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HOUSE JOINT RESOLUTION NO. 157

Offered January 14, 2004

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Establishing a joint subcommittee to study ways to eliminate racial and ethnic disparity in health care in Virginia. Report.

Patrons—Baskerville and Watts

Referred to Committee on Rules

WHEREAS, in spite of notable progress in the overall health of citizens, there are continuing health disparities in the occurrence of illnesses, chronic conditions, and deaths among racial and ethnic minority populations; and

WHEREAS, in the "Healthy People 2010" Initiative, the United States Surgeon General announced as a goal the elimination of health disparities experienced by racial and ethnic minorities in access to health care, treatment, and outcomes in six areas: infant mortality, cancer screening, cardiovascular disease, diabetes, human immunodeficiency virus infection (HIV), acquired immunodeficiency syndrome (AIDS), and immunizations; and

WHEREAS, the United States Centers for Disease Control and Prevention (CDC) indicates that the burden of chronic and disabling diseases is significant among African Americans and Hispanics, and that death rates due to cardiovascular disease are 29 percent higher and that the stroke death rate is 40 percent greater for African Americans than whites; and

WHEREAS, the CDC's National Center for Health Statistics indicate that the death rates due to diabetes disease is 42 percent higher and that the HIV/AIDS rate is 150 percent higher for Latino Americans than whites; and

WHEREAS, according to the Institute of Medicine's (IOM) report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," racial and ethnic minorities tend to receive lower quality health care than do whites, even when insurance status, income, age, and severity of conditions are comparable, and although a myriad of sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of health care providers may contribute to differences; and

WHEREAS, the current health care system lacks an adequate supply of racially and ethnically diverse and culturally competent health care providers, and minority patients are often discouraged from seeking treatment due to different beliefs about illness and health care, and language barriers that make communication with health care providers or complying with recommended treatments difficult; and

WHEREAS, in an attempt to contain health care costs, many states have reduced Medicaid drug benefits, which harms the very people who rely on such services; and

WHEREAS, research shows that drug metabolism, clinical effectiveness, and tolerability differ based upon the racial and ethnic composition of the patient, and "preferred drug lists (PDLs)" pose a threat to the quality of patient care by challenging the drug selection decisions of prescribers while ignoring racial and ethnic patient characteristics that influence the drug's clinical effectiveness; and

WHEREAS, there is a significant need for a comprehensive, collaborative effort to eliminate health disparities, and the National Institute to Combat Health Disparities (NICHD), a nonprofit research and program development organization, has been charged to work with policymakers, corporations, foundations, community groups, and others to improve health care for racial and ethnic minority persons; and

WHEREAS, reducing racial and ethnic disparities in health care requires greater awareness of their existence among policy makers, health care providers, health insurers, and the public, and such unequal treatment diminishes us all and its elimination requires the sustained commitment and concerted effort of all concerned; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study ways to eliminate racial and ethnic disparity in health care in Virginia. The joint subcommittee shall consist of 10 legislative members to be appointed as follows: six members of the House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; and four members of the Senate to be appointed by the Senate Committee on Privileges and Elections. The joint subcommittee shall elect a chairman and vice chairman from among its membership, who shall be members of the General Assembly.

In conducting its study, the joint subcommittee shall (i) identify the health status and needs of racial

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59 and ethnic minority populations in Virginia; (ii) evaluate the need for more racial and ethnic minority
60 health care providers; (iii) determine ways to improve and increase the delivery of health care services
61 in minority and medically underserved communities, including strategies to overcome language barriers;
62 (iv) ascertain the need for cultural competency training for health care providers; (v) assess the need for
63 patient education programs to increase patients' health literacy, knowledge, and skills in navigating the
64 health care system; and (vi) consider such other related issues and concerns as the joint subcommittee
65 deems necessary and appropriate to accomplish the objectives of this resolution.

66 Administrative staff support shall be provided by the Office of the Clerk of the House of Delegates.
67 Legal, research, policy analysis, and other services as requested by the joint subcommittee shall be
68 provided by the Division of Legislative Services. Technical assistance shall be provided by the State
69 Health Department, the Departments of Health Professions, Medical Assistance Services, and Mental
70 Health, Mental Retardation and Substance Abuse Services, the Medical Society of Virginia, and the Old
71 Dominion Medical Society. All agencies of the Commonwealth shall provide assistance to the joint
72 subcommittee for this study, upon request.

73 The joint subcommittee shall be limited to four meetings for the 2004 interim and four meetings for
74 the 2005 interim, and the direct costs of this study shall not exceed \$21,000 without approval as set out
75 in this resolution, \$10,000 each in the 2004 and 2005 interims. Of this amount an estimated \$1,000 is
76 allocated for speakers, materials, and other resources. Approval for unbudgeted nonmember-related
77 expenses shall require the written authorization of the chairman of the joint subcommittee and the
78 respective Clerk. If a companion joint resolution of the other chamber is agreed to, written authorization
79 of both Clerks shall be required.

80 No recommendation of the joint subcommittee shall be adopted if a majority of the House members
81 or a majority of the Senate members appointed to the joint subcommittee (i) vote against the
82 recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the
83 joint subcommittee.

84 The joint subcommittee shall complete its meetings for the first year by November 30, 2004, and for
85 the second year by November 30, 2005, and the chairman shall submit to the Division of Legislative
86 Automated Systems an executive summary of its findings and recommendations no later than the first
87 day of the next Regular Session of the General Assembly for each year. Each executive summary shall
88 state whether the joint subcommittee intends to submit to the General Assembly and the Governor a
89 report of its findings and recommendations for publication as a document. The executive summaries and
90 reports shall be submitted as provided in the procedures of the Division of Legislative Automated
91 Systems for the processing of legislative documents and reports and shall be posted on the General
92 Assembly's website.

93 Implementation of this resolution is subject to subsequent approval and certification by the Joint
94 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or
95 delay the period for the conduct of the study, or authorize additional meetings during the 2004 and 2005
96 interims.