



House of Representatives

General Assembly

File No. 656

January Session, 2021

Substitute House Bill No. 6662

House of Representatives, May 10, 2021

The Committee on Appropriations reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT DECLARING RACISM AS A PUBLIC HEALTH CRISIS AND ESTABLISHING THE COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) It is hereby declared that
2 racism constitutes a public health crisis in this state and will continue to
3 constitute a public health crisis until the goal set forth in section 2 of this
4 act is attained, and the Commission on Racial Equity in Public Health is
5 terminated pursuant to said section.

6 Sec. 2. (NEW) (*Effective from passage*) (a) There is established a
7 Commission on Racial Equity in Public Health, to document and make
8 recommendations to decrease the effect of racism on public health. The
9 commission shall be part of the Legislative Department.

10 (b) The commission shall consist of the following members:

11 (1) Two appointed by the speaker of the House of Representatives,
12 one who is a representative of a nonprofit organization that focuses on

13 racial equity issues and one who is a representative of Health Equity
14 Solutions;

15 (2) Two appointed by the president pro tempore of the Senate, one
16 who is a representative of a violence intervention program using a
17 health-based approach to examine individuals post-incarceration and
18 policies for integration and one who is a representative of the
19 Connecticut Health Foundation;

20 (3) One appointed by the majority leader of the House of
21 Representatives, who is a representative of the Katal Center for Equity,
22 Health, and Justice;

23 (4) One appointed by the majority leader of the Senate, who is a
24 representative of the Connecticut Children's Office for Community
25 Child Health;

26 (5) Two appointed by the minority leader of the House of
27 Representatives, one who is a physician educator associated with The
28 University of Connecticut who has experience and expertise in infant
29 and maternal care and who has worked on diversity and inclusion
30 policy and one who is a representative of the Partnership for Strong
31 Communities;

32 (6) Two appointed by the minority leader of the Senate, one who is a
33 medical professional with expertise in mental health and one who is a
34 representative of the Open Communities Alliance;

35 (7) The chairpersons of the joint standing committee of the General
36 Assembly having cognizance of matters relating to public health;

37 (8) Two members of the Black and Puerto Rican Caucus, appointed
38 by the caucus chairperson;

39 (9) One appointed by the Governor, who is a representative of the
40 Diversity, Equity, and Inclusion Committee of the Connecticut Bar
41 Association;

42 (10) The Commissioner of Public Health, or the commissioner's
43 designee;

44 (11) The Commissioner of Children and Families, or the
45 commissioner's designee;

46 (12) The Commissioner of Early Childhood, or the commissioner's
47 designee;

48 (13) The Commissioner of Social Services, or the commissioner's
49 designee;

50 (14) The Commissioner of Economic and Community Development,
51 or the commissioner's designee;

52 (15) The Commissioner of Education, or the commissioner's designee;

53 (16) The chief executive officer of the Connecticut Health Insurance
54 Exchange, or the chief executive officer's designee;

55 (17) The executive director of the Commission on Women, Children,
56 Seniors, Equity and Opportunity, or the executive director's designee;

57 (18) The executive director of the Office of Health Strategy, or the
58 executive director's designee;

59 (19) The Secretary of the Office of Policy and Management, or the
60 secretary's designee;

61 (20) The Commissioner of Energy and Environmental Protection, or
62 the commissioner's designee; and

63 (21) The Commissioner of Correction, or the commissioner's
64 designee.

65 (c) Any member of the commission appointed under subdivisions (1)
66 to (8), inclusive, of subsection (b) of this section may be a member of the
67 General Assembly. All initial appointments to the commission made
68 under subdivisions (1) to (9), inclusive of subsection (b) of this section

69 shall be made not later than sixty days after the effective date of this
70 section. Appointed members shall serve a term that is coterminous with
71 the appointing official and may serve more than one term.

72 (d) The Secretary of the Office of Policy and Management, or the
73 secretary's designee, and the representative appointed under
74 subdivision (1) of subsection (b) of this section as a representative of
75 Health Equity Solutions, shall serve as chairpersons of the commission.
76 Such chairpersons shall schedule the first meeting of the commission,
77 which shall be held not later than sixty days after the effective date of
78 this section. If appointments under subsection (b) of this section are not
79 made within such sixty-day period, the chairpersons may designate
80 individuals with the required qualifications stated for the applicable
81 appointment to serve on the commission until appointments are made
82 pursuant to subsection (b) of this section.

83 (e) Members shall continue to serve until their successors are
84 appointed. Any vacancy shall be filled by the appointing authority. Any
85 vacancy occurring other than by expiration of term shall be filled for the
86 balance of the unexpired term.

87 (f) A majority of the membership shall constitute a quorum for the
88 transaction of any business and any decision shall be by a majority vote
89 of those present at a meeting. The commission may adopt rules of
90 procedure.

91 (g) The members of the commission shall serve without
92 compensation, but shall, within the limits of available funds, be
93 reimbursed for expenses necessarily incurred in the performance of
94 their duties.

95 (h) The commission, by majority vote, shall hire an executive director
96 to serve as administrative staff of the commission, who shall serve at the
97 pleasure of the commission. The commission may request the assistance
98 of the Joint Committee on Legislative Management in hiring the
99 executive director. The executive director may hire not more than two
100 executive assistants to assist in carrying out the duties of the

101 commission.

102 (i) The commission shall have the following powers and duties: To
103 (1) Support collaboration by bringing together partners from many
104 different sectors to recognize the links between health and other issue
105 and policy areas and build new partnerships to promote health and
106 equity and increase government efficiency; (2) create a comprehensive
107 strategic plan to eliminate health disparities and inequities across
108 sectors, in accordance with section 3 of this act; (3) study the impact that
109 the public health crisis of racism has on vulnerable populations within
110 diverse groups of the state population, including on the basis of race,
111 ethnicity, sexual orientation, gender identity and disability, including,
112 but not limited to, Black American descendants of slavery; (4) obtain
113 from any legislative or executive department, board, commission or
114 other agency of the state or any organization or other entity such
115 assistance as necessary and available to carry out the purposes of this
116 section; (5) accept any gift, donation or bequest for the purpose of
117 performing the duties described in this section; (6) establish bylaws to
118 govern its procedures; and (7) perform such other acts as may be
119 necessary and appropriate to carry out the duties described in this
120 section, including, but not limited to, the creation of subcommittees.

121 (j) The commission shall engage with a diverse range of community
122 members, including people of color who identify as members of diverse
123 groups of the state population, including on the basis of race, ethnicity,
124 sexual orientation, gender identity and disability, who experience
125 inequities in health, to make recommendations to the relevant state
126 agencies or other entities on an ongoing basis concerning the following:
127 (1) Structural racism in the state's laws and regulations impacting public
128 health, where, as used in this subdivision, "structural racism" means a
129 system that structures opportunity and assigns value in a way that
130 disproportionately and negatively impacts Black, Indigenous, Latino or
131 Asian people or other people of color; (2) racial disparities in the state's
132 criminal justice system and its impact on the health and well-being of
133 individuals and families, including overall health outcomes and rates of
134 depression, suicide, substance use disorder and chronic disease; (3)

135 racial disparities in access to the resources necessary for healthy living,
136 including, but not limited to, access to adequate fresh food and physical
137 activity, public safety and the decrease of pollution in communities; (4)
138 racial disparities in health outcomes; (5) the impact of zoning
139 restrictions on the creation of housing disparities and such disparities'
140 impact on public health; (6) racial disparities in state hiring and
141 contracting processes; and (7) any suggestions to reduce the impact of
142 the public health crisis of racism within the vulnerable populations
143 studied under subdivision (3) of subsection (i) of this section.

144 (k) Not later than January 1, 2022, the commission shall determine,
145 using available scientifically based measurements, the percentages of
146 disparity in the state based on race, in the following areas: (1) Education
147 indicators, including kindergarten readiness, third grade reading
148 proficiency, scores on the mastery examination, administered pursuant
149 to section 10-14n of the general statutes, rates of school-based discipline,
150 high school graduation rates and retention rates after the first year of
151 study for institutions of higher education in the state, as defined in
152 section 3-22a of the general statutes; (2) health care utilization and
153 outcome indicators, including health insurance coverage rates,
154 pregnancy and infant health of outcomes, emergency room visits and
155 deaths related to conditions associated with exposure to environmental
156 pollutants, including respiratory ailments, quality of life, life
157 expectancy, lead poisoning and access to adequate healthy nutrition and
158 self-reported well-being surveys; (3) criminal justice indicators,
159 including rates of involvement with the justice system; and (4) economic
160 indicators, including rates of poverty, income and housing insecurity.
161 The commission shall not terminate until the commission determines
162 that the state has attained the goal of at least a seventy per cent reduction
163 in the racial disparities set forth in subdivisions (1) to (4), inclusive, of
164 this subsection from the percentage of disparities determined by the
165 commission on or before January 1, 2022.

166 (l) Not later than January 1, 2022, and every six months thereafter, the
167 commission shall submit a report to the Secretary of the Office of Policy
168 and Management and the joint standing committees of the General

169 Assembly having cognizance of matters relating to public health and
170 appropriations and the budgets of state agencies, in accordance with the
171 provisions of section 11-4a of the general statutes, concerning (1) the
172 activities of the commission during the prior six-month period; (2) any
173 progress made in attaining the goal described in subsection (k) of this
174 section; (3) any recommended changes to such goal based on the
175 research conducted by the commission, any disparity study performed
176 by any state agency or entity, or any community input received; and (4)
177 any recommendations for policy changes or amendments to state law.

178 Sec. 3. (NEW) (*Effective from passage*) (a) The Commission on Racial
179 Equity in Public Health, established under section 2 of this act, shall
180 develop and periodically update a comprehensive strategic plan to
181 eliminate health disparities and inequities across sectors, including
182 consideration of the following: Air and water quality, natural resources
183 and agricultural land, affordable housing, infrastructure systems, public
184 health, access to quality health care, social services, sustainable
185 communities and the impact of climate change.

186 (b) Such plan shall address the incorporation of health and equity into
187 specific policies, programs and government decision-making processes
188 including, but not limited to, the following: (1) Disparities in laws and
189 regulations impacting public health; (2) disparities in the criminal justice
190 system; (3) disparities in access to resources, including, but not limited
191 to, healthy food, safe housing, public safety and environments free of
192 excess pollution; and (4) disparities in access to quality health care.

193 Sec. 4. (*Effective from passage*) The Commissioner of Public Health shall
194 study the development and implementation of a recruitment and
195 retention program for health care workers in the state who are people of
196 color. Not later than January 1, 2022, the commissioner shall report the
197 results of such study, in accordance with the provisions of section 11-4a
198 of the general statutes, to the joint standing committee of the General
199 Assembly having cognizance of matters relating to public health. Such
200 report shall include any legislative recommendations to improve the
201 recruitment and retention of people of color in the health care sector,

202 including, but not limited to, recommendations for the implementation
203 of such recruitment and retention program.

204 Sec. 5. (*Effective from passage*) The Department of Energy and
205 Environmental Protection shall perform an assessment of racial equity
206 within environmental health quality programs administered by said
207 department. Not later than January 1, 2022, the department shall submit
208 a report, in accordance with the provisions of section 11-4a of the general
209 statutes, to the joint standing committee of the General Assembly
210 having cognizance of matters relating to the environment. Such report
211 shall include the results of such assessment and any legislative
212 recommendations to improve racial equity within such programs.

213 Sec. 6. (*Effective from passage*) (a) As used in this section, "cultural
214 humility" means a continuing commitment to (1) self-evaluation and
215 critique of one's own worldview with regard to differences in cultural
216 traditions and belief systems, and (2) awareness of, and active
217 mitigation of, power imbalances between cultures.

218 (b) The Office of Higher Education, in collaboration with the Board
219 of Regents for Higher Education and the Board of Trustees of The
220 University of Connecticut, shall evaluate the recruitment and retention
221 of people of color in health care preparation programs offered by the
222 constituent units of the state system of higher education and the
223 inclusion of cultural humility education in such programs. Not later
224 than January 1, 2022, the office shall submit a report, in accordance with
225 the provisions of section 11-4a of the general statutes, to the joint
226 standing committee of the General Assembly having cognizance of
227 matters relating to higher education. Such report shall include the
228 results of such evaluation and any legislative recommendations to
229 improve the recruitment and retention of people of color in such
230 programs and include additional cultural humility education in such
231 programs.

232 Sec. 7. Subsection (b) of section 2-128 of the general statutes is
233 repealed and the following is substituted in lieu thereof (*Effective from*
234 *passage*):

235 (b) Not later than January first, annually, the executive director of the
 236 commission shall submit a status report, organized by subcommission,
 237 concerning its efforts in promoting the desired results listed in
 238 subdivision (1) of subsection (a) of this section to the joint standing
 239 committee of the General Assembly having cognizance of matters
 240 relating to appropriations and the budgets of state agencies in
 241 accordance with the provisions of section 11-4a. On and after January 1,
 242 2022, such report shall include the status of amendments to the joint
 243 rules of the House of Representatives and the Senate concerning the
 244 preparation of racial and ethnic impact statements pursuant to section
 245 2-24b.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	2-128(b)

APP *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
State Comptroller - Fringe Benefits ¹	GF - Cost	115,000	126,000
Department of Energy and Environmental Protection	GF - Cost	25,000	None
Legislative Mgmt.	GF - Cost	555,000	565,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill establishes a twenty-seven-member Commission on Racial Equity in Public Health, to document and make recommendations to decrease the effect of racism on public health. The commission shall be part of the Legislative Department.

The commission, by majority vote and with the assistance of Legislative Management (OLM) shall hire an Executive Director. The Executive Director may hire not more than two executive assistants to assist in carrying out the duties of the commission. This is estimated to cost \$390,000 in FY 22 and \$431,000 in FY 23 for salaries and fringe benefits. OLM will also need consulting assistance to develop a strategic plan as well as compiling demographic information, estimated to cost \$250,000 annually. The start-up costs for these new employees is estimated to estimated to cost \$30,000 in FY 22 and \$10,000 in FY 23 for

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.3% of payroll in FY 22 and FY 23.

laptops, furniture, office supplies, and mileage reimbursement expenses.

The bill also requires the Department of Public Health to study a recruitment and retention program for healthcare workers who are people of color. This provision has no fiscal impact as DPH has the staff expertise to conduct this study.

The bill requires the Department of Energy and Environmental Protection (DEEP) to conduct an assessment of racial equity within its environmental health quality programs. It also requires DEEP to submit a report to the Environment Committee including legislative recommendations to improve racial equity within these programs by January 1, 2022. This requirement is anticipated to result in one-time costs to DEEP in FY 22 of up to \$25,000 associated with hiring an outside consultant to perform the racial equity audit as DEEP does not currently have staff with expertise for this purpose.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OFA Bill Analysis

sHB 6662

AN ACT DECLARING RACISM AS A PUBLIC HEALTH CRISIS AND ESTABLISHING THE COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH.

SUMMARY:

The requires the Connecticut Port Authority (CPA) and the Office of Policy and Management, to report, quarterly and annually, respectively, on specified contracts and activity.

The bill requires the Department of Administrative Services (DAS) to verify various reports provided by the CT Port Authority prior to passing those quarterly reports on to the General Assembly.

The bill increases the reimbursement rate for CPA property from 45% to 100%. Property of the Authority, under current statute, is treated as state property for PILOT purposes and reimbursed at 45%.

EFFECTIVE DATE:

Section 1 from passage

Sec. 2 October 1, 2021

Sec. 3 October 1, 2021

Sec. 4 from passage

Sec. 5 July 1, 2021

COMMITTEE ACTION

Appropriations Committee

Joint Favorable Substitute

Yea 46 Nay 3 (04/21/2021)

