S T A T E O F N E W Y O R K

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2009-2010 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 7, 2009

Introduced by M. of A. WRIGHT, ALFANO, BARRA, PERRY, KAVANAGH, KELLNER, CAHILL, SCHROEDER, MAYERSOHN, CLARK -- Multi-Sponsored by -- M. of A. AUBRY, PHEFFER, REILLY, SWEENEY -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to data collection and assessment program concerning minority health

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Subdivisions 3 and 4 of section 241 of the public health law, as added by chapter 757 of the laws of 1992, such section as renumbered by chapter 443 of the laws of 1993, are amended to read as follows:

3. Together with the minority health council, serve as liaison and advocate for the department on minority health matters. This function shall include the provision of staff support to the minority health council and the establishment of appropriate program linkages with related federal, state, and local agencies and programs such as the office of minority health of the public health service, the agricultural extension service and migrant health services. SUCH PROGRAM LINKAGES WITH STATE AGENCIES SHALL INCLUDE THE ESTABLISHMENT OF A PROGRAM FOR THE COLLECTION OF DATA REGARDING RACE, ETHNICITY AND PRIMARY LANGUAGE OF ALL PARTICIPANTS BY EACH STATE PROGRAM DIRECTLY INVOLVED IN FURNISHING OF INFORMATION OR THE RENDERING OF SERVICES TO THE PUBLIC WHEREBY DEMOGRAPHIC INFORMATION OF ANY KIND IS COLLECTED REGARDING ALL PARTICIPANTS IN SUCH PROGRAMS. AGENCIES AND DEPARTMENTS MAY USE EXISTING DATA COLLECTION METHODS TO AVOID DUPLICATIVE METHODOLOGIES. DATA COLLECTED SHALL BE AGGREGATED AT LEAST ANNUALLY IN A MANNER THAT PERMITS UTILIZATION RATES BY RACE, ETHNICITY, AND LANGUAGE AND COMPILED INTO A REPORT. UPON COMPLETION, SUCH REPORT SHALL BE AVAILABLE TO THE PUBLIC AND ANNUALLY DISTRIBUTED TO ALL MEMBERS OF THE NEW YORK STATE LEGISLATURE.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

4. Assist medical schools and state agencies to develop comprehensive programs to improve minority health personnel supply by promoting minority clinical training and curriculum improvement, and disseminating minority health career information to high school [and], college students AND DIFFERENT STATE AGENCIES. SUCH DEVELOPMENT OF COMPREHENSIVE PROGRAMS SHALL INCLUDE RESEARCH INTO THE CAUSES AND MAINTENANCE OF HEALTH DISPARITIES AND PROPOSALS FOR THE REDUCTION AND/OR ELIMINATION OF SUCH DISPARITIES.

S 2. Subdivisions 3 and 4 of section 242 of the public health law, as added by chapter 757 of the laws of 1992, such section as renumbered by chapter 443 of the laws of 1993, are amended to read as follows:

3. An analysis of the health status of minority citizens and the status of minority health delivery systems. Such analysis shall be conducted in cooperation with the minority health council and other interested agencies. SUCH ANALYSIS SHALL ALSO INCLUDE AN ANNUAL ANALYSIS OF DATA COLLECTED PURSUANT TO SUBDIVISION THREE OF SECTION TWO HUNDRED FORTY-ONE OF THIS TITLE TO DETERMINE WHETHER THERE ARE DISPARITIES BY RACE, ETHNICITY OR LANGUAGE IN THE UTILIZATION OF STATE SERVICES OR THE RECEIPT OF FUNDS. SUCH ANALYSIS SHALL ALSO BE COMPILED, ANALYZED AND MADE PUBLIC BY THE OFFICE OF MINORITY HEALTH.

4. Any recommended improvements to programs and/or regulations that would enhance the cost effectiveness of the office, POLICY OPTIONS and programs intended to meet the health care needs of minority citizens AND TO ELIMINATE IDENTIFIED HEALTH DISPARITIES, INCLUDING BUT NOT LIMITED TO, ZERO COST AND LOW COST OPTIONS AND OTHER SUBSTANTIVE PROPOSALS. RECOMMENDATIONS FOR IMPROVEMENTS TO ENHANCE THE COST EFFECTIVENESS OF THE OFFICE SHALL INCLUDE AN ASSESSMENT OF THE CAPACITY OF THE OFFICE TO ADDRESS THE DETERMINANTS OF HEALTH, THE ROOT CAUSES OF HEALTH DISPARITIES IN MINORITY POPULATIONS THROUGHOUT NEW YORK STATE, IN ORDER TO DECREASE THE BURDEN OF DISEASE AND INJURY, INCLUDING PROGRAMS AND INITIATIVES THAT ARE ALREADY BEING UNDERTAKEN AND AN ANALYSIS OF THEIR EFFECTIVENESS.

S 3. This act shall take effect on the first of January next succeeding the date on which it shall have become a law; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed on or before such effective date.