

**HEALTH DISPARITIES AND RELATED AMERICAN  
INDIAN PROGRAMS**

2011 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Kevin T. Van Tassell**

House Sponsor: Jack R. Draxler

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**LONG TITLE**

**General Description:**

This bill modifies the Utah Health Code to address the Center for Multicultural Health and provide for an American Indian-Alaskan Native Health Liaison.

**Highlighted Provisions:**

This bill:

- ▶ renames the Center for Multicultural Health to be the Office of Health Disparities Reduction;
- ▶ establishes the position of American Indian-Alaskan Native Health Liaison; and
- ▶ makes technical and conforming amendments.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

AMENDS:

**9-9-104.6**, as last amended by Laws of Utah 2010, Chapter 286

**26-7-2**, as last amended by Laws of Utah 2006, Chapter 349

ENACTS:

**26-7-2.5**, Utah Code Annotated 1953



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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **9-9-104.6** is amended to read:

**9-9-104.6. Participation of state agencies in meetings with tribal leaders --  
Contact information.**

(1) For at least three of the joint meetings described in Subsection 9-9-104.5(2)(a), the division shall coordinate with representatives of tribal governments and the entities listed in Subsection (2) to provide for the broadest participation possible in the joint meetings.

(2) The following may participate in all meetings described in Subsection (1):

(a) the chairs of the Native American Legislative Liaison Committee created in Section 36-22-1;

(b) the governor or the governor's designee; ~~and~~

(c) (i) the American Indian-Alaskan Native Health Liaison appointed in accordance with Section 26-7-2.5; or

(ii) if the American Indian-Alaskan Native Health Liaison is not appointed, a representative of the Department of Health appointed by the executive director of the Department of Health; and

~~(d)~~ (d) a representative appointed by the chief administrative officer of the following:

~~(i) the Department of Health;~~

~~(ii)~~ (i) the Department of Human Services;

~~(iii)~~ (ii) the Department of Natural Resources;

~~(iv)~~ (iii) the Department of Workforce Services;

~~(v)~~ (iv) the Governor's Office of Economic Development;

~~(vi)~~ (v) the State Office of Education; and

~~(vii)~~ (vi) the State Board of Regents.

(3) (a) The chief administrative officer of the agencies listed in Subsection (3)(b) shall:

(i) designate the name of a contact person for that agency that can assist in coordinating the efforts of state and tribal governments in meeting the needs of the Native Americans residing in the state; and

(ii) notify the division:

(A) who is the designated contact person described in Subsection (3)(a)(i); and

59 (B) of any change in who is the designated contact person described in Subsection  
60 (3)(a)(i).

61 (b) This Subsection (3) applies to:

62 (i) the Department of Agriculture and Food;

63 (ii) the Department of Community and Culture;

64 (iii) the Department of Corrections;

65 (iv) the Department of Environmental Quality;

66 (v) the Department of Public Safety;

67 (vi) the Department of Transportation;

68 (vii) the Office of the Attorney General;

69 (viii) the State Tax Commission; and

70 (ix) any agency described in Subsection (2)(c) or (d).

71 (c) At the request of the division, a contact person listed in Subsection (3)(b) may  
72 participate in a meeting described in Subsection (1).

73 (4) A participant under this section who is not a legislator may not receive  
74 compensation or benefits for the participant's service, but may receive per diem and travel  
75 expenses in accordance with:

76 (a) Section 63A-3-106;

77 (b) Section 63A-3-107; and

78 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and  
79 63A-3-107.

80 Section 2. Section **26-7-2** is amended to read:

81 **26-7-2. Office of Health Disparities Reduction -- Duties.**

82 (1) As used in this section [~~-, "multicultural and~~];

83 (a) "Multicultural or minority health [issues] issue" means a health issue, including a  
84 mental and oral health issue, [~~issues~~] of particular interest to cultural, ethnic, racial, or other  
85 subpopulations, including:

86 [~~(a)~~] (i) disparities in:

87 [~~(i)~~] (A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment  
88 response; and

89 [~~(ii)~~] (B) access to care; and

90 ~~(b)~~ (ii) cultural competency in the delivery of health care.

91 (b) "Office" means the Office of Health Disparities Reduction created in this section.

92 (2) There is created within the department the ~~[Center for Multicultural Health]~~ Office  
93 of Health Disparities Reduction.

94 (3) The ~~[Center for Multicultural Health]~~ office shall:

95 (a) promote and coordinate the research, data production ~~[and]~~, dissemination,  
96 education, and health promotion activities of the following that relate to a multicultural or  
97 minority health issue:

98 (i) the department~~;~~;

99 (ii) local health departments~~;~~;

100 (iii) local mental health authorities~~;~~;

101 (iv) public schools~~;~~;

102 (v) community-based organizations~~[-Indian tribes,];~~ and

103 (vi) other organizations within the state ~~[as they relate to multicultural and minority~~  
104 ~~health issues];~~

105 (b) assist in the development and implementation of one or more programs to address a  
106 multicultural ~~[and]~~ or minority health ~~[issues]~~ issue;

107 (c) promote the dissemination and use of information on a multicultural ~~[and]~~ or  
108 minority health ~~[issues]~~ issue by minority populations, health care providers, and others;

109 (d) seek federal funding and other resources to accomplish ~~[its]~~ the office's mission;

110 (e) provide technical assistance to ~~[entities]~~ organizations within the state seeking  
111 funding to study or address a multicultural ~~[and]~~ or minority health ~~[issues]~~ issue;

112 (f) develop and increase the capacity of the ~~[center]~~ office to:

113 (i) ensure the delivery of qualified timely culturally appropriate translation services  
114 across ~~[all]~~ department programs; and

115 (ii) provide, ~~[where]~~ when appropriate, linguistically competent translation and  
116 communication services for limited English proficiency individuals;

117 (g) provide staff assistance to any advisory committee created by the department to  
118 study a multicultural ~~[and]~~ or minority health ~~[issues]~~ issue; and

119 (h) annually report to the Legislature on its activities and accomplishments.

120 Section 3. Section **26-7-2.5** is enacted to read:

121 26-7-2.5. American Indian-Alaskan Native Health Liaison -- Duties.  
122 (1) As used in this section:  
123 (a) "Health care" means care, treatment, service, or a procedure to improve, maintain,  
124 diagnose, or otherwise affect an individual's physical or mental condition.  
125 (b) "Liaison" means the American Indian-Alaskan Native Health Liaison appointed  
126 under this section.  
127 (2) Subject to budget constraints, the executive director shall appoint an individual as  
128 the American Indian-Alaskan Native Health Liaison.  
129 (3) The liaison shall on behalf of the executive director and the department:  
130 (a) promote and coordinate collaborative efforts between the department and Utah's  
131 American Indian population to improve the availability and accessibility of quality health care  
132 impacting Utah's American Indian populations on and off reservations;  
133 (b) interact with the following to improve health disparities for Utah's American Indian  
134 populations:  
135 (i) tribal health programs;  
136 (ii) local health departments;  
137 (iii) state agencies and officials; and  
138 (iv) providers of health care in the private sector;  
139 (c) facilitate education, training, and technical assistance regarding public health and  
140 medical assistance programs to Utah's American Indian populations; and  
141 (d) staff an advisory board by which Utah's tribes may consult with state and local  
142 agencies for the development and improvement of public health programs designed to address  
143 improved health care for Utah's American Indian populations on and off the reservation.  
144 (4) The liaison shall annually report the liaison's activities and accomplishments to the  
145 Native American Legislative Liaison Committee created in Section 36-22-1.

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**Legislative Review Note**  
as of 1-10-11 1:03 PM

**Office of Legislative Research and General Counsel**

# FISCAL NOTE

S.B. 33, 2011 General Session

SHORT TITLE: Health Disparities and Related American Indian Programs

SPONSOR: Van Tassell, K.

STATE OF UTAH

## STATE GOVERNMENT (UCA 36-12-13(2)(b))

Enactment of this bill likely will not materially impact the state budget.

## LOCAL GOVERNMENTS (UCA 36-12-13(2)(c))

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for local governments.

## DIRECT EXPENDITURES BY UTAH RESIDENTS AND BUSINESSES (UCA 36-12-13(2)(d))

Enactment of this bill likely will not result in direct, measurable expenditures by Utah residents or businesses.