

## Ohio Legislative Service Commission

Office of Research and Drafting Legislative Budget Office

H.B. 653 134<sup>th</sup> General Assembly

# **Bill Analysis**

Version: As Introduced

Primary Sponsors: Reps. Ingram and Davis

Anna Holdren, Research Analyst

### SUMMARY

- Requires the staff of the Legislative Service Commission (LSC) to review each bill introduced in the General Assembly and prepare a health impact statement concerning the bill.
- Requires the health impact statement to analyze whether the bill might have a positive, negative, or neutral impact on Ohio health, health equity, and social determinants of health.
- Creates the Health and Equity Interagency Team (the Team) in the Department of Health to ensure collaboration among all state agencies, and requires every state agency to appoint a liaison to the Team.
- Specifies duties for the Team, including coordinating among state agencies to address health and health equity factors impacted by social determinants of health.
- Requires the Team to submit an annual state health equity report to the Director of Health.
- Names the bill the "Health Equity In All Health Related Policy Act."

## DETAILED ANALYSIS

#### Legislative findings

The bill makes the following findings:<sup>1</sup>

<sup>1</sup> R.C. 103.132(B).

- That health equity may be accomplished by removing obstacles to health (such as poverty, discrimination, and racism);
- That the consequences of poverty, discrimination, and racism (including unsafe living environments, general powerlessness, lack of access to good jobs with fair pay, and poor quality education, housing, transportation, and health care) contribute to health inequity.

#### Health impact review process for bills

The bill requires the staff of the Legislative Service Commission (LSC) to issue health impact statements for bills pending before the General Assembly.<sup>2</sup> LSC must review each bill introduced on or after the effective date of H.B. 653 and prepare a health impact statement concerning the bill. The statement must analyze whether the bill might have a positive, negative, or neutral impact on any of the following:

- The health of Ohioans;
- The accomplishment of health equity in Ohio;
- The health or health equity of specific populations or persons residing in specific geographic areas in Ohio;
- Social determinants of health for the most vulnerable persons in Ohio, including specific populations or persons residing in specific geographic areas.<sup>3</sup>

The health impact statement must be completed as soon as possible but not later than the date the bill receives a second committee hearing in the house in which it was introduced, or no later than 30 days after being requested by a member of the General Assembly.<sup>4</sup> A bill may not be voted out of committee until after the committee members have received and considered the health impact statement.<sup>5</sup>

#### Health and Equity Interagency Team

The bill also creates the Health and Equity Interagency Team (the Team) in the Department of Health to ensure collaboration among all state agencies. The Department of Health must administer the Team, and each state agency must appoint a liaison.<sup>6</sup>

The Team must do all of the following:

<sup>4</sup> R.C. 103.132(D).

<sup>&</sup>lt;sup>2</sup> R.C. 103.13(L).

<sup>&</sup>lt;sup>3</sup> R.C. 103.132(C).

<sup>&</sup>lt;sup>5</sup> R.C. 103.132(E).

<sup>&</sup>lt;sup>6</sup> R.C. 3701.35(B).

- Work across the state government to coordinate resources and implement strategies to address health and health equity factors impacted by social determinants of health;
- Create links between various policy areas;
- Build new partnerships to promote health and health equity;
- Develop common metrics of success for health outcomes among disparate populations and for increased government efficiency.<sup>7</sup>

On or before December 31 each year, the Team must submit a state health equity report to the Director of Health, who must make it available to the public on the Department's official website.<sup>8</sup>

#### Definitions

The bill defines the following terms:

- "Demographic groups" means individuals grouped together based on factors including economic, geographic, racial, ethnic, migration status, disability, or sexual orientation.
- "Health" means the state of a natural person's physical, mental, and social well-being and is not limited to the absence of disease or infirmity.
- "Health disparities" means differences between demographic groups with respect to mortality, the incidence or prevalence of disease or other adverse health conditions, or access to health care services.<sup>9</sup>
- "Health equity" means the absence of obstacles to health that may prevent an individual or group from achieving full health potential.
- "Social determinants of health" means the range of personal, social, economic, and environmental factors that influence health status. These factors include, but are not limited to, income, education, family, housing, racism, food security, environment, community, and transportation.<sup>10</sup>
- "State agency" means every organized body, office, agency, institution, or other entity established by the laws of Ohio for the exercise of any function of state government.<sup>11</sup>

<sup>10</sup> R.C. 103.132(A).

<sup>&</sup>lt;sup>7</sup> R.C. 3701.35(C).

<sup>&</sup>lt;sup>8</sup> R.C. 3701.35(D).

<sup>&</sup>lt;sup>9</sup> The bill does not use the term "health disparities," but, in describing the duties of the Team, does reference health outcomes among disparate populations. R.C. 3701.35(C)(4).

<sup>&</sup>lt;sup>11</sup> R.C. 3701.25(A)(2).

## HISTORY

Action	Date
Introduced	05-17-22

ANHB0653IN-134/ks