



General Assembly

Amendment

February Session, 2008

LCO No. 5737

SB0068105737SD0

Offered by:

SEN. WILLIAMS, 29th Dist.
SEN. LOONEY, 11th Dist.
SEN. GAFFEY, 13th Dist.
SEN. HANDLEY, 4th Dist.

SEN. MCDONALD, 27th Dist.
SEN. STILLMAN, 20th Dist.
SEN. SLOSSBERG, 14th Dist.

To: Subst. Senate Bill No. 681

File No. 458

Cal. No. 297

"AN ACT ESTABLISHING A MINORITY HEALTH ADVISORY COMMISSION."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective from passage*) (a) Whereas the General
4 Assembly finds that: (1) Equal enjoyment of the highest attainable
5 standard of health is a human right and a priority of the state, (2)
6 research and experience demonstrate that inhabitants of the state
7 experience barriers to the equal enjoyment of good health based on
8 race, ethnicity, national origin and linguistic ability, and (3) addressing
9 such barriers, and others that may arise in the future, requires: The
10 collection, analysis and reporting of information, the identification of
11 causes, and the development and implementation of policy solutions
12 that address health disparities while improving the health of the public
13 as a whole therefore, there is established a Commission on Health

14 Equity with the mission of eliminating disparities in health status
15 based on race, ethnicity and linguistic ability, and improving the
16 quality of health for all of the state's residents. Such commission shall
17 consist of the following commissioners, or their designees, and public
18 members: (A) The Commissioners of Public Health, Mental Health and
19 Addiction Services, Developmental Services, Social Services,
20 Correction, Children and Families, and Education; (B) the dean of The
21 University of Connecticut Health Center, or his designee; (C) the
22 director of The University of Connecticut Health Center and Center for
23 Public Health and Health Policy, or their designees; (D) the dean of the
24 Yale University Medical School, or his designee; (E) the dean of Public
25 Health and the School of Epidemiology at Yale University, or his
26 designee; (F) one member appointed by the president pro tempore of
27 the Senate, who shall be a member of an affiliate of the National Urban
28 League; (G) one member appointed by the speaker of the House of
29 Representatives, who shall be a member of the National Association
30 for the Advancement of Colored People; (H) one member appointed
31 by the majority leader of the House of Representatives, who shall be a
32 member of the Black and Puerto Rican Caucus of the General
33 Assembly; (I) one member appointed by the majority leader of the
34 Senate with the advice of the Native American Heritage Advisory
35 Council or the chairperson of the Indian Affairs Council, who shall be
36 a representative of the Native American community; (J) one member
37 appointed by the minority leader of the Senate, who shall be a
38 representative of an advocacy group for Hispanics; (K) one member
39 appointed by the minority leader of the House of Representatives, who
40 shall be a representative of the state-wide Multicultural Health
41 Network; (L) the chairperson of the African-American Affairs
42 Commission, or his or her designee; (M) the chairperson of the Latino
43 and Puerto Rican Affairs Commission, or his or her designee; (N) the
44 chairperson of the Permanent Commission on the Status of Women, or
45 his or her designee; (O) the chairperson of the Asian Pacific American
46 Affairs Commission, or his or her designee; (P) the director of the
47 Hispanic Health Council, or his or her designee; (Q) the chairperson of
48 the Office of the Health Care Advocate, or his or her designee; and (R)

49 eight members of the public, representing communities facing
50 disparities in health status based on race, ethnicity and linguistic
51 ability, who shall be appointed as follows: Two by the president pro
52 tempore of the Senate, two by the speaker of the House of
53 Representatives, two by the minority leader of the Senate, and two by
54 the minority leader of the House of Representatives. Vacancies on the
55 council shall be filled by the appointing authority.

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

61 (c) Members of the commission shall serve without compensation,
62 but within available appropriations, and shall be reimbursed for
63 expenses necessarily incurred in the performance of their duties.

64 (d) The commission shall meet as often as necessary as determined
65 by the chairperson or a majority of the commission, but not less than at
66 least once per calendar quarter.

67 (e) The commission shall: (1) Review and comment on any proposed
68 state legislation and regulations that would affect the health of
69 populations in the state experiencing racial, ethnic, cultural or
70 linguistic disparities in health status, (2) review and comment on the
71 Department of Public Health's health disparities performance
72 measures, (3) advise and provide information to the Governor and the
73 General Assembly on the state's policies concerning the health of
74 populations in the state experiencing racial, ethnic, cultural or
75 linguistic disparities in health status, (4) work as a liaison between
76 populations experiencing racial, ethnic, cultural or linguistic
77 disparities in health status and state agencies in order to eliminate
78 such health disparities, (5) evaluate policies, procedures, activities and
79 resource allocations to eliminate health status disparities among racial,
80 ethnic and linguistic populations in the state and have the authority to

81 convene the directors and commissioners of all state agencies whose
82 purview is relevant to the elimination of health disparities, including
83 but not limited to, the Departments of Public Health, Social Services,
84 Children and Families, Developmental Services, Education, Mental
85 and Addiction Services, Labor, Transportation, the Housing Finance
86 Authority and the Office of Health Care Access for the purpose of
87 advising on and directing the implementation of policies, procedures,
88 activities and resource allocations to eliminate health status disparities
89 among racial, ethnic and linguistic populations in the state, (6) prepare
90 and submit to the Governor and General Assembly an annual report,
91 in accordance with section 11-4a of the general statutes, that provides
92 both a retrospective and prospective view of health disparities and the
93 state's efforts to ameliorate identifiable disparities among populations
94 of the state experiencing racial, ethnic, cultural or linguistic disparities
95 in health status, (7) explore other successful programs in other sectors
96 and states, and pilot and provide grants for new creative programs
97 that may diminish or contribute to the elimination of health disparities
98 in the state and culturally appropriate health education demonstration
99 projects, for which the commission may apply for, accept and expand
100 public and private funding, (8) have the authority to collect and
101 analyze government and other data regarding the health status of state
102 inhabitants based on race, ethnicity, national origin and linguistic
103 ability, including access, services and outcomes in private and public
104 health care institutions within the state, including, but not limited to,
105 the data collected by the Connecticut Health Information Network, (9)
106 have the authority to draft and recommend proposed legislation,
107 regulations and other policies designed to address disparities in health
108 status, and (10) have the authority to conduct hearings and interviews,
109 and receive testimony, regarding matters pertinent to its mission.

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

113 (g) The commission may, within available appropriations and
114 subject to the provisions of chapter 67 of the general statutes, employ

115 any necessary staff.

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

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

120 (j) The commission shall make a determination as to whether the
 121 duties of the commission are duplicated by any other state agency,
 122 office, bureau or commission and shall include information concerning
 123 any such duplication or performance of similar duties by any other
 124 state agency, office, bureau or commission in the report described in
 125 subsection (i) of this section.

126 Sec. 2. (*Effective from passage*) Section 19a-4k of the general statutes is
 127 repealed."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	Repealer section