

1 **HEALTH DISPARITIES AND RELATED AMERICAN**
2 **INDIAN PROGRAMS**

3 2011 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: Kevin T. Van Tassell**

6 House Sponsor: Jack R. Draxler

8 **LONG TITLE**

9 **General Description:**

10 This bill modifies the Utah Health Code to address the Center for Multicultural Health
11 and provide for an American Indian-Alaskan Native Health Liaison.

12 **Highlighted Provisions:**

13 This bill:

- 14 ▶ renames the Center for Multicultural Health to be the Office of Health Disparities
15 Reduction;
16 ▶ establishes the position of American Indian-Alaskan Native Health Liaison; and
17 ▶ makes technical and conforming amendments.

18 **Money Appropriated in this Bill:**

19 None

20 **Other Special Clauses:**

21 None

22 **Utah Code Sections Affected:**

23 AMENDS:

24 **9-9-104.6**, as last amended by Laws of Utah 2010, Chapter 286

25 **26-7-2**, as last amended by Laws of Utah 2006, Chapter 349

26 ENACTS:

27 **26-7-2.5**, Utah Code Annotated 1953

28
29 *Be it enacted by the Legislature of the state of Utah:*

30 Section 1. Section 9-9-104.6 is amended to read:

31 **9-9-104.6. Participation of state agencies in meetings with tribal leaders --**
32 **Contact information.**

33 (1) For at least three of the joint meetings described in Subsection 9-9-104.5(2)(a), the
34 division shall coordinate with representatives of tribal governments and the entities listed in
35 Subsection (2) to provide for the broadest participation possible in the joint meetings.

36 (2) The following may participate in all meetings described in Subsection (1):

37 (a) the chairs of the Native American Legislative Liaison Committee created in Section
38 36-22-1;

39 (b) the governor or the governor's designee; ~~and~~

40 (c) (i) the American Indian-Alaskan Native Health Liaison appointed in accordance
41 with Section 26-7-2.5; or

42 (ii) if the American Indian-Alaskan Native Health Liaison is not appointed, a
43 representative of the Department of Health appointed by the executive director of the
44 Department of Health; and

45 ~~(d)~~ (d) a representative appointed by the chief administrative officer of the following:

46 ~~(i) the Department of Health;~~

47 ~~(ii)~~ (i) the Department of Human Services;

48 ~~(iii)~~ (ii) the Department of Natural Resources;

49 ~~(iv)~~ (iii) the Department of Workforce Services;

50 ~~(v)~~ (iv) the Governor's Office of Economic Development;

51 ~~(vi)~~ (v) the State Office of Education; and

52 ~~(vii)~~ (vi) the State Board of Regents.

53 (3) (a) The chief administrative officer of the agencies listed in Subsection (3)(b) shall:

54 (i) designate the name of a contact person for that agency that can assist in coordinating
55 the efforts of state and tribal governments in meeting the needs of the Native Americans
56 residing in the state; and

57 (ii) notify the division:

58 (A) who is the designated contact person described in Subsection (3)(a)(i); and
59 (B) of any change in who is the designated contact person described in Subsection
60 (3)(a)(i).

- 61 (b) This Subsection (3) applies to:
- 62 (i) the Department of Agriculture and Food;
 - 63 (ii) the Department of Community and Culture;
 - 64 (iii) the Department of Corrections;
 - 65 (iv) the Department of Environmental Quality;
 - 66 (v) the Department of Public Safety;
 - 67 (vi) the Department of Transportation;
 - 68 (vii) the Office of the Attorney General;
 - 69 (viii) the State Tax Commission; and
 - 70 (ix) any agency described in Subsection (2)(c) or (d).

71 (c) At the request of the division, a contact person listed in Subsection (3)(b) may
72 participate in a meeting described in Subsection (1).

73 (4) A participant under this section who is not a legislator may not receive
74 compensation or benefits for the participant's service, but may receive per diem and travel
75 expenses in accordance with:

- 76 (a) Section 63A-3-106;
- 77 (b) Section 63A-3-107; and
- 78 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
79 63A-3-107.

80 Section 2. Section **26-7-2** is amended to read:

81 **26-7-2. Office of Health Disparities Reduction -- Duties.**

82 (1) As used in this section[~~-, "multicultural and~~];

83 (a) "Multicultural or minority health [issues] issue" means a health issue, including a
84 mental and oral health issue, [issues] of particular interest to cultural, ethnic, racial, or other
85 subpopulations, including:

86 ~~[(a)]~~ (i) disparities in:
 87 ~~[(i)]~~ (A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment
 88 response; and
 89 ~~[(ii)]~~ (B) access to care; and
 90 ~~[(b)]~~ (ii) cultural competency in the delivery of health care.

91 (b) "Office" means the Office of Health Disparities Reduction created in this section.
 92 (2) There is created within the department the ~~[Center for Multicultural Health]~~ Office
 93 of Health Disparities Reduction.

94 (3) The ~~[Center for Multicultural Health]~~ office shall:
 95 (a) promote and coordinate the research, data production ~~[and]~~, dissemination,
 96 education, and health promotion activities of the following that relate to a multicultural or
 97 minority health issue:

- 98 (i) the department~~;~~;
- 99 (ii) local health departments~~;~~;
- 100 (iii) local mental health authorities~~;~~;
- 101 (iv) public schools~~;~~;
- 102 (v) community-based organizations~~[-Indian tribes,];~~ and
- 103 (vi) other organizations within the state ~~[as they relate to multicultural and minority~~
 104 ~~health issues];~~

105 (b) assist in the development and implementation of one or more programs to address a
 106 multicultural ~~[and]~~ or minority health ~~[issues]~~ issue;

107 (c) promote the dissemination and use of information on a multicultural ~~[and]~~ or
 108 minority health ~~[issues]~~ issue by minority populations, health care providers, and others;

109 (d) seek federal funding and other resources to accomplish ~~[its]~~ the office's mission;

110 (e) provide technical assistance to ~~[entities]~~ organizations within the state seeking
 111 funding to study or address a multicultural ~~[and]~~ or minority health ~~[issues]~~ issue;

112 (f) develop and increase the capacity of the ~~[center]~~ office to:

- 113 (i) ensure the delivery of qualified timely culturally appropriate translation services

114 across ~~all~~ department programs; and

115 (ii) provide, ~~where~~ when appropriate, linguistically competent translation and
116 communication services for limited English proficiency individuals;

117 (g) provide staff assistance to any advisory committee created by the department to
118 study a multicultural ~~and~~ or minority health ~~issues~~ issue; and

119 (h) annually report to the Legislature on its activities and accomplishments.

120 Section 3. Section **26-7-2.5** is enacted to read:

121 **26-7-2.5. American Indian-Alaskan Native Health Liaison -- Duties.**

122 (1) As used in this section:

123 (a) "Health care" means care, treatment, service, or a procedure to improve, maintain,
124 diagnose, or otherwise affect an individual's physical or mental condition.

125 (b) "Liaison" means the American Indian-Alaskan Native Health Liaison appointed
126 under this section.

127 (2) Subject to budget constraints, the executive director shall appoint an individual as
128 the American Indian-Alaskan Native Health Liaison.

129 (3) The liaison shall on behalf of the executive director and the department:

130 (a) promote and coordinate collaborative efforts between the department and Utah's
131 American Indian population to improve the availability and accessibility of quality health care
132 impacting Utah's American Indian populations on and off reservations;

133 (b) interact with the following to improve health disparities for Utah's American Indian
134 populations:

135 (i) tribal health programs;

136 (ii) local health departments;

137 (iii) state agencies and officials; and

138 (iv) providers of health care in the private sector;

139 (c) facilitate education, training, and technical assistance regarding public health and
140 medical assistance programs to Utah's American Indian populations; and

141 (d) staff an advisory board by which Utah's tribes may consult with state and local

142 agencies for the development and improvement of public health programs designed to address
143 improved health care for Utah's American Indian populations on and off the reservation.
144 (4) The liaison shall annually report the liaison's activities and accomplishments to the
145 Native American Legislative Liaison Committee created in Section 36-22-1.