

THE STATE SENATE
Monday, February 22, 2010

Committee Substitute for
Senate Bill No. 2133

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 2133 - By: Johnson
(Constance) of the Senate and McDaniel (Jeannie) of the House.

[public health and safety - Office of Multicultural Health
- 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. 2009, 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, 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~~

1 ~~child immunizations, mental illness and substance~~
2 ~~abuse.~~

3 ~~2. The Task Force shall:~~

4 ~~a. investigate and report on issues related to~~
5 ~~disparities in health and health access among~~
6 ~~multicultural, disadvantaged and regional populations.~~
7 ~~Such issues may include the definition of health~~
8 ~~disparities, insurance, transportation, geographic~~
9 ~~isolation and rural area availability of health care~~
10 ~~providers, cultural competency of providers, severity~~
11 ~~of poverty among multicultural groups, education as it~~
12 ~~relates to health, and behaviors that lead to poor~~
13 ~~health status,~~

14 ~~b. recommend short term and long term strategies to~~
15 ~~eliminate health and health access disparities among~~
16 ~~multicultural, disadvantaged and regional populations,~~

17 ~~c. publish a report on the findings of the Task Force,~~
18 ~~and~~

19 ~~d. advise the Department on the implementation of any~~
20 ~~targeted programs or funding authorized by the~~
21 ~~Legislature to address health and health access~~
22 ~~disparities.~~

1 ~~3. In performing the duties described in this subsection, the~~
2 ~~Task Force shall consult with the Department, the Office of Minority~~
3 ~~Health, the Community Development Service, and any other relevant~~
4 ~~division within or outside of the Department, the Department of~~
5 ~~Mental Health and Substance Abuse Services, and other state and~~
6 ~~local government agencies.~~

7 ~~C. 1. The Task Force shall consist of fifteen (15) members to~~
8 ~~be appointed as follows:~~

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

12 ~~b. The President Pro Tempore of the Senate shall appoint~~
13 ~~three members, one each representing the Legislature,~~
14 ~~charitable or community organizations, and a racial or~~
15 ~~ethnic group affected by health disparities,~~

16 ~~c. The Speaker of the House of Representatives shall~~
17 ~~appoint three members, one each representing the~~
18 ~~Legislature, charitable or community organizations,~~
19 ~~and a racial or ethnic group affected by health~~
20 ~~disparities,~~

21 ~~d. The State Commissioner of Health shall appoint three~~
22 ~~members, one each representing community based health~~

1 ~~organizations, the government, and health care~~
2 ~~organizations, and~~
3 ~~e. The Commissioner of the Department of Mental Health~~
4 ~~and Substance Abuse Services shall appoint, by July 1,~~
5 ~~2004, three members with expertise in the treatment of~~
6 ~~mental illness and substance abuse disorders.~~

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

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

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

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

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

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

3 ~~E. The Task Force shall annually submit a report on the~~
4 ~~progress of the State Department of Health and the Department of~~
5 ~~Mental Health and Substance Abuse Services in achieving the goals~~
6 ~~outlined in this section~~ The Office of Minority Health within the
7 State Department of Health is hereby renamed the Office of
8 Multicultural Health. The Office of Multicultural Health shall be
9 responsible for ensuring improved access to and communication among
10 health care entities throughout the state about health services,
11 health status, and health outcomes for culturally and ethnically
12 diverse communities facing health disparities. The Office shall
13 ensure such outcomes through the promotion of culturally and
14 linguistically competent attitudes, practices, policies, and
15 structures at all levels within the Department. Activities to
16 achieve such responsibilities may include, but need not be limited
17 to:

18 1. Providing consultation on policy development, access to
19 health and human services, cultural and ethnic health disparities,
20 and strategies for involving culturally and ethnically diverse
21 communities, including a focus on the areas of program design,
22 resource development, and program evaluation;

1 2. Supporting program, policy, and workforce development in
2 accordance with recommendations and findings of the Oklahoma Task
3 Force to Eliminate Health Disparities in 2006 and the Governor's
4 Task Force to Eliminate Health Disparities in 2010;

5 3. Developing techniques to increase culturally and ethnically
6 diverse representation within the public health workforce and within
7 local and state policy and decision-making bodies;

8 4. Convening cultural and linguistic competence training
9 activities for state public health services employees, other
10 divisions within the Department, and those entities working on
11 behalf of diverse communities and groups that are facing health
12 disparities within this state;

13 5. Providing technical assistance to professional, agency, and
14 community-based providers working to eliminate cultural and ethnic
15 health disparities in areas that include, but are not limited to,
16 increasing the effectiveness of community outreach strategies, and
17 promoting healthy lifestyles and choices within culturally and
18 ethnically diverse communities in the state;

19 6. Promoting and monitoring incorporation of cultural and
20 ethnic sensitivity and awareness training into all existing programs
21 of the Department;

22 7. Developing health education programs specifically for
23 multicultural groups;

- 1 8. Promoting constituency development;
- 2 9. Developing culturally and ethnically sensitive health
3 education materials and ensuring that Department personnel achieve
4 cultural and ethnic understanding and sensitivity;
- 5 10. Seeking external funding for programs;
- 6 11. Supporting resource development within multicultural
7 communities;
- 8 12. Establishing interagency communication to ensure that
9 collaborative agreements are established and carried out;
- 10 13. Ensuring effectiveness of all programs designed to be
11 responsive to the unique needs of multicultural groups, including,
12 but not limited to, reviewing and monitoring all programs of the
13 Department and other state health-related operations, and assessing
14 their impact on the health status of multicultural groups;
- 15 14. Consulting in the design of programs targeted specifically
16 to improving the health of multicultural groups that attract other
17 public and private funds;
- 18 15. Analyzing government laws, rules, and ordinances to assess
19 impact on the health status of multicultural groups;
- 20 16. Promoting the development of educational programs designed
21 to reduce the incidence of disease in the multicultural population;
22 and

1 17. Advising the State Commissioner of Health on any and all
2 matters that affect the health and wellness of multicultural and
3 multiethnic groups and individuals.

4 B. The activities described in subsection A of this section
5 shall be subject to the availability of funds as determined by the
6 State Board of Health.

7 SECTION 2. This act shall become effective November 1, 2010.

8 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS, dated 2-17-10 - DO
9 PASS, As Amended and Coauthored.