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LC02194

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2010

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH
ADVOCACY AND EQUITY

Introduced By: Representatives Walsh, Almeida, Ajello, Handy, and Ferri

Date Introduced: March 17, 2010

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:

3 CHAPTER 7.4

4 OFFICE OF HEALTH ADVOCACY AND EQUITY

5 **42-7.4-1. Short title.** -- This chapter shall be known and may be cited as the "Office of
6 Health Advocacy and Equity Act."

7 **42-7.4-2. Definitions.** -- As used in this chapter, the following words and phrases shall
8 have the following meanings:

9 (1) "Community-based health agency" means an organization that provides health
10 services or health education, including a hospital, a community health center, a community
11 mental health or substance abuse center, and other health-related organizations.

12 (2) "Community-based organization" means an organization that provides any number of
13 community services that support the well-being of Rhode Island communities.

14 (3) "Disparities" means the incidence, prevalence, mortality, and burden of diseases and
15 other adverse health conditions that exist based on race, ethnicity, gender and economic status,
16 but not limited to the lower economic status.

17 (4) "Office" means the office of health advocacy and equity.

18 **42-7.4-3. Establishment.** -- There is hereby established an office of health advocacy and

1 equity. The health advocate shall be appointed by the governor, with the advice and consent of
2 the senate.

3 **42-7.4-4. Purpose.** – The health advocate shall ensure the integration of all activities of
4 the state to eliminate racial and ethnic health and health care disparities by:

5 (1) Educating other state agencies about health disparities, including social factors that
6 play a role in creating or maintaining disparities;

7 (2) Setting goals for the reduction of disparities and prepare an annual plan for Rhode
8 Island to eliminate disparities;

9 (3) Assessing programs, policies and activities that impact the health of vulnerable
10 individuals and families, including, but not limited to, transportation, housing, labor and public
11 safety, safety net programs, violence prevention, as well as, access to health care and health
12 insurance;

13 (4) Ensuring quality integration and evaluation of any program or policy to reduce or
14 eliminate racial or ethnic health disparities. As such, any agency within any executive office
15 seeking to implement, create or evaluate a program or policy to reduce or eliminate racial or
16 ethnic health and health care disparities shall notify the health advocate before beginning such
17 project or evaluation or instituting such policy.

18 **42-7.4-5. Advisory council.** – The office shall establish an expert advisory council on
19 health equity and work in conjunction with the department of health's minority health advisory
20 committee. The advisory council shall include representation from the attorney general's office,
21 the department of human services, and the department of health's access to care team, which
22 includes the division of minority health, women's health, primary care and rural health, and
23 special health care needs. The council shall provide information and recommendations to the
24 attorney general, director of the department of human services, the director of health, the director
25 of health disparities and access to care team, and to the general assembly on an annual basis on
26 impact of their activities on health and health care disparities. The health advocate shall appoint
27 nine (9) members representing the diversity of communities affected by disparities, no less than
28 six (6) members who shall be experts with working and practical knowledge of social
29 determinants of health, and no less than two (2) members who shall have a working
30 understanding of how policy structures disparities. The office may establish other advisory
31 councils as determined by the health advocate.

32 **42-7.4-6. Disparities impact statement.** -- The office shall annually prepare a disparities
33 impact statement evaluating the likely positive or negative impact of the programs, policies and
34 activities, as defined in section 42-7.4-4, as they relate to eliminating or reducing health

1 disparities. The statement shall include quantifiable impacts and evaluation benchmarks. The
2 statement shall be posted on the office's internet website and those of the executive office of the
3 department of health and department of human services.

4 **42-7.4-7. Evaluation.** – The office shall prepare an annual health disparities evaluation
5 to evaluate the state's progress toward eliminating or reducing racial and ethnic health disparities
6 using the quantifiable measures and benchmarks outlined in the impact statement. The office
7 shall hold public hearings to get information to assist in forming the evaluation. The evaluation
8 shall summarize the activities of the office, state agencies and other partners and shall provide
9 information on any evaluations of individual programs of the office. The evaluation shall be
10 delivered to the governor, speaker of the house, president of the senate and members of the
11 advisory council.

12 **42-7.4-8. Data collection coordination.** – The office shall, in consultation with the
13 department of health and other appropriate state agencies, coordinate the data collection, analysis
14 and dissemination activities of all entities involved in the collection of patient and health care
15 professional race, ethnicity and language data. The office shall coordinate with the department of
16 health, other agencies, organizations and institutions as needed to designate and implement a
17 training curriculum for primary data collectors, test and recommend software and other
18 technological means to facilitate data collection, and disseminate best practices for collection of
19 race, ethnicity, social determinants of health and language data.

20 **42-7.4-9. Health workforce diversity and development.** – The office shall establish a
21 health workforce diversity and development council to coordinate state, local and private sector
22 efforts, including the health professional worker training grant program established to develop a
23 more racially and ethnically diverse health care workforce. The council may make
24 recommendations to facilitate more effective use of financial and other resources to achieve its
25 purposes. This council shall include evaluation and development of the community health worker
26 workforce and must include community health workers on the council. The office shall thus have
27 the ability to administer a community health worker program. The program shall provide grants
28 in coordination with the department of health to community-based health agencies and non-profit
29 community-based organizations to recruit, assign, train and employ community health workers
30 who have direct knowledge of the communities they serve to assess the range of issues that may
31 impact an individual's (or a family's) health and may facilitate improved individual and
32 community wellbeing and should include, but not be limited to:

33 (1) Link with services for legal challenges to unsafe housing conditions;

34 (2) Advocate with various state and local agencies to ensure that the individual/family

1 receives appropriate benefits/services;

2 (3) Advocate for the individual/family within the health care system. This could be done
3 in multiple settings (community-based organization, health care setting, legal service setting);

4 (4) Connect the individual or family with the appropriate services/advocacy support to
5 address those issues such as:

6 (i) Assist in the application for public benefits to increase income and access to food and
7 services;

8 (ii) Work with community-based health agencies and organizations in assisting
9 individuals who are at-risk for or who have chronic diseases to receive better access to high-
10 quality health care services;

11 (iii) Anticipating, identifying and helping patients to overcome barriers within the health
12 care system to ensure prompt diagnostic and treatment resolution of an abnormal finding; and

13 (iv) Coordinate with the relevant health programs to provide information to individuals
14 about health coverage, including Ricare and other sources of health coverage;

15 (5) Assist the department of health, the working group on health literacy, other agencies
16 health clinics, healthcare organizations, community clinics and their providers to implement and
17 promote culturally competent care, effective language access policies, practices and disseminate
18 best practices that comply with title VI to state agencies;

19 (6) Training of health care providers to help patients/families access appropriate services,
20 including social services, legal services and educational services.

21 **42-7.4-10. Community-based participatory research grants.** – The office shall, subject
22 to appropriation, administer a community-based participatory research grants program. The
23 grants shall support research partnerships between community-based organizations, and/or
24 community-based health agencies and academic researchers to eliminate health disparities among
25 predominately underserved populations. Grants shall be awarded to research partnerships only
26 through the community-based organization and/or community-based health agency partner as the
27 lead agency, in an effort to build community capacity and infrastructure for engaging in research
28 to eliminate health disparities. Grants shall be awarded following a competitive application
29 process. In awarding grants, the office shall give priority to agencies that address the social
30 determents of health to eliminate health disparities and improve equity.

31 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH
ADVOCACY AND EQUITY

1 This act would establish the office of health advocacy and equity which would seek to
2 eliminate racial and ethnic health and health care disparities. This act would establish an advisory
3 council, and would also require an annual evaluation, an annual disparities impact statement, data
4 collection coordination, a council to coordinate state, local private sectors and administration of
5 research grants program.

6 This act would take effect upon passage.

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