

Summary of Health Disparities Legislation and Regulation in California

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Legislation and regulation that addresses health disparities is grouped into four specific categories, that include:

- Provider recruitment
- “Culturally competent care”
- Disease-specific programs targeted at certain ethnic groups
- Support and charges to offices of minority health

1. Provider Recruitment:

Health & Safety Code §§127876-127885. Minority Physician Recruitment.

Established the Health Career Opportunities Program to promote and encourage minority candidates to become physicians.

Health & Safety Code §§128550-128557.5. The Health Professions Education Foundation and the California Physician Corps Program. Established a volunteer program to place ethnic minority health professionals into medically underserved areas for a three year stint, and including a student loan repayment program to provide incentives to participate.

2. “Culturally Competent Care:”

Business & Professions Code §852. Established the Task Force on Culturally and Linguistically Competent Physicians and Dentists

Business & Professions Code §§ 2425.1 and 2425.3. Physician Reporting. Requires a physician who is renewing his or her California license to report cultural background and foreign language linguistic proficiency. This law became operational in 2003 and is generating a database at the Medical Board that can be mined to determine the numbers and geographic distribution of “culturally competent” physicians. (AB 1586, Negrete McCloud, 2001).

Health & Safety Code § 1367.04. Language Assistance Programs. The Department of Managed Health Care shall adopt regulations establishing standards and requirements to provide health care service plan enrollees with appropriate access to language assistance in obtaining health care services by January 1, 2006.

Title 28, Rule 1300.67.04. Language Assistance Programs. Regulations requiring health plans and their network providers to produce language assistance plans for ethnically diverse enrollees with limited English proficiency.

Insurance Code § 10133.7. Language Assistance Programs. Requires health insurers and their network providers to establish limited English proficiency standards through language assistance programs for ethnic minority populations.

Health & Safety Code § 123490. Perinatal Services. The DCHS shall develop and maintain a statewide comprehensive community-based perinatal services program and enter into contracts, grants, or agreements with health care providers to deliver these services ensuring they shall be rendered in a culturally and linguistically competent manner.

Health & Safety Code § 151000-151003. Sex Education. The Sexual Health Education Accountability Act shall include programs that are culturally and linguistically appropriate for its targeted populations.

3. Disease-Specific Programs Targeted at Certain Ethnic Groups:

Health & Safety Code §439.902. Inclusion of Minorities in Clinical Research Projects. Until 1991, most national health studies were solely conducted on white males. This legislation required that women and members of minority groups were appropriately included as subjects of health research projects carried out by state agencies or University of California researchers.

Resolution Chapter No. 151. Diabetes & Obesity Task Force. Establishes a Task Force on Diabetes and Obesity to study factors contributing to the high rates of diabetes and obesity in Latinos, African-Americans, Asian Pacific Islanders, and Native Americans.

ACR 112 (Chan, 2006). Hepatitis B. Declares that the hepatitis B virus chronic infection rate among Asian and Pacific Islander Americans reflects a health disparity. Urges the medical community, including physicians and school health personnel, to emphasize the need for completion of the 3-dose HBV vaccination series to their patients, and parents of Asian Pacific Islander Children, including those entering public school between the 1st and 6th grade, or after the 7th grade. Requires such vaccination programs target those high risk groups.

Health & Safety Code §§106000-106036. The Urban Community Health Institute Clinical Centers. Established the Centers to Eliminate Health Disparities at the Charles R. Drew University of Medicine and Science to address the problem of disparate health care in the Los Angeles County Service Planning Area and other multicultural communities that have the worst health care status indicators, medical outcomes, and

death rates in Los Angeles County. The clinical centers described in Section 106000 shall include the Stroke and Hypertension Center, the Obesity and Nutrition Center, and the HIV/AIDS Center.

Health & Safety Code §§120800-120871. HIV/Aids Prevention Programs Including Ethnic Minorities. Enacted to promote an aggressive community-based HIV infection prevention program in all communities and areas where behaviors and prevalence indicate high risk of HIV infection, and to encourage local programs to involve racial and ethnic minorities in a leading role to plan the development, implementation, and evaluation of preventive education, HIV testing, delivery of care, and research activities that are necessary to the formation of a comprehensive, community-based, culturally sensitive HIV infection prevention strategy. Establish pilot projects that provide services that are culturally and linguistically appropriate to the population served.

Health & Safety Code §124190. Substance Abuse. Establish comprehensive coordinated substance abuse prevention, intervention, and counseling programs that are culturally and linguistically appropriate to the population being served.

Health & Safety Code §§125025-125035. Sickle Cell Anemia Testing. Authorizes the Department of Public Health to identify and conduct testing of targeted populations for sickle cell anemia at first entry into school and upon application for marriage licenses.

4. Support and Charges to Offices of Minority Health:

Health & Safety Code §150. Establishment of the Office of Multicultural Health (OMH). The Office of Multicultural Health (OMH) was established by legislation in 1993 and is a shared policy office within the Director's Office of the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS). The OMH serves as a focal point in both Departments for improved planning and coordination of activities and programs related to racial and ethnic populations in California and a liaison between both Departments and outside stakeholders. The OMH has a 25 member multicultural health advisory council which advises the Departments and Directors on multicultural health issues. It is required to submit a report to the Legislature on the progress toward the elimination of health disparities every two years.