STATE OF NEW YORK

9764

IN ASSEMBLY

April 1, 2022

Introduced by M. of A. DE LOS SANTOS -- 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

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

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

OFFICE OF [~~MINORITY~~] HEALTH **EQUITY**

§ 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 amended to read as follows:

§ 240. Definitions. For the purposes of this article:

1. **"Underserved populations" shall mean those who have experienced injustices and disadvantages as a result of their race, ethnicity, sexual orientation, gender identity, gender expression, disability status, age, immigration status, and/or socioeconomic status, among others as determined by the commissioner of health.**

2. "[~~Minority~~] **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.

[~~2. "Minority health care provider" or "minority provider"~~] **3. "Provider"** shall mean any agency, corporation, facility, or individual providing medical and/or health care services to [~~residents of a minority area~~] **underserved populations**.

[~~3.~~] **4.** "Office" shall mean the office of [~~minority~~] health **equity**, as created pursuant to section two hundred [~~thirty-eight-a~~] **forty-one** of this [~~article~~] **title**.

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

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[~~4.~~] 5. "[~~Minority health~~] Health equity council" shall mean that advisory body to the commissioner, created pursuant to the provisions of section two hundred [~~thirty-eight-c~~] forty-three of this [~~article~~] title.

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, a preferred language other than English, gender expression, disability status, aging population, immigration status, 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, socioeconomic disadvantages, and systemic 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.

§ 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 amended to read as follows:

§ 241. Office of [~~minority~~] health equity created. There is hereby created an office of [~~minority~~] health equity within the state department of health. Such office shall:

1. Work collaboratively with other state agencies and affected stakeholders, including providers and representatives of underserved populations, 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 underserved 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 [~~minority~~] promoting health [~~care providers and residents~~] equity in New York state. As part of this function, the office shall develop a coordinated application process for use by [~~minority~~] providers, municipalities and others in seeking funds and/or technical assistance on pertinent [~~minority health care~~] programs and services targeted to address health equity among underserved populations.

[~~2.~~] 3. Apply for grants, and accept gifts from private and public sources for research to improve and enhance [~~minority~~] health [~~care services and facilities~~] equity. The office shall also promote [~~minority~~] health equity research in universities and colleges.

[~~3.~~] 4. Together with the [~~minority~~] health equity council, serve as liaison and advocate for the department on [~~minority~~] health equity matters. This function shall include the provision of staff support to the [~~minority~~] 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 equity of the public health service, the agricultural extension service and migrant health services.

[~~4.~~] 5. Assist medical schools and state agencies to develop comprehensive programs to improve [~~minority~~] the diversity of health personnel

[~~supply~~] workforce by promoting [~~minority~~] health equity clinical training and curriculum improvement, and disseminating [~~minority~~] health career information to high school and college students.

[~~5.~~] 6. Promote community strategic planning [~~or new or improved health care delivery systems and networks in minority areas~~] 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 opportunity, 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, preventive, and related services on the health continuum.

[~~6.~~] 7. Review the impact of programs, regulations, and [~~health care reimbursement~~] policies on [~~minority~~] health [~~services delivery and access~~] equity.

§ 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:

§ 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. 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~~] title.

3. An analysis of the health status of [~~minority citizens~~] underserved populations, including those populations within racially and ethnically diverse areas, and the status of [~~minority~~] health delivery systems serving those 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~~] underserved populations.

§ 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:

§ 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~~] underserved populations throughout the state.

2. Terms of office; vacancies. a. [~~The~~] Unless specified otherwise in the bylaws of the health equity council, the terms of office of members of the [~~minority~~] health equity council [~~shall~~] may be up to six years. The members of the health equity 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~~] **underserved** 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.

c. A majority of the appointed voting membership of the health equity council shall constitute a quorum.

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 underserved 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**.

§ 6. This act shall take effect immediately.