



# Senate

General Assembly

**File No. 458**

February Session, 2008

Substitute Senate Bill No. 681

*Senate, April 4, 2008*

The Committee on Government Administration and Elections reported through SEN. SLOSSBERG of the 14th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## **AN ACT ESTABLISHING A MINORITY HEALTH ADVISORY COMMISSION.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) There is established a  
2 Minority Health Advisory Commission that shall work to eliminate the  
3 disparities in health status among the state's multicultural,  
4 multilingual and multiethnic communities. Additionally, such council  
5 shall work for an overall improvement of the quality of health for state  
6 residents. Such council shall consist of the following commissioners, or  
7 their designees, and public members: (1) The Commissioners of Public  
8 Health, Mental Health and Addiction Services, Developmental  
9 Services, Social Services, Correction, Children and Families, and  
10 Education; (2) the dean of The University of Connecticut Health  
11 Center, or his designee; (3) the codirectors of The University of  
12 Connecticut Health Center and Center for Public Health and Health  
13 Policy, or their designees; (4) the dean of the Yale University Medical  
14 School, or his designee; (5) the dean of Public Health and the School of

15 Epidemiology at Yale University, or his designee; (6) one member  
16 appointed by the president pro tempore of the Senate, who shall be a  
17 member of an affiliate of the National Urban League; (7) one member  
18 appointed by the speaker of the House of Representatives, who shall  
19 be a member of the National Association for the Advancement of  
20 Colored People; (8) one member appointed by the majority leader of  
21 the House of Representatives, who shall be a member of the Black and  
22 Puerto Rican Caucus of the General Assembly; (9) one member  
23 appointed by the majority leader of the Senate with the advice of the  
24 Native American Heritage Advisory Council or the chairperson of the  
25 Indian Affairs Council, who shall be a representative of the Native  
26 American community; (10) one member appointed by the minority  
27 leader of the Senate, who shall be a representative of an advocacy  
28 group for Hispanics; (11) one member appointed by the minority  
29 leader of the House of Representatives, who shall be a representative  
30 of the state-wide Multicultural Health Network; (12) the chairperson of  
31 the African-American Affairs Commission, or his or her designee; (13)  
32 the chairperson of the Latino and Puerto Rican Affairs Commission, or  
33 his or her designee; (14) the chairperson of the Permanent Commission  
34 on the Status of Women, or his or her designee; and (15) eight  
35 members of the public, representing diverse multicultural,  
36 multilingual, and multiethnic backgrounds, who shall be appointed as  
37 follows: Two by the president pro tempore of the Senate, two by the  
38 speaker of the House of Representatives, two by the minority leader of  
39 the Senate, and two by the minority leader of the House of  
40 Representatives. Vacancies on the council shall be filled by the  
41 appointing authority.

42 (b) The commission shall elect a chairperson and a vice-chairperson  
43 from among its members. Any member absent from either: (1) Three  
44 consecutive meetings of the commission, or (2) fifty per cent of such  
45 meetings during any calendar year, shall be deemed to have resigned  
46 from the commission.

47 (c) Members of the commission shall serve without compensation,  
48 but within available appropriations, and shall be reimbursed for

49 expenses necessarily incurred in the performance of their duties.

50 (d) The commission shall meet as often as necessary as determined  
51 by the chairperson or a majority of the commission.

52 (e) The commission shall: (1) Review and comment on any proposed  
53 state legislation and regulations that would affect the health of  
54 multicultural, multilingual, and multiethnic populations in the state;  
55 (2) review and comment on the Department of Public Health's health  
56 disparities performance measures; (3) advise and provide information  
57 to the Governor and the General Assembly on the state's policies  
58 concerning the health of the multicultural, multilingual, and  
59 multiethnic communities in the state; (4) work as a liaison between the  
60 multicultural, multilingual, and multiethnic communities and state  
61 agencies in order to eliminate health disparities; (5) evaluate the  
62 impact of programs in the Departments of Public Health, Social  
63 Services, Children and Families, Developmental Services and  
64 Education to eliminate such health disparities; (6) prepare and submit  
65 to the Governor and General Assembly an annual report, in  
66 accordance with section 11-4a of the general statutes, that provides  
67 both a retrospective and prospective view of health disparities and the  
68 state's efforts to ameliorate identifiable disparities among the  
69 multicultural, multilingual, and multiethnic populations of the state;  
70 and (7) explore other successful programs in other sectors and states  
71 and pilot new creative programs that may diminish or contribute to  
72 the elimination of health disparities in the state.

73 (f) The commission may use such funds as may be available from  
74 federal, state or other sources, and may enter into contracts to carry out  
75 the provisions of this section.

76 (g) The commission may, within available appropriations and  
77 subject to the provisions of chapter 67 of the general statutes, employ  
78 any necessary staff.

79 (h) The commission shall be within the Office of the Health Care  
80 Advocate for administrative purposes only.

81 (i) The commission shall report to the Governor and the General  
82 Assembly on its findings not later than June 1, 2010.

83 (j) The commission shall make a determination as to whether the  
84 duties of the commission are duplicated by any other state agency,  
85 office, bureau or commission and shall include information concerning  
86 any such duplication or performance of similar duties by any other  
87 state agency, office, bureau or commission in the report described in  
88 subsection (i) of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

**GAE**      *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Office of the Healthcare Advocate	IF - Cost	\$201,846	\$313,626

Note: IF=Insurance Fund

**Municipal Impact:** None

**Explanation**

This bill establishes a Minority Health Advisory Commission within the Office of the Healthcare Advocate (HCA) to eliminate disparities in health status among the state’s multicultural, multilingual, and multiethnic communities, and to improve the overall quality of health for state residents.

sHB 5021, the budget bill, as favorably reported by the Appropriations Committee, provided three positions and funding of \$141,835 in FY 09 to establish an Office of Multicultural Health. These positions are sufficient to handle the duties and responsibilities outlined in the bill.

Fringe benefits for these positions were not provided for in the budget bill<sup>1</sup>. Fringe benefits would be an additional cost to HCA of \$62,011 in FY 09 for a total cost of \$201,846 and an additional cost of \$98,880 in FY 10 for a total cost of \$313,626.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sSB 681*****AN ACT ESTABLISHING A MINORITY HEALTH ADVISORY COMMISSION.*****SUMMARY:**

This bill establishes a 29-member Minority Health Advisory Commission within the Office of the Health Care Advocate for administrative purposes. It must work to (1) eliminate disparities in health status among the state's multicultural, multilingual, and multiethnic communities and (2) improve the overall quality of health for state residents.

The commission may employ necessary staff in compliance with the State Personnel Act, contract to carry out its purposes, and use any funds available from federal, state, or other sources.

EFFECTIVE DATE: Upon passage

**COMMISSION*****Duties***

The commission must:

1. review and comment on any proposed state legislation and regulations that would affect the health of the state's multicultural, multilingual, and multiethnic populations;
2. advise and provide information to the governor and legislature on the health of these communities;

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<sup>1</sup> The fringe benefit costs for non-General Fund state employees are budgeted for directly in the affected agency's budget. The actual fringe benefit rate for the Insurance Fund was 54% as of February 2008.

3. work as a liaison between these communities and state agencies to eliminate health disparities;
4. evaluate the impact of departments of the Public Health, Social Services, Children and Families, Developmental Services, and Education programs on eliminating these health disparities;
5. review and comment on the Department of Public Health's (DPH) health disparities performance measures;
6. explore successful programs in other sectors and states and pilot new creative programs that may diminish or contribute to the elimination of health disparities in this state; and
7. submit to the governor and legislature an annual report on both a retrospective and prospective view of health disparities and the state's efforts to ameliorate those among the state's multicultural, multilingual, multiethnic populations.

Additionally, the commission is required to determine if its duties are duplicated by any other state agency, office, bureau, or commission and include information on the duplication in a report to the governor and legislature by June 1, 2010 (see BACKGROUND).

### ***Members and Meetings***

The commission consists of the:

1. commissioners of public health, mental health and addiction services, developmental services, social services, correction, children and families, and education;
2. deans of UConn Health Center, Yale University Medical School, and Public Health and the School of Epidemiology at Yale University, or their designees;
3. codirectors of UConn Health Center and Center for Public Health and Health Policy, or their designees;

4. chairperson of the African-American Affairs and Latino and Puerto Rican Affairs commission, or their designees; and
5. chairperson of the Permanent Commission on the Status of Women, or her designee.

The membership also consist of the following public members appointed by the following authorities.

<b>Members</b>	<b>Appointing Authority</b>
Member of a National Urban League affiliate  Two public members	Senate president pro tempore
Member of the National Association for the Advancement of Colored People  Two public members	House speaker
Representative of the Native American community	Senate majority leader with the advice of the Native American Heritage Advisory Council or the chairperson of the Indian Affairs Council
Member of the legislative Black and Puerto Rican Caucus	House majority leader
Representative of an advocacy group for Hispanics  Two public members	Senate minority leader
Representative of the state-wide Multicultural Health Network	House minority leader

Two public members	
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The appointing authority fills vacancies. The commission elects its own chairperson and vice-chairperson from its members and meets as often as the chairperson or a commission majority deems necessary. Members are considered to have resigned if they miss three consecutive meetings or half of the meetings in a calendar year.

Commission members are not paid but may be reimbursed for necessary expenses they incur while performing their duties.

## **BACKGROUND**

### ***Department of Public Health***

***Office of Multicultural Health.*** The office is charged with improving the health of all Connecticut residents by eliminating differences in disease, disability, and death rates among ethnic, racial, and cultural populations.

***Advisory Commission on Multicultural Health.*** The commission's mission is the elimination of disparities in health status among the state's cultural and ethnic communities and the overall improvement of state residents' health. The commission must (1) advise the public health commissioner and the Office of Multicultural Health director on preparing and implementing reports and strategic plans and coordinating issues and policies related to the office's functions, (2) advise the commissioner on developing a multicultural health promotion plan and monitor its implementation, and (3) make recommendations to the commissioner and the Public Health Committee on multicultural health issues, policies, and programs.

***Connecticut Health Disparities Project.*** In June 2006, the Connecticut Health Foundation awarded DPH a two-year grant of \$539,317 to improve the statewide infrastructure for documenting, reporting, and addressing health disparities among racial and ethnic minorities. The "Connecticut Health Disparities Project" is designed to collect and evaluate relevant sociodemographic information from

across DPH databases with the idea of improving data collection as well as coordinating all DPH planning objectives related to eliminating health disparities. Additional objectives include publishing a comprehensive Connecticut health disparities surveillance report and developing a statewide network of researchers and policy analysts focused on measuring health disparities in the state.

Additional partners in the project are DPH's Office of Multicultural Health, the Connecticut Multicultural Health Advisory Commission, the Connecticut Center for Eliminating Health Disparities Among Latinos, and the University of Connecticut.

### ***African-American Affairs and Latino and Puerto Rican Affairs Commissions***

These commissions are charged with advising and providing information to the legislature on state policies concerning their respective target communities, maintaining a liaison between these communities and government entities, and advising the legislature on the coordination and administration of state programs serving these communities.

### ***Related Bill***

HB 5321, reported favorably by the Government Administration and Elections Committee, establishes an Asian Pacific American Affairs Commission and charges it with working with state agencies to develop plans and programs that address, among other things, health care access by members of the Asian Pacific American community.

## **COMMITTEE ACTION**

Government Administration and Elections Committee

Joint Favorable Substitute

Yea 10    Nay 3    (03/17/2008)