

SENATE No. 600

The Commonwealth of Massachusetts

PRESENTED BY:

Michael J. Barrett

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to promote health equity.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>	<i>1/26/2017</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>1/30/2017</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>1/31/2017</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>	<i>2/1/2017</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>2/1/2017</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>	<i>2/2/2017</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/2/2017</i>
<i>Natalie Higgins</i>	<i>4th Worcester</i>	<i>2/3/2017</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>	<i>2/3/2017</i>

SENATE No. 600

By Mr. Barrett, a petition (accompanied by bill, Senate, No. 600) of Michael J. Barrett, John J. Lawn, Jr., James B. Eldridge, Mike Connolly and other members of the General Court for legislation to promote health equality. Health Care Financing.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act to promote health equity.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 16 of chapter 6A of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by striking out, in line 38, the words “and (7)” and inserting
3 in place thereof the following words:- “(7) the office of health equity; and (8)”.

4 SECTION 2. Subsection (a) of section 16O of said chapter 6A, as so appearing, is hereby
5 amended by striking out the second sentence and inserting in place thereof the following
6 sentence:-

7 The council shall make recommendations to the director of the office of health equity to
8 reduce and eliminate disparities in access to quality health care and health outcomes based on
9 race or ethnicity, religion, socioeconomic status, gender, age, mental health, cognitive, sensory,
10 or physical disability, sexual orientation or gender identity, geographic location, or any other
11 characteristic historically linked to discrimination or exclusion.

12 SECTION 3. Said section 16O of said chapter 6A, as so appearing, is hereby further
13 amended by inserting after the word “officio”, in line 27, the following words:- “; the director of
14 the office of health equity or a designee”.

15 SECTION 4. Said chapter 6A is hereby further amended by adding the following
16 section:-

17 Section 16Z. (a) As used in this section the following words shall have the following
18 meanings unless the context clearly requires otherwise:

19 “Health disparities”, differences in the incidence, prevalence, mortality and burden of
20 diseases and other adverse health conditions, differences in the access to or receipt of health care
21 or both such differences that disproportionately affect individuals based on race or ethnicity,
22 religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical
23 disability, sexual orientation or gender identity, geographic location, or any other characteristic
24 historically linked to discrimination or exclusion.

25 “Office”, the office of health equity.

26 (b) There shall be an office of health equity within the executive office of health and
27 human services. The office shall be in the charge of a director, who shall report directly to the
28 secretary of health and human services. The health disparities council, established in section
29 16O, shall serve as an advisory board to the office of health equity.

30 (c) The office, subject to appropriation, shall coordinate all activities of the
31 commonwealth to eliminate health disparities. The office shall work to reduce health disparities
32 and prepare an annual plan to eliminate health disparities.

33 (d) The office, subject to appropriation, shall collaborate with other state agencies on
34 health disparities reduction initiatives to address the social and economic factors that influence
35 health inequality. The office shall also consider and make recommendations regarding
36 individuals that experience the highest levels of disparity in health and health care based on race
37 or ethnicity, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or
38 physical disability, sexual orientation or gender identity, geographic location, or any other
39 characteristic historically linked to discrimination or exclusion. The state agencies shall include,
40 but not be limited to, the executive office of health and human services, the executive office of
41 housing and economic development, the executive office of public safety and security, the
42 executive office of energy and environmental affairs, the Massachusetts Department of
43 Transportation, the executive office of labor and workforce development and the executive office
44 of education. The office shall facilitate communication and partnership between state agencies to
45 develop a greater understanding of the intersection between agency activities and health
46 outcomes. The office shall facilitate the development of interagency initiatives to address the
47 social and economic determinants of health and health disparity issues including, but not limited
48 to: (i) healthcare access and quality; (ii) housing availability and quality; (iii) transportation
49 availability, location and cost; (iv) community policing and safe spaces; (v) air, water and land
50 usage and quality; (vi) employment and workforce development; and (vii) education access and
51 quality.

52 (e) The office, subject to appropriation, shall evaluate the effectiveness of programs and
53 interventions to eliminate health disparities and identify best practices and model programs.

54 (f) The office, subject to appropriation, shall prepare an annual health disparity report
55 card. The report card shall evaluate the progress of the commonwealth toward eliminating health

56 disparities and, whenever possible, use quantifiable measures and comparative benchmarks. The
57 report card shall report on progress on a state and regional basis, based on regions determined by
58 the office. The office shall hold public hearings in each determined region to receive public
59 information on the topics of the report card. Not later than July 1 of each year, the report card
60 shall be delivered to the governor and the members of the health disparities council, established
61 under section 16O, posted on the website of the office and filed with the clerks of the senate and
62 house of representatives.

63 SECTION 5. Subsection (g) of section 8 of chapter 6D of the General Laws, as appearing
64 in the 2014 Official Edition, is hereby amended by inserting after the second sentence the
65 following sentence:-

66 The commission shall establish goals to reduce health care disparities based on race or
67 ethnicity, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or
68 physical disability, sexual orientation or gender identity, geographic location, or any other
69 characteristic historically linked to discrimination or exclusion, and shall seek to incorporate the
70 recommendations of the health disparities council and the office of health equity created in
71 section 16Z of chapter 6A.