

STATE OF OKLAHOMA

1st Session of the 49th Legislature (2003)

CONFERENCE COMMITTEE SUBSTITUTE
FOR ENGROSSED
SENATE BILL 680

By: Cain of the Senate

and

Toure of the House

CONFERENCE COMMITTEE SUBSTITUTE

An Act relating to public health and safety; creating the Oklahoma Task Force to Eliminate Health Disparities; stating purpose and specifying duties of the Task Force; providing for consultation with certain entities; providing for appointment of members, officers, terms, vacancies, quorum, meetings, travel reimbursement, staff support and facilities and an annual report; providing for combining of report; providing for codification; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-560.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. There is hereby created to continue until July 1, 2006, the Oklahoma Task Force to Eliminate Health Disparities.

B. 1. The purpose of the Task Force shall be to assist the State Department of Health in accomplishing the following goals:

- a. eliminating health and health access disparities in Oklahoma among multicultural, disadvantaged and regional populations, and
- b. developing strategies in the elimination of health disparities among multicultural, disadvantaged and regional populations in at least six major areas of health including, but not limited to, cardiovascular

disease, infant mortality, diabetes, cancer, and adult and child immunizations.

2. The Task Force shall:

- a. investigate and report on issues related to disparities in health and health access among multicultural, disadvantaged and regional populations. Such issues may include the definition of health disparities, insurance, transportation, geographic isolation and rural area availability of health care providers, cultural competency of providers, severity of poverty among multicultural groups, education as it relates to health, and behaviors that lead to poor health status,
- b. recommend short-term and long-term strategies to eliminate health and health access disparities among multicultural, disadvantaged and regional populations,
- c. publish a report on the findings of the Task Force, and
- d. advise the Department on the implementation of any targeted programs or funding authorized by the Legislature to address health and health access disparities.

3. In performing the duties described in this subsection, the Task Force shall consult with the Department, the Office of Minority Health, the Community Development Service, and any other relevant division within or outside of the Department, including other state and local government agencies.

C. 1. The Task Force shall consist of twelve (12) members, to be appointed by July 1, 2003, as follows:

- a. The Governor shall appoint three members, one each representing faith-based communities, the business community and the labor community,

- b. The President Pro Tempore of the Senate shall appoint three members, one each representing the Legislature, charitable or community organizations, and a racial or ethnic group affected by health disparities,
- c. The Speaker of the House of Representatives shall appoint three members, one each representing the Legislature, charitable or community organizations, and a racial or ethnic group affected by health disparities, and
- d. The State Commissioner of Health shall appoint three members, one each representing community-based health organizations, the government, and health care organizations.

2. In making appointments, the appointing authorities shall give consideration to appointing individuals from both urban and rural geographic areas of the state.

D. 1. The Governor shall designate two members of the Task Force to serve as chair and vice-chair.

2. Members shall serve at the pleasure of their appointing authorities. Vacancies on the Task Force shall be filled not later than the ninetieth day after the date a position becomes vacant. A majority of the members serving on the Task Force shall constitute a quorum.

3. The Task Force shall meet at least quarterly at the call of the chair. The chair of the Task Force shall convene the first meeting of the Task Force not later than September 1, 2003.

4. Members of the Task Force shall be reimbursed by their appointing authorities for necessary travel expenses incurred in the performance of their duties in accordance with the provisions of the State Travel Reimbursement Act.

5. Staff support and facilities for the Task Force shall be provided by the State Department of Health.

E. The Task Force shall annually submit a report on the progress of the Department in achieving the goals outlined in this section. The report may be combined with any other report required of the Department by law.

SECTION 2. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

49-1-1508

CJ

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