HOUSE DOCKET, NO. 3351 FILED ON: 2/19/2021

HOUSE . . . . . No. 2373

The Commonwealth of Massachusetts

PRESENTED BY:

Liz Miranda

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 establishing health equity at all levels in government.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Liz Miranda	*5th Suffolk*	*2/19/2021*
Marcos A. Devers	*16th Essex*	*2/19/2021*
Lindsay N. Sabadosa	*1st Hampshire*	*2/25/2021*
Nika C. Elugardo	*15th Suffolk*	*2/26/2021*
Christina A. Minicucci	*14th Essex*	*3/9/2021*
Steven Ultrino	*33rd Middlesex*	*3/5/2021*
Tram T. Nguyen	*18th Essex*	*3/10/2021*
Joanne M. Comerford	*Hampshire, Franklin and Worcester*	*4/5/2021*
Rebecca L. Rausch	*Norfolk, Bristol and Middlesex*	*4/22/2021*
Julian Cyr	*Cape and Islands*	*5/8/2021*

HOUSE DOCKET, NO. 3351 FILED ON: 2/19/2021

HOUSE . . . . . No. 2373

By Ms. Miranda of Boston, a petition (accompanied by bill, House, No. 2373) of Liz Miranda and others relative to providing a health equity assessment of certain legislation before the General Court. Public Health.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act establishing health equity at all levels in government.

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

SECTION 1. Chapter 3 of the General Laws is hereby amended by inserting after section 38C the following section:-

Section 38D. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Contracted institution", the academic institution selected by the department of public health.

"Determinants of equity", social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.

"Health disparities", differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation,

gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.

"Health equity", efforts to ensure that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

"Health equity principles", principles that facilitate the realization of health equity for all people in the commonwealth, including, but not limited to:

(i) the incorporation of health equity considerations into decision-making in all sectors, levels, and policies;

(ii) the meaningful involvement of all people with respect to the development, implementation and enforcement of laws, regulations and policies that affect health equity; and

(iii) the equitable distribution of resources, benefits and burdens, with special attention to equity across geographic regions of the commonwealth and impacts on populations that have experienced marginalization or oppression.

"Health inequities", disparities in health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.

"Initiative", the health equity at all levels in government initiative.

"Populations that have experienced marginalization or oppression", communities that include, but are not limited to, women; Black, Indigenous, and People of Color; minority ethnic groups; low-income individuals and families; individuals who are incarcerated and those who have been incarcerated; individuals experiencing homelessness; individuals with disabilities; individuals with mental health conditions; children, youth and young adults; seniors; immigrants and refugees; individuals who are limited-English proficient; lesbian, gay, bisexual, transgender/gender non-conforming, queer, intersex, and agender/asexual/ally communities; and environmental justice populations, as defined in section 62 of chapter 30, or combinations of these populations.

"Social determinants of health", the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, including, but not limited to, economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

"State agencies", the executive offices of administration and finance, education, energy and environmental affairs, health and human services, housing and economic development, labor and workforce development, public safety and security, technology services and security, the department of transportation and other departments, commissions, offices, boards, divisions, institutions or other agencies of the executive department that the governor may from time to time designate.

(b) The department of public health shall contract with an academic institution to provide health equity assessments of bills before the general court. The department shall select the

contracted institution on the basis of expertise in health equity, expertise in public health, program capacity and such other criteria that the department determines are necessary. The department shall provide adequate funding to ensure that the contracted institution shall have adequate capacity to complete assessments. Each contract shall last for a duration of 5 years.

(c) The contracted institution shall conduct a health equity assessment for a bill upon request of a committee of the general court having jurisdiction, the committee on ways and means of either branch, or a member of the general court. The contracted institution may decline a request for a health equity assessment if the bill is unrelated to health equity or if producing an assessment would not be feasible while operating within its available resources. A committee of the general court having jurisdiction and the senate and house committees on ways and means may consider any health equity assessment that has been produced when deciding whether to report a bill favorably.

(d) The contracted institution shall conduct a health equity assessment for all bills referred by a committee of the general court having jurisdiction. Committees of the general court shall refer all bills under their jurisdiction that the house or senate chair of the committee, the speaker of the house of representatives, the president of the senate, the minority leader of the house of representatives or the minority leader of the senate determines is likely to have a significant impact on health equity or is likely to have a fiscal impact of more than $50 million. The contracted institution may decline a referral for a health equity assessment if the bill is unrelated to health equity or if producing an assessment would not be feasible while operating within its available resources. A committee of the general court having jurisdiction and the senate and house committees on ways and means shall consider any health equity assessment that has been produced when deciding whether to report a bill favorably.

(e) (1) Health equity assessments shall be conducted in accordance with health equity principles. Health equity assessments shall include, at a minimum and to the extent that information is available, an analysis of whether the proposed policy is likely to promote or undermine health equity in the commonwealth.

(2) Health equity assessments may consider:

(i) direct impacts on health disparities, health inequities, the social determinants of health, and the determinants of equity, with special attention to impacts on populations that have experienced marginalization or oppression;

(ii) the quality and relevance of studies to evaluate said impacts;

(iii) the availability of measures that would minimize any anticipated adverse health equity consequences;

(iv) the existence of adverse short-term and long-term health equity consequences that cannot be avoided should the proposed policy be enacted;

(ii) the availability of reasonable alternatives to the proposed policy; and

(iii) the impact of the proposed policy on factors that include, but are not limited to:

(A) income security, including, but not limited to, adequate wages, relevant tax policies, and paid leave;

(B) food security and nutrition, including, but not limited to, food assistance program eligibility and enrollment, assessments of food access and rates of access to unhealthy food and beverages;

(C) child development, education, and literacy rates, including, but not limited to, opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment and adult literacy;

(D) housing, including, but not limited to, access to affordable, safe and healthy housing; housing near parks and with access to healthy foods; and housing that incorporates universal design and visitability features;

(E) environmental quality, including, but not limited to, exposure to toxins in the air, water and soil;

(F) accessible built environments that promote health and safety, including, but not limited to, mixed-used land; active transportation such as improved pedestrian, bicycle and automobile safety; parks and green space; and healthy school siting;

(G) health care, including, but not limited to, accessible chronic disease management programs, access to affordable, high-quality health and behavioral health care, assessment of the healthcare workforce, and workforce diversity;

(H) prevention efforts, including, but not limited to, community-based education and availability of preventive services;

(I) assessing ongoing discrimination and minority stressors against individuals and groups in populations that have experienced marginalization or oppression based upon race, gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, including, but not limited to, discrimination that is based upon bias and negative attitudes of health professionals and providers;

(J) neighborhood safety and collective efficacy, including, but not limited to, rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community;

(K) culturally appropriate and competent services and training in all sectors, including, but not limited to, training to eliminate bias, discrimination and mistreatment of persons in populations that have experienced marginalization or oppression;

(L) linguistically appropriate and competent services and training in all sectors, including, but not limited to, the availability of information in alternative formats such as large font, braille and American Sign Language; and

(M) accessible, affordable and appropriate mental health services.

(3) Health equity assessments shall be based on the best available empirical information and professional assumptions available to the contracted institution within the time required for completing the assessment. Health equity assessments shall be nonpartisan, informational in nature and shall not provide any recommendation on the reporting of the bill by the committee having jurisdiction.

(4) The contracted institution may limit the number of health equity assessments it produces to retain quality while operating within its available resources.

(f) For each health equity assessment, the contracted institution shall accept public comment for no less than 20 days. The contracted institution shall consult with relevant state agencies and community organizations and may hold public hearings.

The contracted institution shall conduct all public hearings and opportunities for public comment in accordance with health equity principles. The contracted institution shall implement additional measures to improve public participation by populations that have experienced marginalization or oppression. Such measures shall include, as appropriate:

(i) making public notices and other key documents available in English and any other language spoken by a significant number of individuals who are limited-English proficient;

(ii) providing translation services at public meetings;

(iii) requiring public meetings be held in accessible locations that are near public transportation; and

(iv) providing appropriate information about the assessment procedure for the bill.

The contracted institution shall file the health equity assessment with the clerks of the house of representatives and the senate and the requesting party or committee having jurisdiction within 30 days of the request or referral. The speaker of the house of representatives or the president of the senate may extend the deadline for filing a health impact assessment on a major and complicated bill for a period of not more than 30 days.

(g) Joint committees of the general court and the house and senate committees on ways and means when reporting on bills referred to them shall include any health equity assessment that has been produced. If the contracted institution fails to file the health equity assessment within 30 days, or within 60 days if an extension applies, said committees may report on bills referred to them without including a health equity assessment.

(h) Every 2 years on or before the final day of each legislative session, the contracted institution shall issue a report that provides an overview of the health equity assessments prepared during the session. The contracted institution shall file the report with the clerks of the house of representatives and the senate and the chairs of the house and senate committees on ways and means.

(i) The contracted institution shall testify at hearings when requested by a committee of the general court. The contracted institution may provide training to the general court on health equity, health disparities, and the social determinants of health.

SECTION 2. The first sentence of section 17 of chapter 6 of the General Laws is hereby amended by inserting after the words “office of the child advocate,” the following words:- , the health equity at all levels in government initiative.

SECTION 3. Chapter 6 of the General Laws is hereby amended by adding after section 219 the following section:-

Section 220. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

“Contracted institution”, the academic institution selected by the department of public health.

“Determinants of equity”, social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.

“Health disparities”, differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation,

gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.

"Health equity", efforts to ensure that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

"Health equity principles", principles that facilitate the realization of health equity for all people in the commonwealth, including, but not limited to:

(i) the incorporation of health equity considerations into decision-making in all sectors, levels, and policies;

(ii) the meaningful involvement of all people with respect to the development, implementation and enforcement of laws, regulations and policies that affect health equity; and

(iii) the equitable distribution of resources, benefits and burdens, with special attention to equity across geographic regions of the commonwealth and impacts on populations that have experienced marginalization or oppression.

"Health inequities", disparities in health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.

"Initiative", the health equity at all levels in government initiative.

"Populations that have experienced marginalization or oppression", communities that include, but are not limited to, women; Black, Indigenous, and People of Color; minority ethnic groups; low-income individuals and families; individuals who are incarcerated and those who have been incarcerated; individuals experiencing homelessness; individuals with disabilities; individuals with mental health conditions; children, youth and young adults; seniors; immigrants and refugees; individuals who are limited-English proficient; lesbian, gay, bisexual, transgender/gender non-conforming, queer, intersex, and agender/asexual/ally communities; and environmental justice populations, as defined in section 62 of chapter 30, or combinations of these populations.

"Social determinants of health", the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, including, but not limited to, economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

"State agencies", the executive offices of administration and finance, education, energy and environmental affairs, health and human services, housing and economic development, labor and workforce development, public safety and security, technology services and security, the department of transportation and other departments, commissions, offices, boards, divisions, institutions or other agencies of the executive department that the governor may from time to time designate.

(b) The commonwealth recognizes racism as a public health crisis. Health is an outcome of a wide range of factors, many of which lie outside the activities of the health sector and

require a shared responsibility and an integrated and sustained policy response across government.

(c) There shall be a health equity at all levels in government initiative. The governor shall appoint the director of the initiative. The initiative may utilize data, staff and expertise from the department of public health. Nothing in this section shall be construed to limit or interfere with the office of health equity's duties under section 16AA of chapter 6.

In all of its work, the initiative shall act in accordance with health equity principles and shall seek to address racism as a public health crisis.

The initiative shall:

(1) in consultation with the interagency task force and oversight board, establish a comprehensive, cross-sectoral strategic plan to eliminate health disparities and inequities, provided, that:

(i) the initiative shall publish the plan on its website;

(ii) the initiative shall accept public comment on the plan for no less than 30 days and shall hold not less than 2 public hearings;

(iii) the initiative shall update the strategic plan not less than every 2 years;

(iv) the plan shall address the following key factors as they relate to health disparities and inequities:

(A) income security, including, but not limited to, adequate wages, relevant tax policies, and paid leave;

(B) food security and nutrition, including, but not limited to, food assistance program eligibility and enrollment, assessments of food access and rates of access to unhealthy food and beverages;

(C) child development, education, and literacy rates, including, but not limited to, opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment and adult literacy;

(D) housing, including, but not limited to, access to affordable, safe and healthy housing; housing near parks and with access to healthy foods; and housing that incorporates universal design and visitability features;

(E) environmental quality, including, but not limited to, exposure to toxins in the air, water and soil;

(F) accessible built environments that promote health and safety, including, but not limited to, mixed-used land; active transportation such as improved pedestrian, bicycle and automobile safety; parks and green space; and healthy school siting;

(G) health care, including, but not limited to, accessible chronic disease management programs, access to affordable, high-quality health and behavioral health care, assessment of the healthcare workforce, and workforce diversity;

(H) prevention efforts, including, but not limited to, community-based education and availability of preventive services;

(I) assessing ongoing discrimination and minority stressors against individuals and groups in populations that have experienced marginalization or oppression based upon race,

gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, including, but not limited to, discrimination that is based upon bias and negative attitudes of health professionals and providers;

(J) neighborhood safety and collective efficacy, including, but not limited to, rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community;

(K) culturally appropriate and competent services and training in all sectors, including, but not limited to, training to eliminate bias, discrimination and mistreatment of persons in populations that have experienced marginalization or oppression;

(L) linguistically appropriate and competent services and training in all sectors, including, but not limited to, the availability of information in alternative formats such as large font, braille and American Sign Language; and

(M) accessible, affordable and appropriate mental health services.

(2) in partnership with the interagency task force, develop shared health equity metrics for use by all state agencies;

(3) collect and analyze data from state agencies and other sources, and publish analyses on its website;

(4) publish evidence-based, evidence-informed, and community-based information on health equity, health inequities, health disparities, social determinants of health, determinants of equity and the effect on populations that have experienced marginalization or oppression on its website;

(5) provide technical assistance to local boards of health and other local agencies that address the social determinants of health;

(6) provide training and technical assistance to state agency officials and staff;

(7) assist state agencies with self-audits and informal review of policies, projects, rules and regulations;

(8) upon request from a state agency, provide health equity assessments of policies, projects, rules and regulations, provided, that health equity assessments be conducted in accordance with health equity principles and shall include, at a minimum and to the extent that information is available, an analysis of whether the proposed policy is likely to promote or undermine health equity in the commonwealth and may consider:

(i) direct impacts on health disparities, health inequities, the social determinants of health, and the determinants of equity, with special attention to impacts on populations that have experienced marginalization or oppression;

(ii) the quality and relevance of studies to evaluate said impacts;

(iii) the availability of measures that would minimize any anticipated adverse health equity consequences;

(iv) the existence of adverse short-term and long-term health equity consequences that cannot be avoided should the proposed policy be enacted;

(v) the availability of reasonable alternatives to the proposed policy; and

(vi) the impact of the proposed policy on factors that include, but are not limited to, the factors in subclause (iv) of clause (1).

(9) upon request from a state agency, advise on development of health equity strategic plans or emergency plans;

(10) consult with and provide information to the interagency task force, oversight board, and department of public health when appropriate;

(11) issue reports and hold public hearings on the state of health equity in the commonwealth and on special health equity needs; and

(12) testify at hearings when requested by a committee of the general court.

The initiative shall conduct all public hearings and opportunities for public comment in accordance with health equity principles. The initiative shall implement additional measures to improve public participation by populations that have experienced marginalization or oppression. Such measures shall include, as appropriate:

(i) making public notices and other key documents available in English and any other language spoken by a significant number of individuals who are limited-English proficient;

(ii) providing translation services at public meetings;

(iii) requiring public meetings be held in accessible locations that are near public transportation; and

(iv) providing appropriate information about the assessment procedure for the bill.

(d) The initiative shall convene an interagency task force to facilitate collaboration between the state agencies. The task force shall consist of the governor; the secretary of each of the state agencies or a designee, provided, that the secretary shall attend at least one meeting of the task force each year; the director of the initiative; the commissioner of public health; and additional members designated by the governor. The director of the initiative and the commissioner of public health shall serve as co-chairs of the task force. The task force shall meet not less than quarterly and at other times at the discretion of the chairs.

The task force shall: (i) identify barriers to and opportunities for coordination across sectors and between state agencies; (ii) consider best practices used by other jurisdictions and state agencies; (iii) in partnership with the initiative, develop shared health equity metrics for use by all state agencies; and (iv) facilitate data sharing between state agencies and the initiative.

(e) The initiative shall convene an oversight board to provide accountability and community perspectives. The initiative shall regularly consult with and provide information as requested by the oversight board.

The oversight board shall consist of the director of the initiative; the commissioner of public health or designee; the executive director of the health policy commission or designee; the house chair and the senate chair of the committee on racial equity, civil rights and inclusion or their designees; and 27 additional members, 1 of whom shall represent the Massachusetts Public Health Association; 1 of whom shall represent Health Care for All; 1 of whom shall represent the Western Massachusetts Health Equity Network; 1 of whom shall represent the Springfield Faith-Based Health Alliance; 1 of whom shall represent the Boston branch of the National Association for the Advancement of Colored People New England Area Conference; 1 of whom shall

represent the Men of Color Health Awareness project; 1 of whom shall represent the Massachusetts Senior Action Council; 1 of whom shall represent City Life/Vida Urbana; 1 of whom shall represent the Massachusetts Communities Action Network; 1 of whom shall represent the Disability Policy Consortium Inc.; 1 of whom shall represent public sector service industry unions, chosen by the director of the initiative; 1 of whom shall represent the Boston Public Health Commission; 1 of whom shall represent the Massachusetts League of Community Health Centers, Inc.; 1 of whom shall represent the Springfield health department; 1 of whom shall represent a health department in a rural community, chosen by the director of the initiative; 1 of whom shall represent Cape Cod and the southeastern region of the commonwealth, chosen by the director of the initiative; 1 of whom shall represent the Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth; 1 of whom shall represent the commission on Indian affairs; 1 of whom shall represent Lawyers for Civil Rights, Inc.; 1 of whom shall represent Neighbor to Neighbor Massachusetts Education Fund; 1 of whom shall represent Rosie's Place; 1 of whom shall represent Families for Justice as Healing, Inc.; 1 of whom shall represent the National Alliance on Mental Illness of Massachusetts, Inc.; and 4 persons from populations that have experienced marginalization or oppression, 1 of whom shall be appointed by the speaker of the house of representatives, 1 of whom shall be appointed by the president of the senate, 1 of whom shall be appointed by the chair of the Black and Latino Caucus and 1 of whom shall be appointed by the chair of the Asian-American Caucus.

The board shall annually elect 1 of its members to serve as chair. The representatives of nongovernmental organizations shall serve staggered terms of 3 years. Vacancies of unexpired terms shall be filled within 60 days by the appropriate appointing authority. The oversight board shall meet not less than quarterly and at other times at the discretion of the chair.

The board shall (i) advise the initiative and task force; (ii) recommend shared health equity metrics for selection by the initiative and the task force; (iii) set goals and benchmarks for the initiative; (iv) hold public listening and oversight sessions; (v) issue annual reports; and (vi) issue special reports identifying topics related to health equity in the commonwealth.

The board shall conduct all public listening and oversight sessions in accordance with health equity principles.

The board shall implement additional measures to improve public participation by populations that have experienced marginalization or oppression. Such measures shall include, as appropriate:

(i) making public notices and other key documents available in English and any other language spoken by a significant number of individuals who are limited-English proficient;

(ii) providing translation services at public meetings;

(iii) requiring public meetings be held in accessible locations that are near public transportation; and

(iv) providing appropriate information about the assessment procedure for the bill.

(f) The initiative and the oversight board shall evaluate health equity strategic plans submitted by the state agencies in accordance with health equity principles. The initiative shall publish the health equity strategic plan of each state agency on its website. The initiative shall accept public comment on each health equity strategic plan for no less than 30 days and may hold public hearings. The initiative, in consultation with the oversight board, shall issue an

approval or disapproval of the health equity strategic plan no later than 30 days following the completion of the public comment period.

Upon declaration of a public health emergency, the initiative or the governor may direct state agencies to submit emergency health equity strategic plans to address an emergency health equity need. The initiative or the governor may specify the form and substance of emergency health equity strategic plans. The initiative shall publish the emergency health equity strategic plan of each state agency on its website. The initiative shall accept public comment on each emergency health equity strategic plan for no less than 7 days and may hold public hearings. The initiative, in consultation with the oversight board, shall issue an approval or disapproval of the emergency health equity strategic plan no later than 7 days following the completion of the public comment period.

(g) The initiative may conduct audits of state agency policies, projects, rules and regulations at its discretion.

SECTION 4. The first sentence of subsection (c) of section 16AA of chapter 6A of the General Laws is hereby amended by inserting, after the word “office” the following words:- in partnership with the health equity at all levels in government initiative.

SECTION 5. Chapter 30 of the General Laws is hereby amended by adding after section 65 the following section:-

Section 66. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Contracted institution", the academic institution selected by the department of public health.

"Determinants of equity", social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.

"Health disparities", differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.

"Health equity", efforts to ensure that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

"Health equity principles", principles that facilitate the realization of health equity for all people in the commonwealth, including, but not limited to:

(i) the incorporation of health equity considerations into decision-making in all sectors, levels, and policies;

(ii) the meaningful involvement of all people with respect to the development, implementation and enforcement of laws, regulations and policies that affect health equity; and

(iii) the equitable distribution of resources, benefits and burdens, with special attention to equity across geographic regions of the commonwealth and impacts on populations that have experienced marginalization or oppression.

"Health inequities", disparities in health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.

"Initiative", the health equity at all levels in government initiative.

"Populations that have experienced marginalization or oppression", communities that include, but are not limited to, women; Black, Indigenous, and People of Color; minority ethnic groups; low-income individuals and families; individuals who are incarcerated and those who have been incarcerated; individuals experiencing homelessness; individuals with disabilities; individuals with mental health conditions; children, youth and young adults; seniors; immigrants and refugees; individuals who are limited-English proficient; lesbian, gay, bisexual, transgender/gender non-conforming, queer, intersex, and agender/asexual/ally communities; and environmental justice populations, as defined in section 62 of chapter 30, or combinations of these populations.

"Social determinants of health", the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, including, but not limited to, economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

"State agencies", the executive offices of administration and finance, education, energy and environmental affairs, health and human services, housing and economic development, labor

and workforce development, public safety and security, technology services and security, the department of transportation and other departments, commissions, offices, boards, divisions, institutions or other agencies of the executive department that the governor may from time to time designate.

(b) State agencies shall prepare and implement health equity strategic plans every 2 years. Health equity strategic plans shall be prepared and implemented in accordance with health equity principles. Health equity strategic plans shall include, but not be limited to:

(1) a description of policy priorities, provided, that priorities shall reflect consideration of regional health equity;

(2) a description of health equity goals to be accomplished by the state agency;

(3) a plan for evaluation of health equity goals, including, but not limited to, outcome measures, sources of data and technical analysis;

(4) policies and procedures for conducting health equity assessments, including, but not limited to:

(i) criteria for determining which policies, projects, rules and regulations shall be reviewed;

(ii) factors that shall be considered in assessments, which may include, but not be limited to:

(A) income security, including, but not limited to, adequate wages, relevant tax policies, and paid leave;

(B) food security and nutrition, including, but not limited to, food assistance program eligibility and enrollment, assessments of food access and rates of access to unhealthy food and beverages;

(C) child development, education, and literacy rates, including, but not limited to, opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment and adult literacy;

(D) housing, including, but not limited to, access to affordable, safe and healthy housing; housing near parks and with access to healthy foods; and housing that incorporates universal design and visitability features;

(E) environmental quality, including, but not limited to, exposure to toxins in the air, water and soil;

(F) accessible built environments that promote health and safety, including, but not limited to, mixed-used land; active transportation such as improved pedestrian, bicycle and automobile safety; parks and green space; and healthy school siting;

(G) health care, including, but not limited to, accessible chronic disease management programs, access to affordable, high-quality health and behavioral health care, assessment of the healthcare workforce, and workforce diversity;

(H) prevention efforts, including, but not limited to, community-based education and availability of preventive services;

(I) assessing ongoing discrimination and minority stressors against individuals and groups in populations that have experienced marginalization or oppression based upon race,

gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, including, but not limited to, discrimination that is based upon bias and negative attitudes of health professionals and providers;

(J) neighborhood safety and collective efficacy, including, but not limited to, rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community;

(K) culturally appropriate and competent services and training in all sectors, including, but not limited to, training to eliminate bias, discrimination and mistreatment of persons in populations that have experienced marginalization or oppression;

(L) linguistically appropriate and competent services and training in all sectors, including, but not limited to, the availability of information in alternative formats such as large font, braille and American Sign Language; and

(M) accessible, affordable and appropriate mental health services.

(iii) procedures for public notice and comment or public hearings; provided, that state agencies shall conduct all public hearings and opportunities for public comment in accordance with health equity principles; and

(5) a review of progress and implementation of the agency's previous strategic plan, if applicable.

State agencies shall submit health equity strategic plans to the initiative and the oversight board for approval on or before December 31 of an odd-numbered year. If the initiative and

oversight board issue a disapproval of the health equity strategic plan, the state agency shall submit a new plan within 30 days.

State agencies shall prepare and implement emergency health equity strategic plans when directed by the governor or the initiative. Emergency health equity strategic plans shall include such information as the governor or the initiative may specify. State agencies shall submit emergency health equity strategic plans to the initiative and the oversight board for approval on or before such dates as the governor or the initiative may specify. If the initiative and oversight board issue a disapproval of the emergency health equity strategic plan, the state agency shall submit a new emergency plan within 7 days.

SECTION 6. Subsection (d) of section 38D of chapter 3 of the general laws shall take effect 3 years after the effective date of this act.

SECTION 7. Subsections (f) and (g) of section 220 of chapter 6 of the general laws shall take effect 3 years after the effective date of this act.

SECTION 8. Subsection (b) of section 66 of chapter 30 of the general laws shall take effect 3 years after the effective date of this act.