

HOUSE BILL 1845

By Jernigan

AN ACT to amend Tennessee Code Annotated, Title 3,  
relative to the health equity commission.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 3, is amended by adding the following  
new chapter:

**3-15-101.**

(a)

(1) There is hereby created within the legislative department, the health  
equity commission, which shall consist of twelve (12) members.

(2) Three (3) senators shall be appointed by the speaker of the senate, at  
least one (1) of whom shall be appointed from the membership of each of the  
following standing committees of the senate:

(A) Finance, ways and means;

(B) Health and welfare; and

(C) Commerce and labor.

(3) Three (3) citizen members, who are knowledgeable on matters  
relating to health equity, shall be appointed by the speaker of the senate. One (1)  
citizen member shall reside in each of the state's three (3) grand divisions.

(4) Three (3) representatives shall be appointed by the speaker of the  
house of representatives, at least one (1) of whom shall be appointed from the  
membership of each of the following standing committees of the house:

(A) Finance, ways and means;

(B) Health; and

(C) Insurance and banking.

(5) Three (3) citizen members who are knowledgeable on matters relating to health equity shall be appointed by the speaker of the house.

(6) During the organizational session of each general assembly, the respective speakers shall reappoint or appoint legislative as well as citizen members to serve on the commission. Any vacancies occurring on the commission between organizational sessions shall be filled by the respective speakers, in accordance with this subsection (a).

(b) The commission shall meet at least quarterly and at the call of the chair.

Legislative members of the commission shall be entitled to reimbursement for their expenses in attending meetings of the commission or any subcommittee thereof at the same rates and in the same manner as when attending the general assembly; provided, that no member shall receive additional legislative compensation when the general assembly is in session or if a member is being paid any other payments on the same dates for attendance on other state business. Citizen members of the commission shall receive no salary but shall be eligible to receive reimbursement for actual and necessary travel expenses incurred while performing commission business. Such reimbursement shall be paid in accordance with the comprehensive travel regulations promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

(c) The commission shall elect from its membership a chair, a vice chair, and other officers as it deems necessary.

(d) Each citizen member of the commission shall serve a term of one (1) complete two-year general assembly, and shall be eligible for reappointment. Citizen members shall serve until the expiration of the term to which they were appointed and their successors are appointed. A vacancy occurring other than by expiration of term

shall be filled in the same manner as the original appointment, but for the unexpired term only.

**3-15-102.** The health equity commission is authorized to:

- (1) Create subcommittees related to its purposes;
- (2) Request standing committees of the general assembly, the fiscal review committee, and any agencies of state government to study and report on designated policy matters relating to health equity;
- (3) Conduct meetings and public hearings in Nashville and across the state as shall be necessary to increase public awareness of the social determinants of health and the elimination of health inequalities;
- (4) Employ commission staff, subject to the availability of funding for such purpose and subject to approval by both speakers;
- (5) Enter into contracts for technical or professional services, subject to the availability of funding for such purpose and subject to approval by both speakers; and
- (6) Perform such other duties as are required by the provisions of this part or as may be requested by joint resolution of the general assembly.

**3-15-103.** The health equity commission shall report to each member of the general assembly at least once per complete legislative session on its activities, findings, recommendations, and proposals.

**3-15-104.**

- (a) It is the duty of the health equity commission to:
  - (1) Review current state policies, health promotions and interventions designed to address inequalities in health as reflected in Tennessee statutes, regulations, programs, services, and budgetary priorities;

(2) Study the social determinants of health or the root causes of the inequalities that jeopardize the health of Tennessee's minority and vulnerable communities, including, but not limited to, such persistent problems as teen pregnancy, infant mortality, chronic diseases, infectious diseases, preventable disorders, access to quality and affordable health care, cultural incompetence, and poverty;

(3) Define and establish the components, guidelines, and objectives of a comprehensive state policy to eliminate health disparities and provide advice to the commissioner of finance and administration concerning the state health plan created pursuant to § 68-11-1625;

(4) Identify any Tennessee laws, regulations, programs, services, and budgetary priorities that conflict with the components, guidelines, and objectives of that comprehensive policy;

(5) Search for any interdepartmental gaps, inconsistencies, and inefficiencies in the implementation or attainment of the comprehensive policy;

(6) Identify any new laws, regulations, programs, services, and budgetary priorities that are needed to ensure and promote health equity for Tennessee's minority and vulnerable populations;

(7) Serve as an in-house informational resource for the general assembly on policy matters regarding emerging trends and social conditions that promote or inhibit the elimination of health disparities; and

(8) Perform such other activities as are reasonably related to the legislative intent of this part including, but not limited to, improving public awareness of the state's health equity problems.

(b) The commissioner of health shall report at least once annually on the performance of duties and responsibilities assigned by law to the Tennessee office of minority health.

**3-15-105.**

(a) There is created, within the health equity commission, a state chronic kidney disease task force, hereafter referred to as the "task force," to improve the health of residents of this state and potentially reduce demands on the state's medicaid program.

(b) The task force shall consist of twenty-seven (27) members and shall be chaired by the chief medical officer for the department of health or the commissioner of health's designee; provided, that any such designee shall possess substantially equivalent knowledge, experience, and background as the chief medical officer.

(c) Except as provided in § 3-1-106, all members of the task force shall be voluntary and shall serve without compensation or travel reimbursement; provided, that the task force shall meet only on days in which the general assembly has scheduled a floor session to consider legislation or on days standing committees of the general assembly are scheduled to meet.

(d) The task force shall include the following members:

(1) Two (2) members of the house of representatives to be appointed by the speaker of the house of representatives, and two (2) members of the senate to be appointed by the speaker of the senate;

(2) The chief medical officer for the department of health or the commissioner of health's designee; provided, that any such designee shall possess substantially the same knowledge, experience, and background as the chief medical officer;

(3) Two (2) physicians appointed by the Tennessee medical association from lists submitted by the Tennessee Medical Association;

(4) Three (3) nephrologists, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee Renal Association;

(5) Three (3) primary care physicians, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee Primary Care Association;

(6) Three (3) pathologists, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee Society of Pathologists;

(7) One (1) member who represents owners and operators of clinical laboratories in the state. Interested candidates who meet the criteria in this section shall submit letters of interest to the task force for selection;

(8) Two (2) members who represent private renal care providers. Interested candidates who meet the criteria in this section shall submit letters of interest to the task force for selection;

(9) Three (3) members who have chronic kidney disease, one (1) from each of the three (3) grand divisions of the state, to be selected by the Kidney Foundation;

(10) One (1) pharmacist, to be selected by the Tennessee Society of Pharmacists;

(11) Three (3) members who represent the Kidney Foundation affiliates, one (1) from each of the three (3) grand divisions of the state; and

(12) One (1) member from Q-Source, the Medicare Quality Improvement Organization (QIO) for Tennessee.

(e) The task force shall:

(1) Develop a plan to educate public healthcare professionals about the advantages and methods of early screening, diagnosis, and treatment of chronic kidney disease and its complications based on kidney disease outcomes, quality initiative clinical practice guidelines for chronic kidney disease, or other medically recognized clinical practice guidelines;

(2) Make recommendations on the implementation of a plan for early screening, diagnosis, and treatment of chronic kidney disease in the state, with the goals of slowing the progression of kidney disease to kidney failure, requiring treatment with dialysis or transplantation, and prevention and treatment of cardiovascular disease; and

(3) Identify barriers to the adoption of best practices, including the fragmentation of care among specialists and primary care physicians and lack of access to primary care physicians, and identify potential public policy options to address these barriers.

(f) The health equity commission shall provide necessary staff to the task force; provided, that the department of health and all other state departments and agencies are urged to provide necessary assistance to the task force upon request.

(g) The task force shall report all findings and recommendations to the senate health and welfare committee and the house health committee. All meetings of the task force shall occur prior to June 30, 2018, at which time the task force shall cease to exist.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring

it.