

2010 -- S 2428

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LC01633
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2010

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT - COMMISSION OF HEALTH
ADVOCACY AND EQUITY

Introduced By: Senators Pichardo, Metts, Goodwin, Gallo, and Perry

Date Introduced: February 11, 2010

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative Findings.-

2 WHEREAS, Public health pursues it's mission of assuring conditions in which people
3 can be healthy in conjunction with a vast array of governmental, academic, and community
4 partners; and

5 WHEREAS, Where we live affects the air we breathe, our access to good paying jobs,
6 decent housing, the quality of our education, the availability of healthy foods and all these factors
7 determine whether or not an individual is able to live a healthy life; and

8 WHEREAS, Rhode Island has a number of underlying social disparities that impair the
9 health and well-being of a number of populations with the greatest burden borne by minority
10 populations but also affects those not considered vulnerable; and

11 WHEREAS, The department of health has made strides to address the elimination of
12 health disparities by coordinating work within its own departmental divisions with the formation
13 of the division of family, community and equity; and

14 WHEREAS, The department of health and many programs have a laudable record of
15 taking action in favor of eliminating health disparities; and

16 WHEREAS, Rhode Island, where disparities remain similar or worse than many in the
17 nation despite better access to health insurance, numerous hospitals, community health centers,
18 health programs and efforts; and

1 WHEREAS, The problem of disparities are extensive and impact all state departments
2 and their functions and issues but for which the responsibility of addressing health disparities has
3 been unduly limited to the department of health; and

4 WHEREAS, There is a need to coordinate the expertise and experience of not only the
5 state's health and human services systems, but also its housing, transportation, education,
6 environment, community development and labor systems in developing a comprehensive health
7 disparities reduction plan.

8 THEREFORE, The general assembly finds and declares that it is in the best interests of
9 the state to establish a commission of health advocacy and equity.

10 SECTION 2. Title 42 of the General Laws entitled "STATE AFFAIRS AND
11 GOVERNMENT" is hereby amended by adding thereto the following chapter:

12 CHAPTER 153

13 COMMISSION OF HEALTH ADVOCACY AND EQUITY ACT

14 **42-153-1. Short title.** – This chapter shall be known and may be cited as the
15 “Commission of Health Advocacy and Equity Act.”

16 **42-153-2. Definitions.** – As used in this chapter, the following words and phrases shall
17 have the following meanings:

18 (1) “Community-based health agency” means an organization that provides health
19 services or health education, including a hospital, a community health center, a community
20 mental health or substance abuse center, and other health-related organizations.

21 (2) “Community-based organization” means an organization that provides any number of
22 community services that support the well-being of Rhode Island communities.

23 (3) “Disparities” means the incidence, prevalence, morality, and burden of diseases and
24 other adverse health conditions that exist among the health of all Rhode Islanders.

25 (4) “Commission” means the commission of health advocacy and equity.

26 **42-153-3. Establishment.** – (a) There shall be a commission of health advocacy and
27 equity. The commission shall have an administrator who shall report to the director of the
28 department of health. The administrator shall appoint nine (9) members representing the diversity
29 of communities affected by disparities, no less than six (6) members who shall be experts with
30 working and practical knowledge of social determinants of health, and no less than two (2)
31 members who shall have a working understanding of how policy structures disparities. The
32 commission may establish other advisory councils as determined by the administrator. The
33 commission shall assess the range of issues that may impact an individual's (or a family's health)
34 and create a plan that addresses the multiple issues that come into play and ensure quality

1 integration and evaluation of any program or policy to reduce or eliminate racial or ethnic health
2 disparities. As such, any agency within any executive office seeking to implement, create or
3 evaluate a program or policy to reduce or eliminate racial or ethnic health and health care
4 disparities shall notify the commissioner of the office of health disparities before beginning such
5 project or evaluation or instituting such policy.

6 (b) The commission shall establish an expert advisory council to advocate and work in
7 conjunction with the department of health's minority health advisory committee. The advocacy
8 advisory council shall include representation from the attorney general's office, the offices
9 department of health's access to care team which includes the division of minority health,
10 women's health, primary care and rural health, and special health care needs. The council shall
11 provide information and recommendations to the attorney general, secretary of health and human
12 services; the director of health; the director of health disparities and access to care team and to the
13 general assembly on an annual basis on the impact of its activities on health and health care
14 disparities.

15 **42-153-4. Purpose.** – The commission shall advocate for the integration of all activities
16 of the state to eliminate health and health care disparities. It will work with state agencies to
17 respond to various needs of individuals and families as those needs relate to health and health
18 outcomes. It will do so by the development and strengthening of partnerships to coordinate the
19 expertise and experience of not only the state's health and human services systems, but also its
20 housing, transportation, education, environment, community development and labor systems in
21 developing a comprehensive health disparities reduction plan. Thus it will address the social
22 determinants of health. The commission shall set goals for the reduction of disparities and prepare
23 an annual plan for Rhode Island to eliminate disparities in participation with any statewide
24 coordinated health plan as developed by the department of health and its coordinated health
25 planning council. The commission shall educate state agencies in Rhode Island on disparities,
26 including social factors.

27 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO STATE AFFAIRS AND GOVERNMENT - COMMISSION OF HEALTH
ADVOCACY AND EQUITY

- 1 This act would create the commission of health advocacy and equity charged with
- 2 identifying and eliminating health care disparities within the state.
- 3 This act would take effect upon passage.

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