

SENATE, No. 10

STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED SEPTEMBER 14, 2000

Sponsored by:

Senator DIANE ALLEN

District 7 (Burlington and Camden)

Senator RICHARD J. CODEY

District 27 (Essex)

Co-Sponsored by:

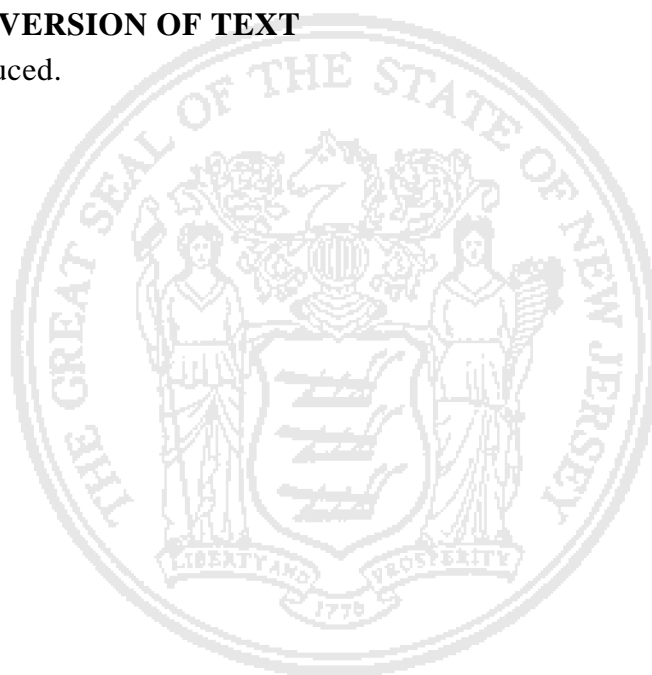
**Senators Bucco, Kosco, Singer, Inverso, Robertson, Sinagra, Matheussen,
McNamara, Cafiero, Bennett, Bark, Palaia, Kavanaugh and Bassano**

SYNOPSIS

Renames Office on Minority Health in DHSS as Office on Minority and Multicultural Health and provides additional responsibilities for office; appropriates \$1.5 million.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/24/2000)

1 AN ACT concerning minority and multicultural health, amending
2 P.L.1991, c.401 and making an appropriation.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. Section 1 of P.L.1991, c.401 (C.26:2-160) is amended to read
8 as follows:

9 1. The Legislature finds and declares that:

10 **[there]** a. There are dramatic differences in death, disease and
11 injury rates between White and racial and ethnic minority populations
12 in the State~~].~~ For example, the non-White infant mortality rate in
13 1987 was 18.7 per 1,000 live births, whereas the rate for White infants
14 was 7.1; esophageal cancer death rates among Black males are three
15 times greater than among White males; of the cumulative total of
16 AIDS cases reported in 1988 in the State, 34% were White, 52%
17 Black and 13% Hispanic; Black and Hispanic women represent 77%
18 of all female AIDS cases in the State; and chemical poisonings among
19 the employed Black population are almost three times greater than that
20 of the employed White population, as measured by the frequency of
21 hospitalization.

22 The Legislature further finds and declares that presently there is no
23 coordinated], with especially wide and persistent disparities in the
24 incidence of cancer, cardiovascular disease and stroke, chemical
25 dependency, diabetes, asthma, homicide, suicide, accidental injury,
26 infant mortality, childhood immunization rates and HIV/AIDS;

27 b. There is a clear need for a collaborative State effort to address
28 the wide disparity in death, disease and injury rates ~~[and, therefore,~~
29 there is a need to establish a] through a New Jersey Office on
30 Minority and Multicultural Health, renamed from the New Jersey
31 Office on Minority Health established pursuant to P.L.1991, c.401
32 (C.26:2-160 et seq.); and

33 c. The New Jersey Office on Minority and Multicultural Health shall
34 seek to identify and develop innovative projects which will
35 **[close]** eliminate the gap between the health status of White and racial
36 and ethnic minority populations in this State, and to coordinate current
37 State programs which seek to address minority racial and ethnic health
38 concerns, with the ultimate goal of enabling all members of racial and
39 ethnic minority populations in this State to have access to high-quality
40 health care.

41 (cf: P.L.1991, c.401, s.1)

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 2. Section 2 of P.L.1991, c.401 (C.26:2-161) is amended to read
2 as follows:

3 2. a. There is established the New Jersey Office on Minority and
4 Multicultural Health in the Department of Health and Senior Services.

5 b. Whenever the term "New Jersey Office on Minority Health"
6 occurs or any reference is made thereto in any law, contract or
7 document, the same shall be deemed to mean or refer to the "New
8 Jersey Office on Minority and Multicultural Health."

9 (cf: P.L.1991, c.401, s.2)

10

11 3. Section 3 of P.L.1991, c.401 (C.26:2-162) is amended to read
12 as follows:

13 3. The office shall:

14 a. Provide grants to community-based organizations to conduct
15 special research, demonstration and evaluation projects for targeted
16 at-risk racial and ethnic minority populations and to support ongoing
17 community-based programs that are designed to reduce or eliminate
18 racial and ethnic health disparities in the State;

19 b. Develop and implement model public and private partnerships
20 in racial and ethnic minority communities for health awareness
21 campaigns and to improve the access, acceptability and use of public
22 health services;

23 c. Serve as an information and resource center for racial and ethnic
24 minority specific health information and data and develop a
25 clearinghouse to collate and organize data on a county-by-county basis
26 and disseminate it upon request to interested parties;

27 d. Review, recommend and develop culturally appropriate health
28 education materials;

29 e. Provide assistance to local school districts to develop programs
30 in elementary and secondary schools which stress good nutrition and
31 healthy lifestyles;

32 f. Function as an advocate for the adoption and implementation of
33 effective measures to improve **[minority]** the health of racial and
34 ethnic minority populations in this State, which measures should lead
35 to the elimination of disparities among the various racial and ethnic
36 populations of this State with respect to access to high-quality health
37 care, utilization of health care services and health status;

38 g. Improve existing data systems to ensure that the health
39 information that is collected includes specific race and ethnicity
40 identifiers;

41 h. Review the programs of the Departments of Health and Senior
42 Services, Human Services, Community Affairs and Education and any
43 other department of State government, as appropriate, that concern
44 multicultural or minority health and make recommendations to the
45 departments that will enable them to better coordinate and improve the
46 effectiveness of their efforts; **[and]**

1 i. [Within 18 months of the effective date of this act, develop]
2 Develop a Statewide plan for increasing the number of racial and
3 ethnic minority health care professionals which includes
4 recommendations for the financing mechanisms and recruitment
5 strategies necessary to carry out the plan;

6 j. Work collaboratively with colleges of medicine and dentistry in
7 this State and other health care professional training programs to
8 develop cultural and language competency courses that are designed
9 to address the problem of racial and ethnicity disparities in health care
10 access, utilization, treatment decisions, quality and outcomes;

11 k. Develop recommendations for the most effective means of
12 providing outreach to racial and ethnic minority communities
13 throughout the State to ensure their maximum participation in publicly
14 funded health benefits programs;

15 l. Seek to establish a Statewide alliance with community-based
16 agencies and organizations, health care facilities, health care provider
17 organizations, managed care organizations and pharmaceutical
18 manufacturers to promote the objectives of the office; and

19 m. Evaluate multicultural or racial and ethnic minority health
20 programs in other states to assess their efficacy and potential for
21 replication in this State and make recommendations regarding the
22 adoption of such programs, as appropriate.

23 (cf: P.L.1991, c.401, s.3)

24

25 4. Section 4 of P.L.1991, c.401 (C.26:2-163) is amended to read
26 as follows:

27 4. The office is authorized to:

28 a. Adopt rules and regulations pursuant to the "Administrative
29 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), concerning the
30 operation of the office and other matters that may be necessary to
31 carry out the purposes of this act;

32 b. Maintain offices at such places within the State as it may
33 designate;

34 c. Employ a director and other personnel as may be necessary. The
35 director shall be appointed by the Commissioner of Health and Senior
36 Services and shall serve at the pleasure of the commissioner during the
37 commissioner's term of office and until the appointment and
38 qualification of the director's successor. The director shall devote his
39 entire time to the duties of the position and shall receive a salary as
40 provided by law;

41 d. Apply for and accept any grant of money from the federal
42 government, private foundations or other sources, which may be
43 available for programs related to multicultural or minority health;

44 e. Serve as the designated State agency for receipt of federal funds
45 specifically designated for multicultural or racial and ethnic minority
46 health programs; and

1 f. Enter into contracts with individuals, organizations, and
2 institutions necessary for the performance of its duties under this act.
3 (cf: P.L.1991, c.401, s.4)

4
5 5. Section 5 of P.L.1991, c.401 (C.26:2-164) is amended to read
6 as follows:

7 5. There is established a New Jersey Office on Minority and
8 Multicultural Health Advisory Commission.

9 The commission shall consist of nine members, including the
10 Commissioner of Health and Senior Services or his designee, who shall
11 serve ex officio, and eight public members who are residents of the
12 State and who shall be appointed as follows: one member who is a
13 health care professional shall be appointed by the President of the
14 Senate; one member who is a health care professional shall be
15 appointed by the Speaker of the General Assembly; and six members,
16 at least two of whom are health care professionals, at least one of
17 whom represents health care facilities and at least one of whom
18 represents the health insurance industry, shall be appointed by the
19 Governor with the advice and consent of the Senate.

20 The term of office of each public member shall be three years, but
21 of the members first appointed, two shall be appointed for a term of
22 one year, three shall be appointed for a term of two years and three
23 shall be appointed for a term of three years. A member shall hold
24 office for the term of his appointment and until his successor has been
25 appointed and qualified. All vacancies shall be filled for the balance
26 of the unexpired term in the same manner as the original appointment.
27 A member of the commission is eligible for reappointment.

28 The public members of the commission shall not receive any
29 compensation for their services, but shall be reimbursed for the actual
30 and necessary expenses incurred in the performance of their duties as
31 members of the commission, within the limits of funds available to the
32 commission.

33 The members of the commission shall annually elect a chairman and
34 a vice-chairman from among the public members and may select a
35 secretary, who need not be a member of the commission.

36 The New Jersey Office on Minority and Multicultural Health shall
37 provide such staff and assistance as the commission requires to carry
38 out its work.

39 (cf: P.L.1991, c.401, s.5)

40
41 6. Section 6 of P.L.1991, c.401 (C.26:2-165) is amended to read
42 as follows:

43 6. The advisory commission shall:

44 a. Review and make recommendations to the New Jersey Office on
45 Minority and Multicultural Health on any rules, regulations and
46 policies proposed by the office;

- 1 The bill also provides explicit statutory authority for the office to
2 carry out additional responsibilities beyond those currently outlined in
3 P.L.1991, c.401. These include:
- 4 C Providing grants to community-based organizations to support
5 ongoing community-based programs that are designed to reduce or
6 eliminate racial and ethnic health disparities in the State;
 - 7 C development of a clearinghouse to collate and organize racial and
8 ethnic minority health data on a county-by-county basis and
9 disseminate it upon request to interested parties;
 - 10 C advocating effective measures to lead to the elimination of
11 disparities among the various racial and ethnic populations of this
12 State with respect to access to high-quality health care, utilization
13 of health care services and health status;
 - 14 C working collaboratively with colleges of medicine and dentistry in
15 this State and other health care professional training programs to
16 develop cultural and language competency courses that are
17 designed to address the problem of racial and ethnicity disparities
18 in health care access, utilization, treatment decisions, quality and
19 outcomes;
 - 20 C development of recommendations for the most effective means of
21 providing outreach to racial and ethnic minority communities
22 throughout the State to ensure their maximum participation in
23 publicly funded health benefits programs;
 - 24 C seeking to establish a Statewide alliance with community-based
25 agencies and organizations, health care facilities, health care
26 provider organizations, managed care organizations and
27 pharmaceutical manufacturers to promote the objectives of the
28 office; and
 - 29 C evaluating multicultural or racial and ethnic minority health
30 programs in other states to assess their efficacy and potential for
31 replication in this State and making recommendations regarding the
32 adoption of such programs, as appropriate.

33 It is the intent of the sponsor that the activities of the Office on
34 Minority and Multicultural Health will be effective in helping the State
35 realize the goals set forth in Healthy New Jersey 2010, that is, to
36 increase the quality and years of life for our residents and to eliminate
37 health disparities among our residents.

38 The bill appropriates \$1.5 million from the General Fund to the
39 Office on Minority and Multicultural Health to carry out the work of
40 the office and to implement these added responsibilities. The bill also
41 specifies that it is the intent of the Legislature that in succeeding fiscal
42 years, \$1,500,000 shall be appropriated to the office and that this
43 amount shall be in addition to any amounts allocated to the office in
44 the fiscal year 2001 annual appropriations act.