

WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Introduced

Senate Bill 530

BY SENATORS GAUNCH, MILLER AND LAIRD

[Introduced February 5, 2016;

Referred to the Committee on Health and Human
Resources.]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
 2 designated §16-1-16, relating to authorizing a Community Health Equity Initiative
 3 Demonstration Project; authorizing the Commissioner of the Bureau for Public Health to
 4 establish a Community Health Equity Initiative Demonstration Project; establishing
 5 eligibility requirements; providing for the administration of the demonstration project;
 6 establishing the Minority Health Advisory Team including its composition and duties;
 7 establishing requirements for a demonstration project plan and the selection of a
 8 community for participation; establishing reporting requirements; and establishing the date
 9 on which the demonstration project terminates.

Be it enacted by the Legislature of West Virginia:

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new
 2 section, designated §16-1-16, to read as follows:

ARTICLE 1. STATE PUBLIC HEALTH SYSTEM.

§16-1-16. Community Health Equity Initiative Demonstration Project.

1 (a) Policy. Researchers have established that the social and physical environment, not
 2 just genetic makeup and individual behavior, influences health outcomes. Structural determinants
 3 of health such as socioeconomic status have serious health consequences. Discrimination is a
 4 known risk factor for unhealthy behavior, psychological distress, and high blood pressure. More
 5 proximate social determinants of health, such as living conditions in the home and neighborhood,
 6 can affect exposure to both environmental and social risk factors for poor health. There are
 7 compelling and timely reasons for government and its partners in the private sector to address
 8 social determinants of health through smarter investments in community development by
 9 establishing and embedding systems of innovation and establishing a policy advocacy team. It is
 10 important that any system of innovation developed to address social determinates of health:

- 11 (1) Identify community strengths and areas for improvement;
- 12 (2) Identify and understand the status of community health needs;

13 (3) Define improvement areas to guide the community toward implementing and
14 sustaining policy, systems, and environmental changes around healthy living strategies (e.g.,
15 increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic
16 disease management);

17 (4) Assist with prioritizing community needs and consider appropriate allocation of
18 available resources;

19 (5) Allows local stakeholders to work together in a collaborative process to survey their
20 community;

21 (6) Offers suggestions and examples of policy, systems, and environmental change
22 strategies; and

23 (7) Provides feedback to communities as they institute local-level change for healthy living.

24 (b) *Authorizing participation.* Effective July 1, 2016, the Commissioner of the Bureau for
25 Public Health shall establish a Community Health Equity Initiative Demonstration Project, to be
26 continued for a period of four years, to develop a model government program to promote public
27 health and general welfare through comprehensive community development for communities
28 across West Virginia.

29 (1) *Purpose.* The purpose of the demonstration project is the development of community
30 programs that will focus and use existing resources of government agencies, whose statewide
31 missions include services intended generally to improve community and individual public health
32 and welfare, in and for communities identified as needing special coordination and delivery of
33 services from those agencies.

34 (2) *Objective.* The objective of the demonstration project is to improve public health by
35 addressing child and family poverty, educational limitations and other social determinants of
36 health and welfare through a comprehensive community development plan. The plan should
37 serve as a model to improve public health and education through comprehensive community
38 development across the state.

39 (3) Eligibility. Communities with a population of at least four thousand persons of which
40 forty percent must be minorities, fifty percent live in rental housing and fifty percent of population
41 has an income under \$25,000, are eligible for participation in the demonstration project.

42 (4) Administration. The demonstration project shall be developed and administered by the
43 Commissioner of the Bureau for Public Health's Minority Health Advisory Team, who shall
44 encourage state and local agencies and community groups to work together and coordinate
45 government and community activities for improvement of community and individual public health
46 and welfare, and identify new and existing funds, personnel and other existing resources available
47 for the demonstration project.

48 (5) Resources. The demonstration project may receive funding and other committed
49 resources from government and community groups. The demonstration project shall focus and
50 leverage existing resources, including, but not limited to, education services, planning and
51 development services, social services, housing and urban development services, youth and
52 family services and other public and private resources intended to benefit the quality of life for the
53 community and people living and working in the target community.

54 (c) Advisory Team. The Minority Health Advisory Team is created as an advisory body to
55 the commissioner for the purpose of advising the commissioner as to the provision of adequate
56 public health services for the state's minority population.

57 (1) The advisory team is composed of nineteen members, eighteen of whom are appointed
58 by the commissioner and comprised as follows:

59 (A) The Dean of the West Virginia University School of Public Health or his or her
60 designee;

61 (B) The Director of the Marshall University Graduate Program in Public Health or his or
62 her designee;

63 (C) The Dean of the West Virginia University School of Medicine or his or her designee;

64 (D) The Dean of the Marshall University School of Medicine or his or her designee;

65 (E) The Dean of the West Virginia School of Osteopathic Medicine or his or her designee;

66 (F) The Commissioner of the Bureau for Behavioral Health and Health Facilities or his or
67 her designee;

68 (G) The Commissioner of the Bureau for Medical Services or his or her designee;

69 (H) The Commissioner of the Bureau for Children and Families or his or her designee;

70 (I) A representative of a local health department;

71 (J) A representative of a free health care clinic;

72 (K) A representative of a health insurance provider;

73 (L) A representative of a hospital;

74 (M) A representative of the Minority Health Advisory Group;

75 (N) An individual to represent community and technical colleges;

76 (O) A representative of a health care provider recruiting entity; and

77 (P) A representative of a federally qualified health center.

78 (2) Additionally, the commissioner shall appoint to the advisory team two persons to
79 represent the general public.

80 (3) Pursuant to the provisions of this section, the commissioner shall appoint the advisory
81 team on or before August 1, 2016.

82 (4) The coordinator of the Office of Minority Health within the Bureau for Public Health
83 serves as the chairperson.

84 (5) The advisory team shall meet at the call of the commissioner at least twice a year.

85 (d) Advisory team's powers and duties. The advisory team may:

86 (1) Provide technical assistance to participating communities, including assistance with
87 research and information on grant opportunities and other potential funding sources;

88 (2) Provide letters of support and recommendations for grant applications;

89 (3) By a majority vote, select communities to participate in the demonstration project;

90 (4) Review, evaluate, make recommendations and approve or reject, by a majority vote,

91 a written plan or amendments to a written plan submitted by a community;

92 (5) Work with state executive departments and agencies to ensure that appropriate
93 consideration is given by such departments and agencies to the potential impact of their actions
94 on minority public health;

95 (6) Work to ensure that Department of Health and Human Resources assets are targeted
96 to the state vulnerable populations and are effectively spent on the highest-impact programs; and

97 (7) Engage in outreach and work closely with state and local officials, with nonprofit
98 organizations, and with the private sector, both in seeking input regarding the development of a
99 comprehensive minority public health policy and in ensuring that the implementation of state
100 programs advances the objectives of that policy.

101 (8) Consult with any state executive department or agency affected by the written plans
102 or the amendments to the written plans;

103 (9) Establish by guidelines criteria to evaluate the progress and results of implemented
104 plans;

105 (10) Require participating communities to submit such data and other information related
106 to the demonstration project;

107 (11) Coordinate with established or ad hoc committees, task forces, and interagency
108 groups; and

109 (12) Perform any other powers or duties necessary to effectuate the provisions of this
110 section.

111 (e) Plan. Any community desiring to participate in the demonstration project shall submit
112 a plan to the advisory team that provides for the following elements:

113 (1) Community participation;

114 (2) Health impact assessment;

115 (3) Review of health impact assessment results;

116 (4) Development of a community action plan with measurable, achievable, realistic, time-

117 phased objectives:

118 (5) Implementation of the community action plan;

119 (6) Evaluation of results.

120 (f) Selection. By a majority vote, the advisory team may select one or more communities
121 from those that submitted plans for participation in the demonstration project.

122 (g) Reporting requirements. Commencing December 1, 2016, and each year thereafter,
123 each participating community shall give a progress report to the advisory team and commencing
124 January 1, 2017, and each year thereafter, the advisory team shall give a summary report of all
125 the participating communities to the Legislative Oversight Commission of Health and Human
126 Resources Accountability as established in article twenty-nine-e of this chapter on progress made
127 by the pilot demonstration project including suggested legislation, necessary changes to the
128 demonstration project and suggested expansion of the demonstration project.

129 (h) This section may be implemented consistent with applicable law and subject to the
130 availability of appropriations.

131 (i) This section is not intended to, and does not, create any right or benefit, substantive or
132 procedural, enforceable at law or in equity by any party against the state, its departments,
133 agencies, or entities, its officers, employees, or agents, or any other person.

134 (j) Termination of the demonstration project. The demonstration project terminates on July
135 1, 2020.

NOTE: The purpose of this bill is to authorize a Community Health Equity Initiative Demonstration Project. The bill authorizes the Commissioner of the Bureau for Public Health to establish a Community Health Equity Initiative Demonstration Project. It establishes eligibility requirements and provides for the administration of the demonstration project. Additionally, the bill establishes the Minority Health Advisory Team including its composition and duties.

Strike-throughs indicate language that would be stricken from a heading or the present law, and underscoring indicates new language that would be added.