



General Assembly

Substitute Bill No. 32

February Session, 2016



AN ACT CONCERNING THE COMMISSION ON HEALTH EQUITY.

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

1 Section 1. Section 38a-1051 of the 2016 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective October 1, 2016*):

4 (a) Whereas the General Assembly finds that: (1) Equal enjoyment of
5 the highest attainable standard of health is a human right and a priority of
6 the state, (2) research and experience demonstrate that inhabitants of the
7 state experience barriers to the equal enjoyment of good health based on
8 race, ethnicity, gender, national origin and linguistic ability, and (3)
9 addressing such barriers, and others that may arise in the future, requires:
10 The collection, analysis and reporting of information, the identification of
11 causes, and the development and implementation of policy solutions that
12 address health disparities while improving the health of the public as a
13 whole, therefore, there is established a Commission on Health Equity with
14 the mission of eliminating disparities in health status based on race,
15 ethnicity, gender and linguistic ability, and improving the quality of
16 health for all of the state's residents. Such commission shall consist of the
17 following commissioners, or their designees, and public members: (A) The
18 Commissioners of Public Health, Mental Health and Addiction Services,
19 Developmental Services, Social Services, Correction, Children and
20 Families, and Education; (B) the dean of The University of Connecticut

21 Health Center, or his or her designee; (C) the director of The University of
22 Connecticut Health Center and Center for Public Health and Health
23 Policy, or their designees; (D) the dean of the Yale University Medical
24 School, or his or her designee; (E) the dean of the Yale School of Public
25 Health, or his or her designee; (F) one member appointed by the president
26 pro tempore of the Senate, who shall be a member of an affiliate of the
27 National Urban League; (G) one member appointed by the speaker of the
28 House of Representatives, who shall be a member of the National
29 Association for the Advancement of Colored People; (H) one member
30 appointed by the majority leader of the House of Representatives, who
31 shall be a member of the Black and Puerto Rican Caucus of the General
32 Assembly; (I) one member appointed by the majority leader of the Senate
33 with the advice of the Native American Heritage Advisory Council or the
34 chairperson of the Indian Affairs Council, who shall be a representative of
35 the Native American community; (J) one member appointed by the
36 minority leader of the Senate, who shall be a representative of an
37 advocacy group for Hispanics; (K) one member appointed by the minority
38 leader of the House of Representatives, who shall be a representative of
39 the state-wide Multicultural Health Network; (L) the chairperson of the
40 African-American Affairs Commission, or his or her designee; (M) the
41 chairperson of the Latino and Puerto Rican Affairs Commission, or his or
42 her designee; (N) the chairperson of the Permanent Commission on the
43 Status of Women, or his or her designee; (O) the chairperson of the Asian
44 Pacific American Affairs Commission, or his or her designee; (P) the
45 director of the Hispanic Health Council, or his or her designee; (Q) the
46 Healthcare Advocate, or his or her designee; and (R) eight members of the
47 public, representing communities facing disparities in health status based
48 on race, ethnicity, gender and linguistic ability, who shall be appointed as
49 follows: Two by the president pro tempore of the Senate, two by the
50 speaker of the House of Representatives, two by the minority leader of the
51 Senate, and two by the minority leader of the House of Representatives.
52 Vacancies on the council shall be filled by the appointing authority.

53 (b) The commission shall elect a chairperson and a vice-chairperson
54 from among its members. Any member absent from either: (1) Three

55 consecutive meetings of the commission, or (2) fifty per cent of such
56 meetings during any calendar year, shall be deemed to have resigned
57 from the commission.

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

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

64 (e) The commission shall: (1) Review and comment on any proposed
65 state legislation and regulations that would affect the health of
66 populations in the state experiencing racial, ethnic, cultural or linguistic
67 disparities in health status, (2) review and comment on the Department of
68 Public Health's health disparities performance measures, (3) advise and
69 provide information to the Governor and the General Assembly on the
70 state's policies concerning the health of populations in the state
71 experiencing racial, ethnic, cultural or linguistic disparities in health
72 status, (4) work as a liaison between populations experiencing racial,
73 ethnic, cultural or linguistic disparities in health status and state agencies
74 in order to eliminate such health disparities, (5) evaluate policies,
75 procedures, activities and resource allocations to eliminate health status
76 disparities among racial, ethnic and linguistic populations in the state and
77 have the authority to convene the directors and commissioners of all state
78 agencies whose purview is relevant to the elimination of health
79 disparities, including but not limited to, the Departments of Public Health,
80 Social Services, Children and Families, Developmental Services,
81 Education, Mental Health and Addiction Services, Labor, Transportation,
82 and the Housing Finance Authority for the purpose of advising on and
83 directing the implementation of policies, procedures, activities and
84 resource allocations to eliminate health status disparities among racial,
85 ethnic and linguistic populations in the state, (6) prepare and submit to
86 the Governor and General Assembly an annual report, in accordance with
87 section 11-4a, that provides both a retrospective and prospective view of

88 health disparities and the state's efforts to ameliorate identifiable
89 disparities among populations of the state experiencing racial, ethnic,
90 cultural or linguistic disparities in health status, (7) explore other
91 successful programs in other sectors and states, and pilot and provide
92 grants for new creative programs that may diminish or contribute to the
93 elimination of health disparities in the state and culturally appropriate
94 health education demonstration projects, for which the commission may
95 apply for, accept and expand public and private funding, (8) have the
96 authority to collect and analyze government and other data regarding the
97 health status of state inhabitants based on race, ethnicity, gender, national
98 origin and linguistic ability, including access, services and outcomes in
99 private and public health care institutions within the state, including, but
100 not limited to, the data collected by the Connecticut Health Information
101 Network, (9) have the authority to draft and recommend proposed
102 legislation, regulations and other policies designed to address disparities
103 in health status, [and] (10) have the authority to conduct hearings and
104 interviews, and receive testimony, regarding matters pertinent to its
105 mission, and (11) establish requirements for and duties of, and policies
106 and procedures for the removal of, an executive director appointed
107 pursuant to subsection (g) of this section.

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

111 (g) The commission may, within available appropriations, (1) appoint
112 an executive director, who shall be in the unclassified service, and (2)
113 subject to the provisions of chapter 67, employ any additional necessary
114 staff.

115 (h) The commission shall be within the [Office of the Healthcare
116 Advocate] Insurance Department for administrative purposes only.

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	38a-1051

INS *Joint Favorable Subst.*