



General Assembly

**Substitute Bill No. 6662**

January Session, 2021



**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.