

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:

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

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

5 § 2. Section 240 of the public health law, as added by chapter 757 of
6 the laws of 1992 and as renumbered by chapter 443 of the laws of 1993,
7 is amended to read as follows:

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

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

14 2. "[~~Minority~~] Racially and ethnically diverse area" shall mean a
15 county with a non-white population of forty percent or more, or the
16 service area of an agency, corporation, facility or individual providing
17 medical and/or health services whose non-white population is forty
18 percent or more.

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

23 [~~3.~~] 4. "Office" shall mean the office of [~~minority~~] health equity, as
24 created pursuant to section two hundred [~~thirty-eight-a~~] forty-one of
25 this [~~article~~] title.

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

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1 ~~[4.]~~ 5. "~~Minority health~~ Health equity council" shall mean that
2 advisory body to the commissioner, created pursuant to the provisions of
3 section two hundred ~~[thirty-eight-e]~~ forty-three of this ~~[article]~~
4 title.

5 6. "Health disparities" shall mean measurable differences in health
6 status, access to care, and quality of care as determined by race,
7 ethnicity, sexual orientation, gender identity, a preferred language
8 other than English, gender expression, disability status, aging popu-
9 lation, immigration status, and socioeconomic status.

10 7. "Health equity" shall mean achieving the highest level of health
11 for all people and shall entail focused efforts to address avoidable
12 inequalities by equalizing those conditions for health for those that
13 have experienced injustices, socioeconomic disadvantages, and systemic
14 disadvantages.

15 8. "Social determinants of health" shall mean life-enhancing
16 resources, such as availability of healthful foods, quality housing,
17 economic opportunity, social relationships, transportation, education,
18 and health care, whose distribution across populations effectively
19 determines the length and quality of life.

20 § 3. Section 241 of the public health law, as added by chapter 757 of
21 the laws of 1992 and as renumbered by chapter 443 of the laws of 1993,
22 is amended to read as follows:

23 § 241. Office of ~~[minority]~~ health equity created. There is hereby
24 created an office of ~~[minority]~~ health equity within the state depart-
25 ment of health. Such office shall:

26 1. Work collaboratively with other state agencies and affected stake-
27 holders, including providers and representatives of underserved popu-
28 lations, in order to set priorities, collect and disseminate data, and
29 align resources within the department and across other state agencies.
30 The office shall also conduct health promotion and educational outreach,
31 as well as develop and implement interventions aimed at achieving health
32 equity among underserved populations by implementing strategies to
33 address the varying complex causes of health disparities, including the
34 economic, physical, and social environments.

35 2. Integrate and coordinate selected state health care grant and loan
36 programs established specifically for ~~[minority]~~ promoting health [care
37 providers and residents] equity in New York state. As part of this func-
38 tion, the office shall develop a coordinated application process for use
39 by ~~[minority]~~ providers, municipalities and others in seeking funds
40 and/or technical assistance on pertinent ~~[minority health care]~~ programs
41 and services targeted to address health equity among underserved popu-
42 lations.

43 ~~[2.]~~ 3. Apply for grants, and accept gifts from private and public
44 sources for research to improve and enhance ~~[minority]~~ health ~~[care~~
45 ~~services and facilities]~~ equity. The office shall also promote ~~[minori-~~
46 ~~ty]~~ health equity research in universities and colleges.

47 ~~[3.]~~ 4. Together with the ~~[minority]~~ health equity council, serve as
48 liaison and advocate for the department on ~~[minority]~~ health equity
49 matters. This function shall include the provision of staff support to
50 the ~~[minority]~~ health equity council and the establishment of appropri-
51 ate program linkages with related federal, state, and local agencies and
52 programs such as the office of ~~[minority]~~ health equity of the public
53 health service, the agricultural extension service and migrant health
54 services.

55 ~~[4.]~~ 5. Assist medical schools and state agencies to develop compre-
56 hensive programs to improve ~~[minority]~~ the diversity of health personnel

1 [~~supply~~] workforce by promoting [~~minority~~] health equity clinical train-
2 ing and curriculum improvement, and disseminating [~~minority~~] health
3 career information to high school and college students.

4 [~~5.~~] 6. Promote community strategic planning [~~or new or improved~~
5 ~~health care delivery systems and networks in minority areas~~] to address
6 the complex causes of health disparities, including the social determi-
7 nants of health and health care delivery systems and networks, in order
8 to improve health equity. Strategic network planning and development may
9 include such considerations as healthful foods, quality housing, econom-
10 ic opportunity, social relationships, transportation, and education, as
11 well as health care systems, including associated personnel, capital
12 facilities, reimbursement, primary care, long-term care, acute care,
13 rehabilitative, preventive, and related services on the health contin-
14 uum.

15 [~~6.~~] 7. Review the impact of programs, regulations, and [~~health care~~
16 ~~reimbursement~~] policies on [~~minority~~] health [~~services delivery and~~
17 ~~access~~] equity.

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

21 § 242. Preparation and distribution of reports. The department shall
22 submit a biennial report to the governor and the legislature describing
23 the activities of the office and health status of minority areas. The
24 first such report shall be transmitted on or before September first,
25 nineteen hundred ninety-four. Such report shall contain the following
26 information:

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

30 2. Progress in carrying out the functions and duties listed in section
31 two hundred [~~thirty-eight-a~~] forty-one of this [~~article~~] title.

32 3. An analysis of the health status of [~~minority citizens~~] underserved
33 populations, including those populations within racially and ethnically
34 diverse areas, and the status of [~~minority~~] health delivery systems
35 serving those communities. Such analysis shall be conducted in cooper-
36 ation with the [~~minority~~] health equity council and other interested
37 agencies.

38 4. Any recommended improvements to programs and/or regulations that
39 would enhance the cost effectiveness of the office, and programs
40 intended to meet the health and health care needs of [~~minority citizens~~]
41 underserved populations.

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

46 § 243. [~~Minority health~~] Health equity council. 1. Appointment of
47 members. There shall be established in the office of [~~minority~~] health
48 equity a [~~minority~~] health equity council to consist of the commissioner
49 and fourteen members to be appointed by the governor with the advice and
50 consent of the senate. Membership on the council shall be reflective of
51 the diversity of the state's population including, but not limited to,
52 the various [~~minority~~] underserved populations throughout the state.

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

1 the expiration of their terms and until their successors are appointed
2 and have qualified. Such appointments shall be made by the governor,
3 with the advice and consent of the senate, within one year following the
4 expiration of such terms.

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

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

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

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

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

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

23 5. Powers and duties. The [~~minority~~] health equity council shall, at
24 the request of the commissioner, consider any matter relating to the
25 preservation and improvement of [~~minority~~] health status among the
26 state's underserved populations, and may advise the commissioner [~~there-~~
27 ~~on, and it may, from time to time, submit to the commissioner,~~ on any
28 recommendations relating to the preservation and improvement of [~~minori-~~
29 ~~ty~~] health equity.

30 § 6. This act shall take effect immediately.