES REGARDING
16 HEALTH EQUITY.

17 (3) The office shall report to the executive director of the
18 department or to ~~the chief medical officer of the department~~ HIS OR HER
19 DESIGNEE, at the discretion of the executive director.

20 **SECTION 6.** In Colorado Revised Statutes, 25-4-2206, **amend**
21 (1), (2) (a), (3) introductory portion, (3) (a), (3) (b), and (5); and **repeal**
22 (3) (c) as follows:

23 **25-4-2206. Health equity commission - creation - repeal.**

24 (1) There is hereby created in the office the ~~minority health advisory~~
25 EQUITY commission. The purpose of the commission is to ~~Provide a~~
26 ~~formal mechanism for community members to raise awareness of~~
27 ~~minority health needs, issues, and resources and to give input on health~~

1 ~~programming at the level of the executive director of the department; help~~
2 ~~the department determine culturally innovative data collection strategies;~~
3 ~~and strengthen collaboration between the department and minority~~
4 ~~communities to ensure that programs and services meet minority health~~
5 ~~needs~~ SERVE AS AN ADVISOR TO THE OFFICE ON HEALTH EQUITY ISSUES,
6 SPECIFICALLY FOCUSING ON ALIGNMENT, EDUCATION, AND
7 CAPACITY-BUILDING FOR STATE AND LOCAL HEALTH PROGRAMS AND
8 COMMUNITY-BASED ORGANIZATIONS. THE COMMISSION SHALL BE
9 DEDICATED TO PROMOTING HEALTH EQUITY AND ELIMINATING HEALTH
10 DISPARITIES.

11 (2) (a) The commission ~~shall consist~~ CONSISTS of the following
12 ~~thirteen~~ FIFTEEN members, who ~~shall be appointed~~ ARE as follows:

13 (I) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
14 APPOINT one member of the house of representatives; ~~who shall be~~
15 ~~appointed by the speaker of the house of representatives;~~

16 (II) THE PRESIDENT OF THE SENATE SHALL APPOINT one member
17 of the senate; ~~who shall be appointed by the president of the senate;~~

18 (III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL
19 APPOINT ten members who represent, to the extent practical, Colorado's
20 DIVERSE ethnic, racial, SEXUAL ORIENTATION, GENDER IDENTITY,
21 DISABILITY, AGING POPULATION, SOCIOECONOMIC, and geographic
22 diversity ~~appointed by the executive director of the department. At a~~
23 ~~minimum, there shall be one member who represents African Americans~~
24 ~~and Blacks in Colorado, one member who represents Asian Americans~~
25 ~~and Pacific Islanders in Colorado, one member who represents native~~
26 ~~American Indians in Colorado, and one member who represents Latinos~~
27 ~~and Hispanics in Colorado;~~ BACKGROUNDS. EACH PERSON APPOINTED TO

1 THE COMMISSION MUST HAVE DEMONSTRATED EXPERTISE IN AT LEAST
2 ONE, AND PREFERABLY TWO, OF THE FOLLOWING AREAS:

3 (A) AFRICAN-AMERICAN, BLACK, ASIAN-AMERICAN, PACIFIC
4 ISLANDER, NATIVE AMERICAN, HISPANIC, LATINO, AGING POPULATION,
5 LESBIAN, GAY, BISEXUAL, TRANSGENDER, DISABLED, LOW SOCIOECONOMIC
6 STATUS, AND GEOGRAPHIC COMMUNITY HEALTH ISSUES;

7 (B) DATA COLLECTION, AGGREGATION, OR DISSEMINATION;

8 (C) EDUCATION;

9 (D) HOUSING;

10 (E) HEALTHY COMMUNITY DESIGN;

11 (F) COMMUNITY ENGAGEMENT;

12 (G) LOCAL PUBLIC HEALTH;

13 (H) NONPROFITS, FOUNDATION, OR GRANT-MAKING;

14 (I) ENVIRONMENTAL HEALTH;

15 (J) BEHAVIORAL HEALTH; OR

16 (K) THE PROVISION OF HEALTH CARE SERVICES.

17 (IV) The executive director of the department, OR HIS OR HER
18 DESIGNEE, shall serve as an ex officio member of the commission;

19 (V) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN
20 SERVICES, OR HIS OR HER DESIGNEE; AND

21 (VI) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
22 CARE POLICY AND FINANCING, OR HIS OR HER DESIGNEE.

23 (3) The commission ~~shall have~~ HAS the following powers and
24 duties:

25 (a) Providing a formal mechanism for the public to give input to
26 the ~~department at the level of the executive director of the department~~
27 OFFICE;

1 (b) Advising the ~~executive director of the department and the~~
2 ~~department~~ THROUGH THE OFFICE on: ~~determining culturally innovative~~
3 ~~data collection strategies;~~

4 (I) DETERMINING INNOVATIVE DATA COLLECTION AND
5 DISSEMINATION STRATEGIES;

6 (II) ALIGNING THE DEPARTMENT'S HEALTH EQUITY EFFORTS AND
7 THE HEALTH DISPARITIES GRANT PROGRAM CREATED IN SECTION
8 25-4-2203;

9 (III) STRENGTHENING COLLABORATIVE PARTNERSHIPS WITH
10 COMMUNITIES IMPACTED BY HEALTH DISPARITIES TO IDENTIFY AND
11 PROMOTE HEALTH EQUITY STRATEGIES; AND

12 (IV) PROMOTING WORKFORCE DIVERSITY.

13 (c) ~~Strengthening collaboration between the department and~~
14 ~~minority communities;~~

15 (5) This section is repealed, effective July 1, ~~2017~~ 2023. Prior to
16 the repeal of this section, the commission shall be reviewed as provided
17 for in section 2-3-1203 (3), C.R.S.

18 **SECTION 7.** In Colorado Revised Statutes, **repeal** 25-4-2207.

19 **SECTION 8.** In Colorado Revised Statutes, 2-3-1203, **repeal** (3)
20 (dd) (V); and **add** (3) (jj.5) as follows:

21 **2-3-1203. Sunset review of advisory committees.** (3) The
22 following dates are the dates for which the statutory authorization for the
23 designated advisory committees is scheduled for repeal:

24 (dd) July 1, 2017:

25 (V) ~~The minority health advisory commission in the department~~
26 ~~of public health and environment created in section 25-4-2206, C.R.S.;~~

27 (jj.5) SEPTEMBER 1, 2023:

1 (I) THE HEALTH EQUITY COMMISSION IN THE DEPARTMENT OF
2 PUBLIC HEALTH AND ENVIRONMENT CREATED IN SECTION 25-4-2206,
3 C.R.S.

4 **SECTION 9.** In Colorado Revised Statutes, 24-1-119, **amend**
5 (11) as follows:

6 **24-1-119. Department of public health and environment -**
7 **creation.** (11) The office of health ~~disparities~~ EQUITY, created by section
8 25-4-2204, C.R.S., shall exercise its powers and perform its duties and
9 functions as if the same were transferred by a **type 2** transfer to the
10 department of public health and environment.

11 **SECTION 10. Act subject to petition - effective date.** This act
12 takes effect at 12:01 a.m. on the day following the expiration of the
13 ninety-day period after final adjournment of the general assembly (August
14 7, 2013, if adjournment sine die is on May 8, 2013); except that, if a
15 referendum petition is filed pursuant to section 1 (3) of article V of the
16 state constitution against this act or an item, section, or part of this act
17 within such period, then the act, item, section, or part will not take effect
18 unless approved by the people at the general election to be held in
19 November 2014 and, in such case, will take effect on the date of the
20 official declaration of the vote thereon by the governor.