CHAPTER 25

HEALTH AND ENVIRONMENT

HOUSE BILL 13-1088

BY REPRESENTATIVE(S) Fields, Buckner, Court, Fischer, Ginal, Labuda, Levy, May, McCann, Melton, Mitsch Bush, Moreno, Pabon, Peniston, Primavera, Rosenthal, Salazar, Schafer, Singer, Tyler, Williams, Young, Duran, Hullinghorst, Ryden, Ferrandino; also SENATOR(S) Giron, Aguilar, Guzman, Heath, Kefalas, Kerr, Newell, Nicholson, Schwartz, Steadman, Tochtrop, Todd, Ulibarri, Morse.

AN ACT


Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 25-4-2201, amend (2); and add (1.5) and (3) as follows:

25-4-2201. Legislative declaration. (1.5) The general assembly hereby determines and declares that:

(a) Understanding the root causes of health disparities includes recognizing that health starts in our homes, schools, and communities;

(b) Vulnerable populations that are currently identified by race, ethnicity, sexual orientation, gender identity, disability status, aging population, and socioeconomic status, among others, experience poorer health status outcomes; and

(c) Mounting evidence demonstrates that factors such as economic, physical, and social environment play a significant role in health, and if addressed, can create better health outcomes.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.
(2) Therefore, the general assembly hereby declares that it is in the best interests of the state to establish a health disparities grant program to provide prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases to minority under-represented populations.

(3) The general assembly finds that modifying the duties and structure of the office of health disparities to become the office of health equity reflects the recent advancements in the field of health by broadening the scope of the office to include the economic, physical, and social environment, and offers a more inclusive approach to eliminating health disparities for all Coloradans.

SECTION 2. In Colorado Revised Statutes, 25-4-2202, amend (1) and (4); repeal (2); and add (3.5), (3.7), and (4.5) as follows:

25-4-2202. Definitions. As used in this part 22, unless the context otherwise requires:

(1) "Commission" means the minority health advisory health equity commission created in section 25-4-2206.

(2) "Council" means the interagency health disparities leadership council created in section 25-4-2207.

(3.5) "Health disparities" means differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, gender identity, disability status, aging population, socioeconomic status, and other factors.

(3.7) "Health equity" means achieving the highest level of health for all people and entails focused efforts to address avoidable inequalities by equalizing those conditions for health for all groups, especially for those that have experienced socioeconomic disadvantages or historical injustices.

(4) "Office" means the office of health disparities equity created in section 25-4-2204.

(4.5) "Social determinants of health" means life-enhancing resources, such as food, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines the length and quality of life.

SECTION 3. In Colorado Revised Statutes, 25-4-2203, amend (3) as follows:

25-4-2203. Health disparity grant program - rules. (3) The commission shall appoint a review committee to review the applications received pursuant to this section and make recommendations to the state board regarding the entities that may receive grants and the amounts of the grants. The commission shall finalize the recommendations for funding and provide them to the state board. Within thirty days after receiving the commission's
recommendations, the state board shall award grants to the selected entities, specifying the amount and duration of each award. A grant awarded pursuant to this section shall not exceed three years without renewal.

SECTION 4. In Colorado Revised Statutes, 25-4-2204, amend (1) as follows:

25-4-2204. Office of health equity - creation. (1) There is hereby created in the department of public health and environment the office of health disparities equity. The executive director of the department, subject to the provisions of section 13 of article XII of the state constitution, shall appoint the director of the office, who shall be the head of the office.

SECTION 5. In Colorado Revised Statutes, 25-4-2205, amend (1), (2) introductory portion, (2) (b), (2) (d), (2) (e), (2) (j), and (3); repeal (2) (k); and add (2) (l) and (2) (m) as follows:

25-4-2205. Powers and duties of office of health equity. (1) The purpose of the office is to serve in a coordinating, educating, and capacity-building role for state and local public health programs and community-based organizations. The office shall be dedicated to eliminating racial, ethnic, and rural health disparities in Colorado by fostering systems change and capacity building through collaboration with multiple sectors impacting minority health and with input from a variety of multicultural professionals promoting health equity in Colorado by implementing strategies tailored to address the varying complex causes of health disparities, including the economic, physical, and social environment. The office shall work collaboratively within the department and with affected stakeholders to set priorities, collect and disseminate data, and align resources within the department and across other state agencies.

(2) The office shall have the following powers, duties, and functions:

(b) Leading and coordinating with and providing advice to the department's health equity efforts;

(d) Providing education to the public on racial and ethnic health disparities and cultural competence health equity, health disparities, and the social determinants of health;

(e) Improving coordinating the interpretation and translation services within public health systems the department and offering technical assistance to other state and local agencies;

(j) Coordinating and staffing the minority health advisory commission created in section 25-4-2206;

(k) Coordinating and supporting an interagency health disparities leadership council created in section 25-4-2207;

(l) Building collaborative partnerships with communities to identify and promote health equity strategies; and
(m) Developing communications strategies regarding health equity.

(3) The office shall report to the executive director of the department or to the chief medical officer of the department, at the discretion of the executive director.

SECTION 6. In Colorado Revised Statutes, 25-4-2206, amend (1), (2) (a), (3) introductory portion, (3) (a), (3) (b), and (5); and repeal (3) (c) as follows:

25-4-2206. Health equity commission - creation - repeal. (1) There is hereby created in the office the minority health advisory equity commission. The purpose of the commission is to provide a formal mechanism for community members to raise awareness of minority health needs, issues, and resources and to give input on health programming at the level of the executive director of the department; help the department determine culturally innovative data collection strategies; and strengthen collaboration between the department and minority communities to ensure that programs and services meet minority health needs. The commission shall be dedicated to promoting health equity and eliminating health disparities.

(2) (a) The commission shall consist of the following thirteen members, who shall be appointed as follows:

(I) The speaker of the house of representatives shall appoint one member of the house of representatives, who shall be appointed by the speaker of the house of representatives;

(II) The president of the senate shall appoint one member of the senate, who shall be appointed by the president of the senate;

(III) The executive director of the department shall appoint ten members who represent, to the extent practical, Colorado's diverse ethnic, racial, sexual orientation, gender identity, disability, aging population, socioeconomic, and geographic diversity appointed by the executive director of the department. At a minimum, there shall be one member who represents African Americans and Blacks in Colorado, one member who represents Asian Americans and Pacific Islanders in Colorado, one member who represents native American Indians in Colorado, and one member who represents Latinos and Hispanics in Colorado; backgrounds. Each person appointed to the commission must have demonstrated expertise in at least one, and preferably two, of the following areas:

(A) African-American, Black, Asian-American, Pacific Islander, Native American, Hispanic, Latino, aging population, lesbian, gay, bisexual, transgender, disabled, low socioeconomic status, and geographic community health issues;

(B) Data collection, aggregation, or dissemination;
(C) Education;
(D) Housing;
(E) Healthy Community Design;
(F) Community Engagement;
(G) Local Public Health;
(H) Nonprofits, Foundation, or Grant-Making;
(I) Environmental Health;
(J) Behavioral Health; or
(K) The Provision of Health Care Services.

(IV) The executive director of the department, or his or her designee, shall serve as an ex officio member of the commission;
(V) The Executive Director of the Department of Human Services, or his or her designee; and
(VI) The Executive Director of the Department of Health Care Policy and Financing, or his or her designee.

(3) The commission shall have the following powers and duties:

(a) Providing a formal mechanism for the public to give input to the department at the level of the executive director of the department office;
(b) Advising the executive director of the department and the department through the office on: determining culturally innovative data collection strategies;
(I) Determining innovative data collection and dissemination strategies;
(II) Aligning the department's health equity efforts and the health disparities grant program created in section 25-4-2203;
(III) Strengthening collaborative partnerships with communities impacted by health disparities to identify and promote health equity strategies; and
(IV) Promoting workforce diversity.

(c) Strengthening collaboration between the department and minority communities:
(5) This section is repealed, effective July 1, 2023. Prior to the repeal of this section, the commission shall be reviewed as provided for in section 2-3-1203 (3), C.R.S.

SECTION 7. In Colorado Revised Statutes, repeal 25-4-2207.

SECTION 8. In Colorado Revised Statutes, 2-3-1203, repeal (3) (dd) (V); and add (3) (jj.5) as follows:

2-3-1203. Sunset review of advisory committees. (3) The following dates are the dates for which the statutory authorization for the designated advisory committees is scheduled for repeal:

(dd) July 1, 2017:

(V) The minority health advisory commission in the department of public health and environment created in section 25-4-2206, C.R.S.;

(jj.5) September 1, 2023:

(I) The health equity commission in the department of public health and environment created in section 25-4-2206, C.R.S.

SECTION 9. In Colorado Revised Statutes, 24-1-119, amend (11) as follows:

24-1-119. Department of public health and environment - creation. (11) The office of health disparities equity, created by section 25-4-2204, C.R.S., shall exercise its powers and perform its duties and functions as if the same were transferred by a type 2 transfer to the department of public health and environment.

SECTION 10. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 7, 2013, if adjournment sine die is on May 8, 2013); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2014 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: March 15, 2013