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

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I N A S S E M B L Y

May 13, 2016

Introduced by M. of A. PERRY, GOTTFRIED -- (at request of the Department of Health) -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to redefining the duties and renaming the office of minority health to the office of health equity and renaming the minority health council to the health equity council; and to repeal certain provisions of such law relating thereto

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

Section 1. The title heading of title II-F of article 2 of the public health law, as added by chapter 757 of the laws of 1992 and as renumbered by chapter 443 of the laws of 1993, is amended to read as follows:

OFFICE OF [MINORITY] HEALTH EQUITY

S 2. Section 240 of the public health law, as added by chapter 757 of the laws of 1992 and as renumbered by chapter 443 of the laws of 1993, is REPEALED and a new section 240 is added to read as follows:

S 240. DEFINITIONS. FOR THE PURPOSES OF THIS ARTICLE:

1. "VULNERABLE POPULATIONS" SHALL MEAN THOSE THAT HAVE EXPERIENCED INJUSTICES AND DISADVANTAGES AS A RESULT OF THEIR RACE, ETHNICITY, SEXUAL ORIENTATION, GENDER IDENTITY, DISABILITY STATUS, AGE, AND/OR SOCIOECONOMIC STATUS, AMONG OTHERS.

2. "RACIALLY AND ETHNICALLY DIVERSE AREA" SHALL MEAN A COUNTY WITH A NON-WHITE POPULATION OF FORTY PERCENT, OR MORE, OR THE SERVICE AREA OF AN AGENCY, CORPORATION, FACILITY OR INDIVIDUAL PROVIDING MEDICAL AND/OR HEALTH SERVICES WHOSE NON-WHITE POPULATION IS FORTY PERCENT OR MORE.

3. "PROVIDER" SHALL MEAN ANY AGENCY, CORPORATION, FACILITY, OR INDIVIDUAL PROVIDING MEDICAL AND/OR HEALTH CARE SERVICES TO VULNERABLE POPULATIONS.

4. "OFFICE" SHALL MEAN THE OFFICE OF HEALTH EQUITY, AS CREATED PURSUANT TO SECTION TWO HUNDRED FORTY-ONE OF THIS ARTICLE.

5. "HEALTH EQUITY COUNCIL" SHALL MEAN THE ADVISORY BODY TO THE COMMISSIONER, CREATED PURSUANT TO THE PROVISIONS OF SECTION TWO HUNDRED FORTY-THREE OF THIS ARTICLE.

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

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6. "HEALTH DISPARITIES" SHALL MEAN MEASURABLE DIFFERENCES IN HEALTH STATUS, ACCESS TO CARE, AND QUALITY OF CARE AS DETERMINED BY RACE, ETHNICITY, SEXUAL ORIENTATION, GENDER IDENTITY, DISABILITY STATUS, AGING POPULATION, AND SOCIOECONOMIC STATUS.

7. "HEALTH EQUITY" SHALL MEAN ACHIEVING THE HIGHEST LEVEL OF HEALTH FOR ALL PEOPLE AND SHALL ENTAIL FOCUSED EFFORTS TO ADDRESS AVOIDABLE INEQUALITIES BY EQUALIZING THOSE CONDITIONS FOR HEALTH FOR THOSE THAT HAVE EXPERIENCED INJUSTICES AND SOCIOECONOMIC DISADVANTAGES.

8. "SOCIAL DETERMINANTS OF HEALTH" SHALL MEAN LIFE-ENHANCING RESOURCES, SUCH AS AVAILABILITY OF HEALTHFUL FOODS, QUALITY HOUSING, ECONOMIC OPPORTUNITY, SOCIAL RELATIONSHIPS, TRANSPORTATION, EDUCATION, AND HEALTH CARE, WHOSE DISTRIBUTION ACROSS POPULATIONS EFFECTIVELY DETERMINES THE LENGTH AND QUALITY OF LIFE.

S 3. Section 241 of the public health law, as added by chapter 757 of the laws of 1992 and as renumbered by chapter 443 of the laws of 1993, is REPEALED and a new section 241 is added to read as follows:

S 241. OFFICE OF HEALTH EQUITY RENAMED. THE OFFICE OF MINORITY HEALTH IS HEREBY RENAMED AS THE OFFICE OF HEALTH EQUITY WITHIN THE DEPARTMENT OF HEALTH. SUCH OFFICE SHALL:

1. WORK COLLABORATIVELY WITH OTHER STATE AGENCIES AND AFFECTED STAKE-HOLDERS, INCLUDING PROVIDERS AND REPRESENTATIVES OF VULNERABLE POPU-LATIONS, IN ORDER TO SET PRIORITIES, COLLECT AND DISSEMINATE DATA, AND ALIGN RESOURCES WITHIN THE DEPARTMENT AND ACROSS OTHER STATE AGENCIES. THE OFFICE SHALL ALSO CONDUCT HEALTH PROMOTION AND EDUCATIONAL OUTREACH, AS WELL AS DEVELOP AND IMPLEMENT INTERVENTIONS AIMED AT ACHIEVING HEALTH EQUITY AMONG VULNERABLE POPULATIONS BY IMPLEMENTING STRATEGIES TO ADDRESS THE VARYING COMPLEX CAUSES OF HEALTH DISPARITIES, INCLUDING THE ECONOMIC, PHYSICAL, AND SOCIAL ENVIRONMENTS.

2. INTEGRATE AND COORDINATE SELECTED STATE HEALTH CARE GRANT AND LOAN PROGRAMS ESTABLISHED SPECIFICALLY FOR PROMOTING HEALTH EQUITY IN NEW YORK. AS PART OF THIS FUNCTION, THE OFFICE SHALL DEVELOP A COORDINATED APPLICATION PROCESS FOR USE BY PROVIDERS, MUNICIPALITIES, AND OTHERS IN SEEKING FUNDS AND/OR TECHNICAL ASSISTANCE ON PERTINENT PROGRAMS AND SERVICES TARGETED TO ADDRESS HEALTH EQUITY AMONG VULNERABLE POPULATIONS.

3. APPLY FOR GRANTS, AND ACCEPT GIFTS FROM PRIVATE AND PUBLIC SOURCES FOR RESEARCH TO IMPROVE AND ENHANCE HEALTH EQUITY. THE OFFICE SHALL ALSO PROMOTE HEALTH EQUITY RESEARCH IN UNIVERSITIES AND COLLEGES.

4. TOGETHER WITH THE HEALTH EQUITY COUNCIL, SERVE AS LIAISON AND ADVO-CATE FOR THE DEPARTMENT ON HEALTH EQUITY MATTERS. THIS FUNCTION SHALL INCLUDE THE PROVISION OF STAFF SUPPORT TO THE HEALTH EQUITY 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.

5. ASSIST MEDICAL SCHOOLS AND STATE AGENCIES TO DEVELOP COMPREHENSIVE PROGRAMS TO IMPROVE THE DIVERSITY OF THE HEALTH PERSONNEL SUPPLY BY PROMOTING HEALTH EQUITY CLINICAL TRAINING AND CURRICULUM IMPROVEMENT AND DISSEMINATING HEALTH CAREER INFORMATION TO HIGH SCHOOL AND COLLEGE STUDENTS.

6. PROMOTE COMMUNITY STRATEGIC PLANNING TO ADDRESS THE COMPLEX CAUSES OF HEALTH DISPARITIES, INCLUDING THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH CARE DELIVERY SYSTEMS AND NETWORKS, IN ORDER TO IMPROVE HEALTH EQUITY. STRATEGIC NETWORK PLANNING AND DEVELOPMENT MAY INCLUDE SUCH CONSIDERATIONS AS HEALTHFUL FOODS, QUALITY HOUSING, ECONOMIC OPPORTU-NITY, SOCIAL RELATIONSHIPS, TRANSPORTATION, AND EDUCATION, AS WELL AS HEALTH CARE SYSTEMS, INCLUDING ASSOCIATED PERSONNEL, CAPITAL FACILITIES,

REIMBURSEMENT, PRIMARY CARE, LONG-TERM CARE, ACUTE CARE, REHABILITATIVE, AND RELATED SERVICES ON THE HEALTH CONTINUUM.

7. REVIEW THE IMPACT OF PROGRAMS, REGULATIONS, AND POLICIES ON HEALTH EQUITY.

S 4. Section 242 of the public health law, as added by chapter 757 of the laws of 1992 and as renumbered by chapter 443 of the laws of 1993, is amended to read as follows:

S 242. Preparation and distribution of reports. The department shall submit a biennial report to the governor and the legislature describing the activities of the office and health status of [minority areas] VULNERABLE POPULATIONS. The first such report shall be transmitted on or before September first, nineteen hundred ninety-four. Such report shall contain the following information:

1. Activities of the office of [minority] health EQUITY, expenditures incurred in carrying out such activities, and anticipated activities to be undertaken in the future.

2. Progress in carrying out the functions and duties listed in section two hundred [thirty-eight-a] FORTY-ONE of this article.

3. An analysis of the health status of [minority citizens] VULNERABLE POPULATIONS, INCLUDING THOSE POPULATIONS WITHIN RACIALLY AND ETHNICALLY DIVERSE AREAS, and the status of [minority] health delivery systems SERVING THESE COMMUNITIES. Such analysis shall be conducted in cooperation with the [minority] health EQUITY council and other interested agencies.

4. Any recommended improvements to programs and/or regulations that would enhance the cost effectiveness of the office, and programs intended to meet the HEALTH AND health care needs of [minority citizens] VULNERABLE POPULATIONS.

S 5. Section 243 of the public health law, as added by chapter 757 of the laws of 1992 and as renumbered by chapter 443 of the laws of 1993, subdivision 3 as amended by section 55 of part A of chapter 58 of the laws of 2010, is amended to read as follows:

S 243. [Minority health] HEALTH EQUITY council. 1. Appointment of members. There shall be established in the office of [minority] health EQUITY a [minority] health EQUITY council to consist of the commissioner and fourteen members to be appointed by the governor with the advice and consent of the senate. Membership on the council shall be reflective of the diversity of the state's population including, but not limited to, the various [minority] VULNERABLE populations throughout the state.

2. Terms of office; vacancies. a. The terms of office of members of the [minority] health EQUITY council shall be six years. The members of the council shall continue in office until the expiration of their terms and until their successors are appointed and have qualified. Such appointments shall be made by the governor, with the advice and consent of the senate, within one year following the expiration of such terms.

b. Vacancies shall be filled by appointment by the governor for the unexpired terms within one year of the date upon which such vacancies occur. Any vacancy existing on the effective date of paragraph c of this subdivision shall be filled by appointment within one year of such effective date.

c. In making appointments to the council, the governor shall seek to ensure that membership on the council reflects the diversity of the state's population including, but not limited to, the various [minority] VULNERABLE populations throughout the state.

3. Meetings. a. The [minority] health EQUITY council shall meet as frequently as its business may require, and at least twice in each year.

b. The governor shall designate one of the members of the public health and health planning council as its chair.

4. Compensation and expenses. The members of the council shall serve without compensation other than reimbursement of actual and necessary expenses.

5. Powers and duties. The [minority] health EQUITY council shall, at the request of the commissioner, consider any matter relating to the preservation and improvement of [minority] health STATUS AMONG THE STATE'S VULNERABLE POPULATIONS, and may advise the commissioner [thereon; and it may, from time to time, submit to the commissioner,] ON any recommendations relating to the preservation and improvement of [minority] health EQUITY.

S 6. This act shall take effect immediately.