

**ASSEMBLY, No. 4517**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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INTRODUCED SEPTEMBER 22, 2022

**Sponsored by:**

**Assemblyman STERLEY S. STANLEY**

**District 18 (Middlesex)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblyman BENJIE E. WIMBERLY**

**District 35 (Bergen and Passaic)**

**Co-Sponsored by:**

**Assemblywoman Jaffer**

**SYNOPSIS**

Establishes New Jersey Commission on Health Equity.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 9/29/2022)**

1 AN ACT health equity and supplementing Title 26 of the Revised  
2 Statutes.

3  
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*

6  
7 1. The Legislature finds and declares that:

8 a. Race is a social construct with no biological basis that  
9 artificially divides people into distinct groups based on  
10 characteristics such as physical appearance, ancestral heritage,  
11 cultural affiliation, and the social, economic, and political needs of  
12 a society at a given period.

13 b. Racism is a social system with multiple dimensions that  
14 include individual racism that is internalized or interpersonal,  
15 systemic racism that is institutional or structural, and a system of  
16 structuring opportunity and assigning value based on the social  
17 interpretation of how one looks.

18 c. Racism unfairly disadvantages specific individuals and  
19 communities while giving unfair advantages to other individuals  
20 and communities, which undermines society as a whole through the  
21 waste of human resources necessary to promote prosperity and  
22 development in New Jersey and elsewhere.

23 d. Racism is rooted in the foundation of America, from the  
24 time chattel slavery began in the 1600s, to the Jim Crow era, to the  
25 declaration of the war on drugs that eventually led to the mass  
26 incarceration of Black people, and it has remained a presence in  
27 American society that causes Black, Hispanic, Native American,  
28 and other peoples of color to experience hardships and  
29 disadvantages in every aspect of life.

30 e. The American Public Health Association, the National  
31 Association of County and City Health Officials, and the American  
32 Academy of Pediatrics have each declared racism to be a public  
33 health crisis, and the federal Centers for Disease Control and  
34 prevention has declared racism to be a serious public health threat.

35 f. Communities of color, working class residents, and  
36 individuals with disabilities are more likely to experience poor  
37 health outcomes as a consequence of their social determinants of  
38 health.

39 g. Racism causes permanent discrimination and disparate  
40 outcomes in many areas of life, including housing, education,  
41 employment, criminal justice and incarceration, family stability,  
42 economic opportunity, access to health care, public safety,  
43 environmental safety, nutrition, voting rights, access to recreational  
44 resources, and access to health care resources.

45 h. More than 100 studies have linked racism to worse health  
46 outcomes.

1 i. Racism exacerbates health disparities among Black,  
2 Hispanic, and Native American residents, including disparities in  
3 the risk of heart disease, stroke, infant mortality, maternal mortality,  
4 low birth weight, obesity, hypertension, type 2 diabetes, cancer,  
5 respiratory disease, and autoimmune disease.

6 j. Specific physical and behavioral health conditions stemming  
7 from racism include depression, anxiety, anger, fear, trauma, terror,  
8 and long-term physical and mental health impairments.

9 k. The COVID-19 pandemic and ongoing protests against  
10 police brutality have helped to highlight that racism, not race,  
11 causes disparities in health and access to health care for Americans  
12 of color.

13 l. It is therefore necessary and appropriate to establish a  
14 permanent New Jersey Commission on Health Equity to develop  
15 strategies to counter and mitigate the effects of institutional racism  
16 in New Jersey.

17  
18 2. As used in this act:

19 "Advisory committee" means the Health Equity Data Advisory  
20 Committee established pursuant to section 5 of  
21 P.L. , c. (C. ) (pending before the Legislature as this bill).

22 "Carrier" means an insurance company, health service  
23 corporation, hospital service corporation, medical service  
24 corporation, or health maintenance organization authorized to issue  
25 health benefits plans in this State.

26 "Commission" means the New Jersey Commission on Health  
27 Equity established pursuant to section 3 of P.L. , c. (C. )  
28 (pending before the Legislature as this bill).

29 "Health benefits plan" means a benefits plan which pays or  
30 provides hospital and medical expense benefits for covered  
31 services, and is delivered or issued for delivery in this State by or  
32 through a carrier. Health benefits plan includes, but is not limited  
33 to, Medicare supplement coverage and risk contracts to the extent  
34 not otherwise prohibited by federal law. For the purposes of  
35 P.L. , c. (C. ) (pending before the Legislature as this bill),  
36 health benefits plan shall not include the following plans, policies,  
37 or contracts: accident only, credit, disability, long-term care,  
38 CHAMPUS supplement coverage, coverage arising out of a  
39 workers' compensation or similar law, automobile medical payment  
40 insurance, personal injury protection insurance issued pursuant to  
41 P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement  
42 indemnity coverage.

43 "Health equity framework" means a public health framework  
44 through which policymakers and stakeholders in the public and  
45 private sectors use a collaborative approach to improve health  
46 outcomes and reduce health inequities in the State by incorporating

1 health considerations into decision making across sectors and policy  
2 areas.

3

4 3. a. There is established in the Department of Health the New  
5 Jersey Commission on Health Equity.

6 b. The commission shall comprise 27 members, as follows:

7 (1) one member of the Senate, appointed by the President of the  
8 Senate, who shall serve for the duration of the legislative term in  
9 which the member is appointed;

10 (2) one member of the General Assembly, appointed by the  
11 Speaker of the General Assembly, who shall serve for the duration  
12 of the legislative term in which the member is appointed;

13 (3) the Commissioner of Health, or the commissioner's  
14 designee, who shall serve ex officio;

15 (4) the Commissioner of Community Affairs, or the  
16 commissioner's designee, who shall serve ex officio;

17 (5) the Commissioner of Human Services, or the  
18 commissioner's designee, who shall serve ex officio;

19 (6) the Secretary of Agriculture, or the commissioner's  
20 designee, who shall serve ex officio;

21 (7) the Attorney General, or the Attorney General's designee,  
22 who shall serve ex officio;

23 (8) the Commissioner of Banking and Insurance, or the  
24 commissioner's designee, who shall serve ex officio;

25 (9) the Commissioner of Children and Families, or the  
26 commissioner's designee, who shall serve ex officio;

27 (10) the Commissioner of Corrections, or the commissioner's  
28 designee, who shall serve ex officio;

29 (11) the Commissioner of Education, or the commissioner's  
30 designee, who shall serve ex officio;

31 (12) the Commissioner of Environmental Protection, or the  
32 commissioner's designee, who shall serve ex officio;

33 (13) the Commissioner of Labor and Workforce Development,  
34 or the commissioner's designee, who shall serve ex officio;

35 (14) the Commissioner of Military and Veterans Affairs, or the  
36 commissioner's designee, who shall serve ex officio;

37 (15) the Secretary of State, or the secretary's designee, who  
38 shall serve ex officio;

39 (16) the Commissioner of Transportation, or the commissioner's  
40 designee, who shall serve ex officio;

41 (17) the Deputy Commissioner of Public Health Services in the  
42 Department of Health, or the deputy commissioner's designee, who  
43 shall serve ex officio;

44 (18) the Director of the Division of Aging Services in the  
45 Department of Human Services, or the director's designee, who  
46 shall serve ex officio;

- 1 (19) the Executive Director of the Division of Disability  
2 Services in the Department of Human Services, or the executive  
3 director's designee, who shall serve ex officio;
- 4 (20) the Assistant Commissioner for the Division of Medical  
5 Assistance and Health Services in the Department of Human  
6 Services, or the assistant commissioner's designee, who shall serve  
7 ex officio;
- 8 (21) the Assistant Commissioner for the Division of Mental  
9 Health and Addiction Services in the Department of Human  
10 Services, or the assistant commissioner's designee, who shall serve  
11 ex officio;
- 12 (22) the Director of the Office of Management and Budget in the  
13 Department of the Treasury, or the director's designee, who shall  
14 serve ex officio;
- 15 (23) the chief technology officer in the New Jersey Office of  
16 Information Technology, or the chief technology officer's designee,  
17 who shall serve ex officio;
- 18 (24) the Assistant Commissioner of Child Protection and  
19 Permanency in the Department of Children and Families, or the  
20 assistant commissioner's designee, who shall serve ex officio;
- 21 (25) the Chair of the New Jersey State Planning Commission, or  
22 the chair's designee, who shall serve ex officio;
- 23 (26) the Superintendent of the State Police, or the  
24 superintendent's designee, who shall serve ex officio; and
- 25 (27) one representative of a local health department, designated  
26 by the New Jersey Association of County and City Health Officials,  
27 who shall serve for a term of four years and who shall be eligible  
28 for reappointment to the commission.
- 29 c. The Governor shall designate a chair and a vice-chair of the  
30 commission from among the membership. The chair shall appoint a  
31 secretary, who need not be a member of the commission.
- 32 d. The commission shall meet at least four times each year at a  
33 location to be determined by the chair, but may meet at such  
34 additional times and places as the commission may determine to be  
35 necessary. A majority of the authorized membership shall  
36 constitute a quorum for the purposes of undertaking official  
37 business.
- 38 e. The members of the commission shall serve without  
39 compensation, but may be reimbursed for reasonable expenses  
40 incurred in the performance of their duties, within the limits of  
41 funds made available to the commission for this purpose.
- 42 f. The Department of Health shall provide such stenographic,  
43 clerical, and other administrative assistants, and such professional  
44 staff, as the commission requires to carry out its work. The  
45 commission shall be entitled to call to its assistance and avail itself  
46 of the services of the employees of any State, county, or municipal

1 department, board, bureau, commission, or agency as it may require  
2 and as may be available for its purposes.

3

4 4. a. The purpose of the commission shall be to:

5 (1) employ a health equity framework to examine:

6 (a) the health of residents of the State to the extent necessary to  
7 carry out the requirements of this section;

8 (b) ways for units of State and local government to collaborate  
9 to implement policies that will have a positive impact on the health  
10 of the residents of New Jersey; and

11 (c) the influence of the following factors on the health of the  
12 residents of New Jersey:

13 (i) access to safe and affordable housing;

14 (ii) educational attainment;

15 (iii) opportunities for employment;

16 (iv) economic stability;

17 (v) inclusion, diversity, and equity in the workplace;

18 (vi) barriers to career success and promotion in the workplace;

19 (vii) access to transportation and mobility;

20 (viii) social justice;

21 (ix) environmental factors;

22 (x) public safety, including the impact of crime, citizen unrest,  
23 the criminal justice system, and governmental policies that affect  
24 individuals who are incarcerated or who have been released from  
25 incarceration; and

26 (xi) food insecurity;

27 (2) provide direct advice to the Commissioner of Health, and,  
28 through the commissioner, indirect advice to the Department of  
29 Health's senior administrators and planners, regarding issues of  
30 racial, ethnic, cultural, or socioeconomic health disparities;

31 (3) facilitate coordination of the expertise and experience of the  
32 Departments of Health, Human Services, Community Affairs,  
33 Transportation, Education, Environment, and Labor and Workforce  
34 Development in developing a comprehensive health equity plan  
35 addressing the social determinants of health; and

36 (4) set goals for health equity and prepare a plan for the State to  
37 achieve health equity in alignment with any other Statewide  
38 planning activities.

39 b. The commission, using a health equity framework, shall:

40 (1) examine and make recommendations regarding:

41 (a) health considerations that may be incorporated into the  
42 decision-making processes of government agencies and private  
43 sector stakeholders who interact with government agencies;

44 (b) requirements for implicit bias training for clinicians engaged  
45 in patient care and whether the State should provide the training;

1 (c) training for health care providers on consistent and proper  
2 collection of self-identified patient data on race, ethnicity, and  
3 language to accurately identify disparities; and

4 (d) requirements to comply with, and for enforcement of,  
5 National Standards for Culturally and Linguistically Appropriate  
6 Services in Health and Health Care, or “CLAS Standards”;

7 (2) foster collaboration between units of State and local  
8 government and develop policies to improve health and reduce  
9 health inequities;

10 (3) identify measures for monitoring and advancing health  
11 equity in the State;

12 (4) establish a State plan for achieving health equity in  
13 alignment with other Statewide planning activities in coordination  
14 with the State’s health, human services, housing, transportation,  
15 education, environment, community development, and labor  
16 systems; and

17 (5) make recommendations and provide advice, including direct  
18 advice to the Commissioner of Health, on implementing laws and  
19 policies to improve health and reduce health inequities.

20 c. The commission may establish advisory committees to assist  
21 the commission in the performance of its duties under this section.  
22 An advisory committee established pursuant to this subsection may  
23 include individuals who are not members of the commission.

24 d. The New Jersey Health Information Network shall maintain  
25 a data set for the commission and provide data from the data set  
26 consistent with the parameters established by the advisory  
27 committee pursuant to section 5 of P.L. , c. (C. ) (pending  
28 before the Legislature as this bill).

29 e. No later than 18 months after the effective date of P.L. , c.  
30 (C. ) (pending before the Legislature as this bill), and annually  
31 thereafter, the commission shall prepare and submit a report to the  
32 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-  
33 19.1), to the Legislature, concerning the activities of the  
34 commission, which report shall include the commission’s findings  
35 with regard to any changes in health equity in the State resulting  
36 from the commission’s activities, and the commission’s  
37 recommendations for legislation or administrative action as may be  
38 necessary to implement the commission’s findings and  
39 recommendations and support the commission’s activities.

40  
41 5. a. The commission shall, in coordination with the New  
42 Jersey Health Information Network, establish a Health Equity Data  
43 Advisory Committee to make recommendations on data collection,  
44 needs, quality, reporting, evaluation, and visualization for the  
45 commission to carry out the purposes of P.L. , c. (C. )  
46 (pending before the Legislature as this bill). The advisory

1 committee shall include representatives from the New Jersey Health  
2 Information Network.

3 b. (1) The advisory committee shall define the parameters of a  
4 health equity data set to be maintained by the New Jersey Health  
5 Information Network, including indicators for:

6 (a) social and economic conditions;

7 (b) environmental conditions;

8 (c) health status;

9 (d) behaviors;

10 (e) health care; and

11 (f) priority health outcomes for monitoring health equity for  
12 racial and ethnic minority populations in New Jersey.

13 (2) The data set for which parameters are defined under  
14 paragraph (1) of this subsection shall include data from:

15 (a) health care facilities that report to the Department of Health;

16 (b) health benefits plans that report to the Department of  
17 Banking and Insurance; and

18 (c) any other data source the advisory committee determines  
19 necessary and appropriate.

20 c. (1) The commission may request data consistent with the  
21 recommendations of the advisory committee. Data requested by the  
22 commission shall be provided, to the extent authorized under State  
23 and federal privacy laws, either directly to the commission or to the  
24 commission through the New Jersey Health Information Network.

25 (2) The advisory committee may recommend that data be  
26 reported or otherwise made available to the public, in which case  
27 the commission may publish or otherwise provide to the public any  
28 data provided to the commission pursuant to this section, consistent  
29 with the recommendations of the advisory committee.

30 (3) Data provided to the commission and data reported or  
31 otherwise made available to the public pursuant to this section shall  
32 be provided in the aggregate.

33

34 6. This act shall take effect the first day of the seventh month  
35 next following enactment.

36

37

38

#### STATEMENT

39

40 This bill establishes, in the Department of Health, the New  
41 Jersey Commission on Health Equity.

42 The purpose of the commission will be to:

43 1) employ a health equity framework to examine: the health of  
44 New Jersey residents; ways for units of State and local government  
45 to collaborate to implement policies that will positively impact the  
46 health of New Jersey residents; and the impact of certain  
47 enumerated factors on the health of New Jersey residents;



1       2) provide direct advice to the DOH regarding issues of racial,  
2 ethnic, cultural, or socioeconomic health disparities;

3       3) facilitate coordination of the expertise and experience of  
4 various State departments in developing a comprehensive health  
5 equity plan addressing the social determinants of health; and

6       4) set goals for health equity and prepare a plan for the State to  
7 achieve health equity in alignment with any other Statewide  
8 planning activities.

9       The commission, using a health equity framework, will be  
10 required to:

11      1) examine and make recommendations regarding: health  
12 considerations that may be incorporated into the decision-making  
13 processes of government agencies and private sector stakeholders  
14 who interact with government agencies; requirements for implicit  
15 bias training for clinicians engaged in patient care and whether the  
16 State should provide the training; training for health care providers  
17 on consistent and proper collection of self-identified patient data on  
18 race, ethnicity, and language to identify disparities accurately; and  
19 requirements to comply with, and for enforcement of, National  
20 Standards for Culturally and Linguistically Appropriate Services in  
21 Health and Health Care (CLAS Standards);

22      2) foster collaboration between units of State and local  
23 government and develop policies to improve health and reduce  
24 health inequities;

25      3) identify measures for monitoring and advancing health  
26 equity in the State;

27      4) establish a State plan for achieving health equity in  
28 alignment with other Statewide planning activities in coordination  
29 with the State's health, human services, housing, transportation,  
30 education, environment, community development, and labor  
31 systems; and

32      5) make recommendations and provide advice, including direct  
33 advice to the Commissioner of Health, on implementing laws and  
34 policies to improve health and reduce health inequities.

35       The commission will be authorized to establish advisory  
36 committees to assist the commission in the performance of its  
37 duties. Any such advisory committee may include individuals who  
38 are not members of the commission.

39       The commission will comprise 27 members, including:

40      1) one member of the Senate appointed by the President of the  
41 Senate and one member of the General Assembly appointed by the  
42 Speaker of the General Assembly, each of whom will serve for the  
43 duration of the legislative term in which they are appointed;

44      2) the heads of the Department of Health (DOH), the  
45 Department of Human Services (DHS), the Department of  
46 Agriculture, the Department of Community Affairs, the Department  
47 of Banking and Insurance, the Department of Children and

1 Families, the Department of Corrections, the Department of  
2 Education, the Department of Environmental Protection, the  
3 Department of Labor and Workforce Development, the Department  
4 of Law and Public Safety, the Department of Military and Veterans  
5 Affairs, the Department of State, the Department of Transportation,  
6 Public Health Services in DOH, the Division of Aging Services in  
7 DHS, the Division of Disability Services in DHS, the Division of  
8 Medical Assistance and Health Services in DHS, the Division of  
9 Mental Health and Addiction Services in DHS, the New Jersey  
10 Office of Information Technology, the Division of Child Protection  
11 and Permanency in the Department of Children and Families, the  
12 New Jersey State Planning Commission, the State Police, and the  
13 Office of Management and Budget in the Department of the  
14 Treasury, or their designees, who will serve ex officio; and

15 3) one representative of a local health department, designated  
16 by the New Jersey Association of County and City Health Officials,  
17 who will serve for a term of four years and will be eligible for  
18 reappointment to the commission.

19 The Governor will designate a chair and a vice-chair of the  
20 commission from among the membership. The chair will appoint a  
21 secretary, who need not be a member of the commission. The  
22 commission will be required to meet at least four times each year at  
23 a location to be determined by the chair, but may meet at such  
24 additional times and places as by the commission determines to be  
25 necessary. A majority of the authorized membership will constitute  
26 a quorum for the purpose of undertaking official business. The  
27 members of the commission will serve without compensation, but  
28 may be reimbursed for reasonable expenses incurred in the  
29 performance of their duties, within the limits of funds made  
30 available to the commission for this purpose.

31 The DOH will provide stenographic, clerical, and other  
32 administrative assistants, as well as any professional staff, as the  
33 commission requires to carry out its work. The commission will be  
34 entitled to call to its assistance and avail itself of the services of the  
35 employees of any State, county, or municipal department, board,  
36 bureau, commission, or agency as it may require and as may be  
37 available for its purposes.

38 In coordination with the New Jersey Health Information Network  
39 (NJHIN), the commission will be required to establish a Health  
40 Equity Data Advisory Committee to make recommendations on data  
41 collection, needs, quality, reporting, evaluation, and visualization  
42 for the commission to carry out the purposes of the bill. The  
43 advisory committee is to include representatives from the NJHIN.

44 Specifically, the advisory committee will define the parameters  
45 of a health equity data set to be maintained by the NJHIN, including  
46 indicators for: social and economic conditions; environmental  
47 conditions; health status; behaviors; health care; and priority health

1 outcomes for monitoring health equity for racial and ethnic minority  
2 populations in New Jersey. The data set for which these parameters  
3 are defined are to include data from: health care facilities that  
4 report to the DOH; health benefits plans that report to the  
5 Department of Banking and Insurance; and any other data source  
6 the advisory committee determines necessary.

7 The commission may request data consistent with the  
8 recommendations of the advisory committee. Data requested by the  
9 commission is to be provided either directly to the commission or to  
10 the commission through the NJHIN. The advisory committee may  
11 recommend that data be reported or otherwise made available to the  
12 public, in which case the commission will be authorized to publish  
13 or otherwise provide the data to the public. Data provided to the  
14 commission and data reported or otherwise made available to the  
15 public is to be provided in the aggregate and in compliance with  
16 applicable State and federal privacy laws.

17 No later than 18 months after the effective date of the bill, and  
18 annually thereafter, the commission will be required to prepare and  
19 submit a report to the Governor and the Legislature concerning the  
20 activities of the commission, including the commission's findings  
21 with regard to any changes in health equity in the State resulting  
22 from the commission's activities, and the commission's  
23 recommendations for legislation or administrative action as may be  
24 necessary to implement the commission's findings and  
25 recommendations and support the commission's activities.

26 The bill will take effect the first day of the seventh month next  
27 following enactment.