

SENATE No. 1091

The Commonwealth of Massachusetts

PRESENTED BY:

Susan C. Fargo

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 eliminate racial and ethnic health disparities in the Commonwealth.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Susan C. Fargo</i>	
<i>Jeffrey Sánchez</i>	<i>15th Suffolk</i>
<i>Martha M. Walz</i>	<i>8th Suffolk</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex, Suffolk, and Essex</i>
<i>James B. Eldridge</i>	
<i>Gloria L. Fox</i>	<i>7th Suffolk</i>
<i>Mark C. Montigny</i>	
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>

SENATE No. 1091

By Ms. Fargo, petition (accompanied by bill, Senate, No. 1091) of Susan C. Fargo, Jeffrey Sánchez, Martha Walz, Sal N. DiDomenico and other members of the General Court for legislation to eliminate racial and ethnic health disparities in the Commonwealth [Joint Committee on Public Health].

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 810 OF 2009-2010.]

The Commonwealth of Massachusetts

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In the Year Two Thousand Eleven
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An Act to eliminate racial and ethnic health disparities in the Commonwealth.

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. The General Court finds and declares that:

2 (a) disparities in health and healthcare are widespread in Massachusetts, and such
3 inequalities compromise the health and well being of racial and ethnic minorities, impacting all
4 Massachusetts residents;

5 (b) health disparities result from a range of social and economic factors that are not
6 limited to healthcare, but also include education and employment, neighborhoods and housing,
7 bias, discrimination and a variety of social determinants;

8 (c) addressing health disparities for racial and ethnic minorities is important to
9 eliminating disparities for other underserved populations including affected gender groups,
10 sexual minorities, geographically-isolated communities and persons with disabilities; and

11 (d) an effective state strategy to eliminate disparities must be comprehensive and include
12 interventions that coordinate policies and efforts across state systems, agencies, and programs.

13 SECTION 2. The second paragraph of section 16 of chapter 6A of the General Laws, as
14 appearing in the 2008 Official Edition, is hereby amended by striking out the words “and, (7) the
15 health facilities appeals board ” and inserting after in place thereof the following words :-

16 (7) the health facilities appeal board; and (8) the office of health equity.

17 SECTION 3. Section 16O of said chapter 6A, as so appearing, is hereby amended by
18 inserting after the word, “recommendations,” in line 3, the following words :- to the director of
19 the office of health equity.

20 SECTION 4. Said section 16O of said chapter 6A, as so appearing, is hereby further
21 amended by striking out, in line 15, the figure “37” and inserting in place thereof the following
22 figure :- 38.

23 SECTION 5. Said section 16O of said chapter 6A, as so appearing, is hereby further
24 amended by inserting after the word “ officio ”, in line 19, the following words :- ; the director of
25 the office of health equity, or the director’s designee.

26 SECTION 6. Said chapter 6A is hereby amended by inserting after section 16S the
27 following section: –

28 Section 16T. There shall be an office of health equity within the executive office of
29 health and human services. The office shall be in the charge of a director, who shall report
30 directly to the secretary of health and human services. The health disparities council, described in
31 section 16O, shall serve as an advisory board to the office of health equity.

32 SECTION 7. The General Laws are hereby amended by inserting after chapter 111N the
33 following chapter:–

34 CHAPTER 111O . OFFICE OF HEALTH EQUITY.

35 Section 1. As used in this chapter the following words shall, unless the context clearly
36 requires otherwise, have the following meanings: –

37 “Disparities” or “Racial and ethnic health and health care disparities”, differences in the
38 incidence, prevalence, mortality and burden of diseases and other adverse health conditions that
39 exist among specific racial and ethnic groups.

40 “Office”, the office of health equity, as established by section 16T of chapter 6A.

41 Section 2. The office, subject to appropriation, shall coordinate all activities of the
42 commonwealth to eliminate racial and ethnic health and health care disparities. The office shall
43 set goals for the reduction of disparities and prepare an annual plan for the commonwealth to
44 eliminate disparities.

45 Section 3. The office, subject to appropriation, shall collaborate with other state agencies
46 of the commonwealth on disparities reduction initiatives to address the social factors that
47 influence health inequality. These state agencies shall include, but shall not be limited to, the
48 executive office of health and human services, the executive office of housing and economic

49 development, the executive office of public safety and security, the executive office of energy
50 and environmental affairs, the Massachusetts Department of Transportation, the executive office
51 of labor and workforce development and the executive office of education.

52 The office shall facilitate communication and partnership between these agencies to
53 develop greater understanding of the intersections between agency activities and health
54 outcomes. The office shall facilitate development of interagency initiatives to address the social
55 and economic determinants of health and key health disparities issues including, but not limited
56 to, healthcare access and quality; housing availability and quality; transportation availability,
57 location and cost; community policing and safe spaces; air, water, land usage and quality;
58 employment and workforce development; and education access and quality.

59 Section 4. The office, subject to appropriation, shall evaluate the effectiveness of
60 programs and interventions to eliminate health disparities, identifying best practices and model
61 programs for the state.

62 Section 5. The secretary of health and human services shall annually, on the day assigned
63 for submission of the budget to the general court under section 7H of chapter 29, designate major
64 initiatives of the commonwealth affecting the health and health care of residents of the
65 commonwealth. These initiatives may include any activity of the commonwealth including, but
66 not limited to, activities of the executive office of health and human services, the executive
67 office of housing and economic development, the executive office of public safety and security,
68 the executive office of energy and environmental affairs, the Massachusetts Department of
69 Transportation, the executive office of labor and workforce development and the executive office
70 of education.

71 For each major initiative, the office shall prepare a disparities impact statement
72 evaluating the likely positive or negative impact of each initiative on eliminating or reducing
73 racial and ethnic health disparities. The statements shall, to the extent possible, include
74 quantifiable impacts and evaluation benchmarks. The statements shall be posted on the official
75 internet site of the executive office of health and human services and submitted to the clerks of
76 the house of representatives and senate, members of the health disparities council, appropriate
77 legislative committees and the house and senate committees on ways and means.

78 Section 6. The office, subject to appropriation, shall prepare an annual health disparities
79 report card. The report card shall evaluate the progress of the commonwealth toward eliminating
80 racial and ethnic health disparities, using, where possible, quantifiable measures and comparative
81 benchmarks. The report card shall report on progress on a regional basis, based on regions
82 designated by the office. The office shall hold public hearings in several regions of the state to
83 get public information on the topics of the report card. The report card shall be delivered to the
84 governor, speaker of the house of representatives and president of the senate and the members of
85 the health disparities council, established under section 16O of chapter 6A, before July 1 of each
86 year and shall be posted on the official internet site of the office or executive office of health and
87 human services.

88 SECTION 8. Section 16K of Chapter 6A of the General Laws, as so appearing, is hereby
89 amended by striking out, in subsection (h), as amended by section 3 of chapter 288 of the acts of
90 2010, the third sentence and inserting in place thereof the following sentence:- The council shall
91 also establish goals that are intended to reduce health care disparities in racial, ethnic and
92 disabled communities and in doing so shall seek to incorporate the recommendations of the
93 health disparities council and the office of health equity.