

STATE OF OKLAHOMA

2nd Session of the 50th Legislature (2006)

FLOOR SUBSTITUTE

FOR

SENATE BILL NO. 1632

By: Johnson (Constance) of the
Senate

and

Toure of the House

FLOOR SUBSTITUTE

An Act relating to public health and safety; amending Section 1, Chapter 391, O.S.L. 2003, as amended by Section 1, Chapter 192, O.S.L. 2004 (63 O.S. Supp. 2005, Section 1-560.1), which relates to the Oklahoma Task Force to Eliminate Health Disparities; extending the Oklahoma Task Force to Eliminate Health Disparities; expanding membership; and providing an effective date.

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

SECTION 1. AMENDATORY Section 1, Chapter 391, O.S.L. 2003, as amended by Section 1, Chapter 192, O.S.L. 2004 (63 O.S. Supp. 2005, Section 1-560.1), is amended to read as follows:

Section 1-560.1 A. There is hereby created to continue until July 1, ~~2006~~ 2008, 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 the areas of cardiovascular disease, infant mortality, diabetes, cancer, adult and

child immunizations, mental illness and substance abuse.

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, the Department of Mental Health and Substance Abuse Services, and other state and local government agencies.

C. 1. The Task Force shall consist of ~~fifteen (15)~~ eighteen (18) members to be appointed 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,
- d. The State Commissioner of Health shall appoint ~~three~~ five members, one each representing community-based health organizations, the government, and health care organizations, and two persons who are experiencing health disparities, and
- e. The Commissioner of the Department of Mental Health and Substance Abuse Services shall appoint, ~~by July 1, 2004, three~~ four members, one each with expertise in the treatment of mental illness ~~and,~~ the treatment of substance abuse disorders, and cultural competency in systems of care, and one person who is experiencing health disparities.

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

D. The following agencies and entities may serve as ex officio, nonvoting members of the Task Force:

1. The Department of Human Services;
2. The Oklahoma Department of Rehabilitation Services;
3. The Insurance Department;

4. The Oklahoma Health Care Authority;
5. The Statewide Independent Living Council;
6. The Oklahoma Primary Care Association;
7. The Oklahoma Rural Health Association;
8. The Oklahoma Foundation for Medical Quality;
9. The Oklahoma State Medical Association;
10. The Oklahoma Osteopathic Association;
11. The Central Oklahoma Integrated Network System;
12. The Central Oklahoma Turning Point; and
13. The Oklahoma Medical Research Foundation.

E. 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 and the Legislature.

~~E.~~ F. The Task Force shall annually submit a report on the progress of the State Department of Health and the Department of Mental Health and Substance Abuse Services in achieving the goals outlined in this section.

SECTION 2. This act shall become effective November 1, 2006.

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