

HOUSE BILL No. 4588

April 17, 2001, Introduced by Reps. Murphy, Lipsey, Williams, Wojno, McConico, Waters, Quarles, Reeves, Whitmer, Garza, Zelenko, Rich Brown, Adamini, Daniels, Sheltroun, Jacobs, Hart, Dennis, Kolb, Plakas, Minore, DeWeese, Bogardus, Schauer and Lemmons and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding section 2227.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 2227. THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING:

2 (A) DEVELOP AND IMPLEMENT A STATE STRUCTURE MORE CONDUCTIVE
3 TO ADDRESSING THE HEALTH DISPARITIES OF THE MINORITY POPULATION
4 IN THIS STATE.

5 (B) MONITOR MINORITY HEALTH PROGRESS.

6 (C) ESTABLISH MINORITY HEALTH POLICY.

7 (D) FUND MINORITY HEALTH PROGRAMS, RESEARCH, AND OTHER
8 INITIATIVES.

9 (E) PROVIDE THE FOLLOWING THROUGH INTERDEPARTMENTAL

10 COORDINATION:

1 (i) THE DATA AND TECHNICAL ASSISTANCE NEEDS OF LOCAL
2 MINORITY HEALTH COALITIONS.

3 (ii) MEASURABLE MINORITY HEALTH OBJECTIVES TO LOCAL MINORITY
4 HEALTH COALITIONS FOR THE DEVELOPMENT OF HEALTH INTERVENTION
5 PROGRAMS.

6 (F) ESTABLISH A STATE HEALTH DATA CENTER FOR MINORITY HEALTH
7 RESEARCH AND RESOURCE INFORMATION ADDRESSING ALL OF THE
8 FOLLOWING:

9 (i) RESEARCH WITHIN MINORITY POPULATIONS.

10 (ii) A RESOURCE DATABASE THAT CAN BE DISTRIBUTED TO LOCAL
11 ORGANIZATIONS INTERESTED IN MINORITY HEALTH.

12 (iii) RACIAL AND ETHNIC SPECIFIC DATABASES INCLUDING, BUT
13 NOT LIMITED TO, MORBIDITY, DIAGNOSTIC GROUPS, SOCIAL AND ECONOMIC
14 GROUPS, EDUCATION, AND POPULATION.

15 (iv) ATTITUDE, KNOWLEDGE, AND BELIEF INFORMATION.

16 (G) STAFF A MINORITY HEALTH HOTLINE THAT ESTABLISHES LINK-
17 AGES WITH OTHER HEALTH AND SOCIAL SERVICE HOTLINES AND LOCAL
18 COALITIONS.

19 (H) DEVELOP AND IMPLEMENT AN AGGRESSIVE RECRUITMENT AND
20 RETENTION PROGRAM TO INCREASE THE NUMBER OF MINORITIES IN THE
21 HEALTH AND SOCIAL SERVICES PROFESSIONS.

22 (I) DEVELOP AND IMPLEMENT AN AWARENESS PROGRAM THAT WILL
23 INCREASE THE KNOWLEDGE OF HEALTH AND SOCIAL SERVICE PROVIDERS TO
24 THE SPECIAL NEEDS OF MINORITIES.

25 (J) DEVELOP AND IMPLEMENT CULTURALLY AND LINGUISTICALLY
26 APPROPRIATE HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS THAT
27 WOULD EMPHASIZE AVOIDING THE HEALTH RISK FACTORS FOR CONDITIONS

1 AFFECTING MINORITIES AND INCORPORATE AN ACCESSIBLE, AFFORDABLE,
2 AND ACCEPTABLE EARLY DETECTION AND INTERVENTION COMPONENT.

3 (K) PROVIDE THE STATE SUPPORT NECESSARY TO ENSURE THE CON-
4 TINUED DEVELOPMENT OF THE EXISTING MINORITY HEALTH COALITIONS AND
5 TO DEVELOP COALITIONS IN OTHER AREAS TARGETED FOR MINORITY HEALTH
6 INTERVENTION.

7 (L) APPOINT A STATE FUNDED COORDINATOR FOR EACH OF THE COUN-
8 TIES WITH EXISTING MINORITY HEALTH COALITIONS TO PROVIDE COMMU-
9 NITY PLANNING AND NEEDS ASSESSMENT ASSISTANCE TO THE COALITION
10 AND TO ASSIST THE COALITION IN THE DEVELOPMENT OF THE LOCAL
11 MINORITY HEALTH INTERVENTION PLAN THROUGH THE YEAR 2008.

12 (M) APPOINT AND ASSIGN REGIONAL CONSULTANTS TO SERVE AS A
13 LIAISON BETWEEN THE DEPARTMENT AND THE LOCAL MINORITY HEALTH
14 COALITION TO DO ALL OF THE FOLLOWING:

15 (i) COORDINATE THE DEPARTMENT RESOURCES NEEDED FOR THE
16 DEVELOPMENT OF LOCAL MINORITY HEALTH COALITIONS.

17 (ii) PROVIDE ASSISTANCE TO AND MONITOR THE REGIONAL CONSUL-
18 TANTS IN THE DEVELOPMENT OF LOCAL INTERVENTION PLANS.

19 (iii) SERVE AS THE BAROMETER TO THE DEPARTMENT ON THE MINOR-
20 ITY HEALTH CONCERNS OF LOCAL MINORITY HEALTH COALITIONS.

21 (iv) ASSIST IN COORDINATING MINORITY INPUT ON STATE HEALTH
22 POLICIES AND PROGRAMS.

23 (v) SERVE AS THE LINKAGE BETWEEN THE DEPARTMENT AND LOCAL
24 MINORITY HEALTH COORDINATORS.

25 (vi) MONITOR THE PROGRESS OF THEIR COMPLIANCE WITH THIS
26 SUBDIVISION.

1 (N) PROVIDE FUNDING, WITHIN THE LIMITS OF APPROPRIATIONS, TO
2 SUPPORT PREVENTATIVE HEALTH, EDUCATION, AND TREATMENT PROGRAMS IN
3 MINORITY COMMUNITIES THAT ARE DEVELOPED, PLANNED, AND EVALUATED
4 BY APPROVED ORGANIZATIONS.

5 (O) PROVIDE ASSISTANCE TO LOCAL COMMUNITIES TO OBTAIN FUND-
6 ING FOR THE DEVELOPMENT OF A HEALTH CARE DELIVERY SYSTEM TO MEET
7 THE NEEDS, GAPS, AND BARRIERS IDENTIFIED IN LOCAL MINORITY HEALTH
8 INTERVENTION PLANS DEVELOPED UNDER SUBDIVISION (L).