*** § 243. Health equity council.** 1. Appointment of members. There shall be established in the office of health equity a 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 underserved populations throughout the state.

2. Terms of office; vacancies. a. Unless specified otherwise in the bylaws of the health equity council, the terms of office of members of the health equity council 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 underserved populations throughout the state.

3. Meetings. a. The 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 health equity council shall, at the request of the commissioner, consider any matter relating to the preservation and improvement of health status among the state's underserved populations, and may advise the commissioner on any recommendations relating to the preservation and improvement of health equity.

6. Sickle cell disease. a. The health equity council shall consider, and advise the commissioner regarding sickle cell disease.

b. The council shall issue recommendations to the commissioner to promote screening and detection of sickle cell disease, especially among unserved or underserved populations; to educate the public regarding sickle cell disease and the benefits of early detection; and to provide counseling and referral services. For purposes of this subdivision, "unserved or underserved populations" means people having inadequate access and financial resources to obtain sickle cell disease screening and detection services, including people who lack health coverage or whose health coverage is inadequate or who cannot meet the financial requirements of their coverage for accessing detection services.

c. The council shall consider the feasibility of the following:

(i) the establishment of a statewide public education and outreach campaign to publicize evidence based sickle cell disease screening, detection and education services. The campaign shall include: general community education, outreach to specific underserved populations, evidence based clinical sickle cell disease screening services, and an informational summary that shall include an explanation of the importance of clinical examinations and what to expect during clinical examinations and sickle cell disease screening services;

(ii) the provision of grants to approved organizations;

(iii) the compilation of data concerning sickle cell disease and dissemination of such data to the public; and

(iv) the development of health care professional education programs

including the benefits of early detection of sickle cell disease and clinical examinations, the recommended frequency of clinical examinations and sickle cell disease screening services, and professionally recognized best practices guidelines.

* NB There are 2 § 243's