

1 State of Arkansas
2 88th General Assembly
3 Regular Session, 2011
4

As Engrossed: S3/1/11
A Bill

SENATE BILL 459

5 By: Senator Crumbly
6

7 **For An Act To Be Entitled**

8 *AN ACT TO DEFINE ARKANSAS RED COUNTIES; TO ESTABLISH*
9 *A REPORTING SYSTEM; AND FOR OTHER PURPOSES.*

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12 **Subtitle**

13 *AN ACT TO DEFINE ARKANSAS RED COUNTIES*
14 *AND TO ESTABLISH A REPORTING SYSTEM.*

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17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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19 SECTION 1. Arkansas Code Title 25, Chapter 1, subchapter 1 is amended
20 to add an additional section to read as follows:

21 25-1-118. Services and studies concerning mortality disparities.

22 (a)(1) As used in this section, "Arkansas red counties" means those
23 counties in which Arkansans were born and are living have a life expectancy
24 rate six (6) to ten (10) times less than the life expectancy of Arkansans who
25 were born and are living in the county with the highest life expectancy.

26 (2) "Arkansas red counties" includes on the effective date of
27 this subchapter:

- 28 (1) Arkansas;
29 (2) Chicot;
30 (3) Crittenden;
31 (4) Cross;
32 (5) Dallas;
33 (6) Desha;
34 (7) Fulton;
35 (8) Jackson;
36 (9) Jefferson;



1 (10) Mississippi;

2 (11) Monroe;

3 (12) Ouachita;

4 (13) Perry;

5 (14) Phillips;

6 (15) Poinsett;

7 (16) St. Francis;

8 (17) Sevier;

9 (18) Union; and

10 (19) Woodruff.

11 (b) The General Assembly finds:

12 (1) It is unacceptable for Arkansans born and living in one part
13 of the state to have a life expectancy rate six (6) to ten (10) years less
14 than Arkansans born and living in another part of the state;

15 (2) Complex factors operating at the levels of individuals,
16 interpersonal networks, organizations, or communities influence disparities
17 in health and healthcare; and

18 (3) Health and healthcare disparities are not only unacceptable,
19 but also have human, economic, social, and developmental costs that affect
20 all residents of the nation and the State of Arkansas.

21 (c)(1) Each state agency, board, and commission that receives state
22 dollars or tobacco settlement funds intended to improve the quality of health
23 in Arkansas is encouraged to provide its programs, services, and research in
24 Arkansas red counties.

25 (2) Identified agencies, boards, and commissions whose scope of
26 services encompasses the Arkansas red counties include without limitation,
27 the:

28 (A) Arkansas Center for Health Improvement;

29 (B) Arkansas Department of Environmental Quality;

30 (C) Department of Health;

31 (D) Donald W. Reynolds Institute on Aging at the
32 University of Arkansas for Medical Sciences;

33 (E) Area Agencies on Aging;

34 (F) Arkansas Biosciences Institute of the University of
35 Arkansas for Medical Sciences;

36 (G) Fay W. Boozman College of Public Health of the

1 University of Arkansas for Medical Sciences;

2 (H) Partners for Inclusive Communities of the University
3 Centers of Excellence in Developmental Disabilities Education, Research, and
4 Service of the University of Arkansas for Medical Sciences.

5 (3)(A) The entities listed in subdivision (c)(2) of this section
6 shall submit an annual report to the chair of the House Committee on Public
7 Health, Welfare, and Labor and the chair of the Senate Committee on Public
8 Health, Welfare, and Labor and the Governor to be delivered on or before
9 October 1 of each year.

10 (B) The annual report required under subdivision (c)(3)(A)
11 of this section shall include without limitation a section that:

12 (i) Describes services, programs, research, or any
13 combination of services, programs, and research provided in the Arkansas red
14 counties during the previous fiscal years;

15 (ii) Accounts for expenditures, services, programs,
16 research, or any combination of services, programs, and research provided in
17 the Arkansas red counties during the previous fiscal year; and

18 (iii) Provides recommendations toward improving
19 health and healthcare in Arkansas red counties.

20 (d) The following entities shall work together to identify the red
21 counties most in need of help with mortality disparities and shall make that
22 data available to the public:

23 (1) The Arkansas Center for Health Improvement;

24 (2) The Arkansas Minority Health Commission;

25 (3) The Arkansas Department of Environmental Quality;

26 (4) The Department of Health; and

27 (5) Fay W. Boozman College of Public Health of the
28 University of Arkansas for Medical Sciences.

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30 /s/Crumbley
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