### GENERAL ASSEMBLY OF NORTH CAROLINA

#### **SESSION 1999**

Η

HOUSE BILL 1262

Short Title: Health Status Disparity Task Force.

(Public)

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Sponsors: Representatives Wright; and Wainwright.

Referred to: Rules, Calendar and Operations of the House.

### April 15, 1999

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# A BILL TO BE ENTITLED

2 AN ACT TO ESTABLISH THE GOVERNOR'S TASK FORCE TO REDUCE
3 DISPARITIES IN HEALTH STATUS IN NORTH CAROLINA.

Whereas, ethnic groups and people of lower economic status have many indicators of poorer health status than others; and

Whereas, the U.S. Department of Health and Human Services in its national strategy "Health People 2010" has identified health disparities in racial and ethnic populations as a health priority; and

Whereas, the U.S. Department of Health and Human Services has concluded that "compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations demand national attention"; and

Whereas, though factors such as economic status, access to quality health care, and educational levels have long been recognized as important factors affecting health status, researchers are finding growing evidence that race, discrimination, and social and cultural factors influence their health; Now, therefore;

4 The General Assembly of North Carolina enacts:

5 Section 1. (a) There is established in the Department of Health and Human 6 Services the Governor's Task Force to Reduce Disparities in Health Status in North 7 Carolina.

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- Section 1.(b) The Task Force shall have 33 members, as follows:

# GENERAL ASSEMBLY OF NORTH CAROLINA

1	• •	The Chair of the Minority Health Advisory Council, who shall chair the	
2		Task Force;	
3	• •	Six members appointed by the Speaker of the House of Representatives;	
4	. ,	Six members appointed by the President Pro Tempore of the Senate;	
5		The State Health Director, who shall serve ex officio;	
6	(5)	Nineteen members appointed by the Governor, as follows:	
7		a. One member from the Department of Public Instruction;	
8		b. The Dean of the University of North Carolina School of Public	
9		Health;	
10		c. Four members representing North Carolina medical schools, one	
11		from each of the following: the University of North Carolina at	
12		Chapel Hill School of Medicine, the Wake Forest University	
13		School of Medicine, the Duke University School of Medicine,	
14		and the East Carolina University School of Medicine;	
15		d. One member representing the Governor's Advisory Council on	
16		Hispanic/Latino Affairs;	
17		e. One member representing the Commission on Indian Affairs;	
18		f. One member representing the North Carolina Medical Society;	
19		g. One member representing the Old North State Medical Society;	
20		h. One member representing the North Carolina Nurses	
21		Association;	
22		i. One member representing the North Carolina Hospital	
23		Association;	
24		Done member representing the North Carolina Association of	
25		Local Health Directors;	
26		k. One member representing the North Carolina Council of Mental	
27		Health, Substance Abuse Services, and Developmental	
28		Disabilities Community Programs;	
29		I. One member representing the North Carolina Primary Care	
30		Association;	
31		m. One member representing the North Carolina Area Agencies on	
32		Aging; and	
33		n. Three public members representing to the extent feasible, the	
34		racial, ethnic, cultural, and economic diversity of the State.	
35	The m	embers of the Task Force shall elect a vice-chair from among its	
36		e Speaker of the House of Representatives, the President Pro Tempore	
37	-	d the Governor, shall make their appointments to the Task Force not	
38	later than 30 days after the adjournment in 1999 of the 1999 General Assembly, Regular		
39	Session 1999. Vacancies on the Task Force shall be filled by the original appointing		
40	authority, using the criteria set out in this section for the original appointment.		
40 41	Section 1.(c) To the extent funds are made available, members of the Task		
41	Force shall receive per diem and necessary travel and subsistence expenses in accordance		
42	with G S 120-3 1 138-5 or 138-6 as appropriate		

43 with G.S. 120-3.1, 138-5, or 138-6, as appropriate.

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1	Section 1.(d) A majority of the Task Force shall constitute a quorum for the			
2	transaction of its business.			
3	Section 1.(e) The Task Force shall have the following duties and			
4	responsibilities:			
5	(1) Review current public health, medical and health services, and financing			
6	programs, mental health, social services, and economic development			
7	programs to assess their role in reducing health disparities and economic			
8	disparities which have an adverse impact on the health status of North			
9	Carolinians;			
10	(2) Develop strategies to promote collaboration with State agencies, local			
11	governments, voluntary health agencies, the philanthropic sector,			
12	communities, and professional groups to address broad determinants of			
13	health such as education, economic status, environment, mental health,			
14	and other social and behavioral factors which affect health status;			
15	(3) Identify evidence-based interventions which can be implemented			
16	statewide or at the community level which will improve the health status			
17	of North Carolinians;			
18	(4) Identify ways to improve: minority health statistics and data collection,			
19	methodologies for estimating the prevalence of health disorders among			
20	minority populations, culturally sensitive data collection tools and			
21	techniques, and data and information dissemination methods.			
22	Section 1.(f) The Task Force shall submit a written report not later than			
23	December 31, 2000 and a final report not later than October 1, 2001, to the Governor and			
24	to the Joint Legislative Commission on Governmental Operations. The report shall			
25	include an accounting of funds expended and anticipated funding needs for full			
26	implementation of recommended programs, services, and activities.			
27	Section 2. This act is effective when it becomes law.			