

1 AN ACT relating to health disparity impacts.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 6 IS CREATED TO
4 READ AS FOLLOWS:

5 *(1) As used in this section:*

6 *(a) "Health disparity impact" means a difference in health outcomes that:*

7 *1. Impacts the rate of incidence, prevalence, mortality, burden of disease,*
8 *or any other adverse health condition; and*

9 *2. Is closely linked with social, economic, or environmental disadvantage*
10 *for any specific population group, including a group based on*
11 *education, income, location, health status, race, ethnicity, gender,*
12 *sexual orientation, or age; and*

13 *(b) "Health disparity impact review" means an analysis that uses the best*
14 *available empirical and evidence-based information to estimate any health*
15 *disparity impact of a bill, amendment, or committee substitute. The health*
16 *disparity impact review shall determine whether:*

17 *1. Harm or unintended consequences may result by defining outcomes,*
18 *reviewing existing research, analyzing data, conducting literature*
19 *reviews, and evaluating other relevant investigations; and*

20 *2. There may be a disproportionate impact on populations based on*
21 *demographics, as well as social determinants of health, that include*
22 *economic stability, health care, housing, transportation, safety,*
23 *employment, education, food security, community and social context,*
24 *and the physical and build environment.*

25 *(2) A bill, amendment, or committee substitute that may result in a health disparity*
26 *impact shall be identified by the staff of the Legislative Research Commission, as*
27 *possibly having a health disparity impact, on a form specified by the Legislative*

1 Research Commission.

2 (3) If a bill, amendment, or committee substitute is identified as possibly having a
3 health disparity impact under subsection (2) of this section, the staff of the
4 Legislative Research Commission shall send notification that a health disparity
5 impact review may be required to:

6 (a) The sponsor of the bill, amendment, or committee substitute; and

7 (b) The Cabinet for Health and Family Services.

8 (4) If the Cabinet for Health and Family Services determines that a health disparity
9 impact review is appropriate, the Cabinet for Health and Family Services shall:

10 (a) Notify the Legislative Research Commission that a health disparity impact
11 review will be completed;

12 (b) Prepare the review with the assistance of any relevant state agencies; and

13 (c) Submit the review to the Legislative Research Commission to be attached to
14 the measure before final consideration by the standing committee to which
15 the measure has been referred.

16 (5) If the Cabinet for Health and Family Services determines that a health disparity
17 impact review is not appropriate, the Cabinet for Health and Family Services
18 shall notify the Legislative Research Commission that a health disparity impact
19 review will not be completed.

20 (6) Any state agency that has been requested to provide information for a health
21 disparity impact review shall do so within the period of time specified by the
22 Cabinet for Health and Family Services staff person requesting the information,
23 which in no case shall exceed five (5) business days unless an extension is
24 requested by the agency.

25 (7) If an amendment to a bill is combined into a committee substitute or a General
26 Assembly version of the bill is created incorporating a floor amendment, a new
27 health disparity impact review may be requested by the sponsor of the bill that

1 combines the information in the original bill as modified by the amendment and
2 shall be attached to the measure.

3 (8) (a) A bill, amendment, or committee substitute in the orders of the day in the
4 House of Representatives or the Senate that does not have a health disparity
5 impact review attached as required by this section shall be retained in the
6 orders of the day but passed over in the orders of the day until the health
7 disparity impact review is attached.

8 (b) Members of the House of Representatives or the Senate may require, by a
9 majority vote, that a health disparity impact review be prepared on any bill,
10 amendment, or committee substitute in the orders of the day.

11 (9) A majority of the members present at a meeting of any standing committee of the
12 General Assembly, acting through the committee chair, may request the Cabinet
13 for Health and Family Services to prepare a health disparity impact review for
14 any bill, amendment, or committee substitute before the committee and submit
15 the review to the committee.

16 (10) (a) A health disparity impact review shall be in writing and signed by the
17 secretary of the Cabinet for Health and Family Services, or the secretary's
18 designee, and shall determine the extent to which any health disparity
19 impact will:

20 1. Unjustly affect the health of any specific population groups; and
21 2. Affect the cost of health care for any specific population groups,
22 including any potential cost savings that may be realized.

23 (b) A health disparity impact review shall be completed as soon as possible, but
24 no later than thirty (30) days after a request.

25 (c) The Cabinet for Health and Family Services shall create a form to be used
26 to complete a health disparity impact review.