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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2011

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A N A C T

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

Introduced By: Representatives Walsh, Cimini, Ajello, Medina, and Williams

Date Introduced: March 03, 2011

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative Findings.-

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

5 WHEREAS, Where we live affects the quality of air we breathe, our access to good
6 paying jobs, decent housing, the quality of our education, the availability of healthy foods and all
7 these factors 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, Underlying social disparities also impact the health of rural communities in
12 Rhode Island; and

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

16 WHEREAS, The department of health and many programs have a laudable record of
17 taking action in favor of eliminating health disparities and addressing health equity; and

18 WHEREAS, Rhode Island, where disparities remain similar or worse than many other

1 states across the nation despite better access to health insurance, numerous hospitals, community
2 health centers, health programs and efforts; and

3 WHEREAS, The problem of disparities are extensive and impact all state departments
4 and their functions and issues but the responsibility for addressing health disparities has been led
5 by the department of health; and

6 WHEREAS, There is a need to coordinate the expertise and experience of not only the
7 state's health and human services systems, but also its housing, transportation, education,
8 environment, community development and labor systems in developing a sustainable and
9 comprehensive health equity plan;

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

12 SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
13 amended by adding thereto the following chapter:

14 COMMISSION FOR HEALTH ADVOCACY AND EQUITY

15 **23-64.1-1. Short title.** -- This chapter shall be known and may be cited as the
16 "Commission for Health Advocacy and Equity Act."

17 **23-64.1-2. Definitions.** -- As used in this chapter, the following words and phrases have
18 the following meanings:

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

22 (2) "Community-based health and wellness organization" means any organization,
23 whether for-profit or not-for-profit that provides services that support the health and well-being of
24 Rhode Islanders.

25 (3) "Disparities" means the preventable inequalities in health status, including the
26 incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that
27 exist among population groups in Rhode Island. Disparities are impacted by social determinants
28 of health which include, but are not limited to, access to services, quality of services, health
29 behaviors, and environmental exposures.

30 (4) "Community health worker" means any individual who assists and coordinates
31 services between providers of health services, community services, social agencies for vulnerable
32 populations. Community health workers provide support and assist in navigating the health and
33 social services system.

34 (5) "Commission" means the commission of health advocacy and equity; formerly

1 entitled the minority health advisory committee.

2 **23-64.1-3. Renaming and Establishment.** -- (a) The minority health advisory committee
3 established by the Rhode Island department of health pursuant to the goals of chapter 23-64 is
4 hereby renamed the commission for health advocacy and equity. The director of the department
5 of health shall appoint twenty (20) individuals who shall be individuals with working and
6 practical knowledge of social determinants of health, the majority of whom shall be
7 representatives of the racial and ethnic minority population of the State of Rhode Island. Not
8 more than fifteen percent (15%) of the members shall be affiliates with a grantee of the office of
9 minority health of the department of health. Members shall be authorized to appoint a designee.
10 The director may also appoint staff of the department as ex officio members of the committee to
11 serve as a liaison between the committee and their specific departmental programs. Such ex
12 officio members shall not be counted for the purpose of determining a quorum and shall not be
13 eligible to vote.

14 (b) Commission members shall serve without compensation and shall be appointed for a
15 term of three (3) years. Commission members may be reappointed for an additional three (3) year
16 term provided that no member shall serve more than two (2) consecutive terms, regardless of the
17 total number of years served, or a maximum of six (6) consecutive years, after which an
18 individual shall be ineligible for membership for a period of one year.

19 (c) The terms of current members of the department's minority health advisory
20 committee, renamed the commission for health advocacy and equity by this section, shall remain
21 in effect upon passage and shall not be impacted by any provision of this section.

22 **23-64.1-4. Purpose.** -- (a) The purpose of the commission for health advocacy and equity
23 shall be:

24 (1) To advocate for the integration of all relevant activities of the state to achieve health
25 equity;

26 (2) To provide direct advice to the director of health, and indirect advice to the
27 department's senior administrators and planners through the director, regarding issues of racial,
28 ethnic, cultural, or socio-economic health disparities;

29 (3) To develop and facilitate coordination of the expertise and experience of the state's
30 health and human services systems, housing, transportation, education, environment, community
31 development, and labor systems in developing a comprehensive health equity plan addressing the
32 social determinants of health;

33 (4) To set goals for health equity and prepare a plan for Rhode Island to achieve health
34 equity in alignment with any other statewide planning activities; and

1 (5) to educate state agencies in Rhode Island on disparities, including social factors that
2 play a role in creating or maintaining disparities.

3 (b) In furtherance of this purpose, the commission shall study the range of issues that may
4 impact an individual's, family's or community's health and propose recommendations to address
5 these issues and ensure quality integration and evaluation of any program or policy designed to
6 reduce or eliminate racial or ethnic health disparities. Such recommendations may be developed
7 with input from other agencies and the resulting plan shall be broadly disseminated as advisory to
8 other state agencies.

9 **23-64.1-5. Powers and Duties. – (a) The commission shall be empowered to:**

10 (1) Review and comment on any proposed state legislation and regulations that would
11 affect the health of populations in the state experiencing racial, ethnic, cultural, socio-economic
12 or linguistic disparities in health status;

13 (2) Educate appropriate state agencies on health disparities, including social factors that
14 play a role in creating or maintaining these disparities;

15 (3) Advise the director of the department of health on issues relating to health disparities
16 and advocate for the integration and coordination of all activities of the state to achieve health
17 equity. In providing such advice, the commission shall carry on a continuous assessment process
18 to:

19 (i) Determine the current health status among populations experiencing racial, ethnic,
20 cultural, or socio-economic health disparities;

21 (ii) Recommend strategies for health promotion and disease prevention;

22 (iii) Identify problems in service delivery to populations experiencing racial, ethnic,
23 cultural, or socio-economic health disparities; and

24 (iv) Recommend solutions for improving the operation and efficiency of service delivery
25 programs targeting populations experiencing racial, ethnic, cultural, or socio-economic health
26 disparities;

27 (4) Advise and provide information to the governor and the general assembly on the
28 state's policies concerning the health of populations in the state experiencing racial, ethnic,
29 cultural, socio-economic or linguistic disparities in health status;

30 (5) Evaluate policies, procedures, activities, and resource allocations to eliminate health
31 status disparities among racial, ethnic and linguistic populations in the state;

32 (6) Explore other successful programs in other sectors and states that may diminish or
33 contribute to the elimination of health disparities in the state;

34 (7) Draft and recommend proposed legislation, regulations and other policies designed to

1 address disparities in health status;

2 (8) Prepare the biennial disparities impact and evaluation report pursuant to section 23-
3 64.1-6; and,

4 (9) Have the authority to conduct hearings and interviews, and receive testimony
5 regarding matters pertinent to its mission.

6 (b) All departments and agencies of the state shall furnish such advice and information,
7 documentary and otherwise, to said commission and its agents as is deemed necessary or
8 desirable by the commission to facilitate the purposes of this section.

9 **23-64.1-6. Disparities impact and evaluation report.** -- (a) Beginning two (2) years
10 after establishment of the commission, and every two (2) years after, the commission shall
11 prepare a disparities impact and evaluation report which shall be posted on the department of
12 health website and the website of the executive office of health and human services, and which
13 shall be delivered to the governor, the speaker of the house, and the president of the senate. The
14 report shall:

15 (1) Evaluate the likely positive or negative impact of programs, policies and activities
16 established pursuant to section 23-64.1-4 as they relate to eliminating or reducing health
17 disparities, based on quantifiable measures and evaluation benchmarks.

18 (2) Evaluate the state's progress toward eliminating or reducing racial and ethnic health
19 disparities using the quantifiable measures and benchmarks outlined in subdivision (1).

20 (b) The commission shall hold public hearings to receive information to assist in the
21 formation of this disparities impact and evaluation report. The hearings shall be held
22 approximately six (6) months before each yearly evaluation.

23 **23-64.1-7. Race, ethnicity, social determinants of health and language data collection**
24 **coordination.** -- The commission shall, in consultation with the department of health and other
25 appropriate state agencies, make recommendations for data collection, analysis and dissemination
26 activities by all entities involved in the collection of patient and health care professional
27 information. The commission shall make recommendations for the coordination by the
28 department of health, other agencies, organizations and institutions as needed to design and
29 implement a training curriculum for primary data collectors and disseminate best practices for
30 collection of race, ethnicity, social determinants of health and language data.

31 **23-64.1-8. Health workforce diversity and development.** -- The commission shall
32 make recommendations for the coordination of state, local and private sector efforts to develop a
33 more racially and ethnically diverse health care workforce. Such recommendations shall include
34 the evaluation and development of the community health workforce. The commission may make

1 recommendations for the recruitment, assignment, training and employment of community health
2 workers by community-based health and wellness organizations, community-based health
3 agencies, and other appropriate organizations. Community health workers are individuals who
4 have direct knowledge of the communities they serve, and of the social determinants of health,
5 and can assess the range of issues that may impact an individual's, a family's or a community's
6 health and may facilitate improved individual and community well-being and should include, but
7 not be limited to:

8 (1) Linking with services for legal challenges to unsafe housing conditions;

9 (2) Advocating with various state and local agencies to ensure that the individual/family
10 receives appropriate benefits/services;

11 (3) Advocating for the individual/family within the health care system. This could be
12 done in multiple settings (community-based organization, health care setting, legal service
13 setting);

14 (4) Connecting the individual or family with the appropriate services/advocacy support to
15 address those issues such as:

16 (i) Assisting in the application for public benefits to increase income and access to food
17 and services;

18 (ii) Working with community-based health agencies and organizations in assisting
19 individuals who are at-risk for or who have chronic diseases to receive better access to high-
20 quality health care services;

21 (iii) Anticipating, identifying and helping patients to overcome barriers within the health
22 care system to ensure prompt diagnostic and treatment resolution of an abnormal finding; and

23 (iv) Coordinating with the relevant health programs to provide information to individuals
24 about health coverage, including RItecare and other sources of health coverage;

25 (5) Assisting the department of health, other agencies, health clinics, healthcare
26 organizations, community clinics and their providers to implement and promote culturally
27 competent care, effective language access policies, practices and disseminate best practices to
28 state agencies;

29 (6) Training of health care providers to help patients/families access appropriate services,
30 including social services, legal services and educational services.

31 (7) Advocating for solutions to the challenges and barriers to health that a community
32 may face.

1 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 FOR HEALTH
ADVOCACY AND EQUITY

1 This act would create the commission for health advocacy and equity. The commission
2 would coordinate the state's various departments in order to establish and ensure equitable health
3 standards and conditions for all individuals within the state.

4 This act would take effect upon passage.

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