

1 AN ACT relating to health disparity impacts.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 6 IS CREATED TO
4 READ AS FOLLOWS:

5 *As used in Sections 1 to 3 of this Act:*

6 *(1) "Health disparity impact" means a differential effect on the incidence,*
7 *prevalence, mortality, burden of disease, and any other adverse health conditions*
8 *that exist for any specific population groups including but not limited to*
9 *educational levels, income levels, rural and urban residence, health status, race*
10 *and ethnicity, gender, and age;*

11 *(2) "Health disparity impact assessment" means a study using a health impact*
12 *assessment tool that brings together public health knowledge, scientific*
13 *information, and community participation to identify the impacts of proposed*
14 *legislation, policies, and projects on the public's health and includes screening,*
15 *assessment, recommendations for implementation, reporting, and monitoring*
16 *and evaluation of any health disparities; and*

17 *(3) "Health disparity impact review" means a statement that uses the best available*
18 *empirical information and professional assumptions to estimate any health*
19 *disparity impact of a bill, amendment, or committee substitute.*

20 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 6 IS CREATED TO
21 READ AS FOLLOWS:

22 *(1) Any bill, amendment, or committee substitute that may result in a health disparity*
23 *impact shall be identified by the staff of the Legislative Research Commission as*
24 *having a health disparity impact on a "Health Disparity Impact Review" form*
25 *specified by the Legislative Research Commission.*

26 *(2) If a bill, amendment, or committee substitute is identified as having a health*
27 *disparity impact under subsection (1) of this section, the staff of the Legislative*

- 1 Research Commission shall notify the sponsor of the bill, amendment, or
2 committee substitute that a health disparity impact review is required.
- 3 (3) If a bill, amendment, or committee substitute is identified as having a health
4 disparity impact, a "Health Disparity Impact Review" shall be prepared by the
5 staff of the Department for Public Health with the assistance of the any relevant
6 state agency and attached to the measure before final consideration by the
7 standing committee to which the measure has been referred. Any state agency
8 that has been requested to provide information for the health disparity impact
9 review shall do so within the period of time specified by the Department for
10 Public Health staff person requesting the information, which in no case shall
11 exceed two (2) business days unless an extension is granted by the requesting
12 staff person.
- 13 (4) The health disparity impact review shall contain any estimated differential effect
14 of any health disparity impact as defined in Section 1 of this Act.
- 15 (5) If an amendment to a bill is combined into a committee substitute or a GA
16 version of the bill is created incorporating a floor amendment, a new health
17 disparity impact review shall be prepared combining the information in the
18 original bill as modified by the amendment and attached to the measure.
- 19 (6) A bill in the orders of the day in the House of Representatives or the Senate
20 which does not have attached a health disparity impact review as required by this
21 section shall be retained in the orders of the day but passed over in the orders of
22 the day until the health disparity impact review is attached. Members may
23 require, by a majority vote, that a health disparity impact review be prepared on
24 any bill and on any amendment in the orders of the day. Any member proposing
25 an amendment from the floor which contains a health benefit impact review shall
26 cause a health disparity impact review to be prepared and attached to the
27 amendment. Until the time a health disparity impact review is prepared and

1 attached to an amendment that contains a health disparity impact, action on the
2 proposed amendment shall not be in order.

3 (3) The sponsor of a bill or amendment that contains a health disparity impact shall
4 request the Department for Public Health, as soon as practicable, to prepare a
5 health disparity impact review. If the sponsor submits a request prior to filing the
6 measure with the clerk of the House of Representatives or Senate, the department
7 shall keep the measure confidential until the sponsor authorizes public
8 distribution. The department shall keep all health disparity impact reviews and all
9 requests for reviews confidential until the person requesting the health disparity
10 impact review authorizes public distribution.

11 (5) A majority of the members present at a meeting of any standing committee of the
12 General Assembly, acting through the committee chair, may request the
13 commissioner of the Department for Public Health to prepare a health disparity
14 impact review for any measure before the committee and submit the review.

15 (6) (a) The health disparity impact review shall be in writing and signed by the
16 commissioner of the Department for Public Health or the commissioner's
17 designee, and shall determine the extent to which:

18 1. The health disparity impact will benefit or harm the health of any
19 specific population groups; and

20 2. The health disparity impact will impact the cost of health care for any
21 specific population groups, including any potential cost savings that
22 may be realized.

23 (b) 1. If the sponsor of a bill that contains a health disparity impact submits
24 the request for a health disparity impact review prior to filing the bill,
25 the health disparity impact review shall be completed as soon as
26 possible, but no later than thirty (30) days after the request by the
27 sponsor, unless the sponsor and the commissioner of the Department

1 for Public Health agree otherwise.

2 2. The health disparity impact review shall be completed as soon as
3 possible, but no later than thirty (30) days after the request by the
4 sponsor of a measure before a standing committee or by the committee
5 chair.

6 3. The health disparity impact review shall be completed as soon as
7 possible after the request by a majority vote of the House of
8 Representatives or Senate or by the sponsor of a floor amendment.

9 (c) If a health disparity impact review indicates that harm to the health of any
10 specific population groups, a health disparity impact assessment shall be
11 completed and submitted to a standing or interim joint committee of the
12 General Assembly as soon as possible, but no later than thirty (30) days
13 after the request.

14 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 6 IS CREATED TO
15 READ AS FOLLOWS:

16 (1) A majority of the members present at a meeting of any standing or interim joint
17 committee of the General Assembly, acting through the committee chair, may
18 request the commissioner of the Department for Public Health to prepare a
19 health disparity impact assessment for any proposed legislation, policies, and
20 projects before the committee and submit the assessment to the committee.

21 (2) A requested health disparity impact assessment shall be completed and submitted
22 to the standing or interim joint committee of the General Assembly as soon as
23 possible, but no later than thirty (60) days after the request.

24 ➔Section 4. KRS 13A.240 is amended to read as follows:

25 (1) Every administrative body shall prepare and submit to the Legislative Research
26 Commission an original and five (5) duplicate copies of a regulatory impact analysis
27 for every administrative regulation when it is filed with the Commission. The

1 regulatory impact analysis shall include the following information:

2 (a) The number of the administrative regulation;

3 (b) The name, e-mail address, and telephone number of the contact person of the
4 administrative body identified pursuant to KRS 13A.220(6)(d), and, if
5 applicable, the name, e-mail address, and telephone number of an alternate
6 person to be contacted with specific questions about the regulatory impact
7 analysis;

8 (c) A brief narrative summary of:

- 9 1. What the administrative regulation does;
10 2. The necessity of the administrative regulation;
11 3. How the administrative regulation conforms to the content of the
12 authorizing statutes; and
13 4. How the administrative regulation currently assists or will assist in the
14 effective administration of the statutes;

15 (d) If this is an amendment to an existing administrative regulation, a brief
16 narrative summary of:

- 17 1. How the amendment will change the existing administrative regulation;
18 2. The necessity of the amendment to the administrative regulation;
19 3. How the amendment conforms to the content of the authorizing statutes;
20 and
21 4. How the amendment to the administrative regulation will assist in the
22 effective administration of the statutes;

23 (e) The type and number of individuals, businesses, organizations, or state and
24 local governments affected by the administrative regulation;

25 (f) An analysis of how the entities referenced in paragraph (e) of this subsection
26 will be impacted by either the implementation of this administrative
27 regulation, if new, or by the change if it is an amendment to an existing

1 administrative regulation. The analysis shall include but not be limited to:

2 1. A detailed explanation of the actions the entities referenced in paragraph
3 (e) of this subsection will be required to undertake in order to comply
4 with the proposed administrative regulation;

5 2. An estimate of the costs imposed on entities referenced in paragraph (e)
6 of this subsection in order to comply with the proposed administrative
7 regulation; and

8 3. The benefits that may accrue to the entities referenced in paragraph (e)
9 of this subsection as a result of compliance;

10 (g) An estimate of how much it will cost the administrative body to implement
11 this administrative regulation, both initially and on a continuing basis;

12 (h) The source of the funding to be used for the implementation and enforcement
13 of the administrative regulation;

14 (i) An assessment of whether an increase in fees or funding will be necessary to
15 implement this administrative regulation or amendment to an existing
16 administrative regulation;

17 (j) A statement as to whether or not this administrative regulation establishes any
18 fees or directly or indirectly increases any fees;~~and~~

19 (k) The tiering statement required by KRS 13A.210; and

20 (l) A statement of whether there is a health disparity impact as defined in
21 Section 1 of this Act of the administrative regulation or amendment to an
22 existing administrative regulation and an explanation of any health
23 disparity impact identified.

24 (2) The Legislative Research Commission shall review all regulatory impact analyses
25 submitted by all administrative bodies, and may require any administrative body to
26 submit background data upon which the information required by subsection (1) of
27 this section is based, and an explanation of how the data was gathered.