

1 A CONCURRENT RESOLUTION establishing the Health Care Disparities Task
2 Force.

3 WHEREAS, the United Health Foundation, in its 2023 America's Health Rankings
4 report, ranked Kentucky as the 41st overall healthiest state; and

5 WHEREAS, when compared the rest of the United States, Kentucky has the third
6 highest cancer mortality rate, fourth highest chronic lower respiratory disease mortality
7 rate, fifth highest percent of adults with diabetes, sixth highest diabetes mortality rate,
8 sixth highest percent of adults with high blood pressure, seventh highest rate of both heart
9 disease-related deaths and kidney disease related deaths, and the fourth shortest life
10 expectancy; and

11 WHEREAS, in 2022 Kentucky ranked 40th among the states in its primary care
12 physician workforce with fewer than 60 primary care physicians per 100,000 residents;
13 and

14 WHEREAS, roughly 40% of Kentuckians live in rural areas but only 17% of the
15 state's primary care physicians practice in rural areas; and

16 WHEREAS, nearly 50% of Kentucky's primary care physician workforce practices
17 in the state's two largest counties, and nearly 75% practice in urban counties; and

18 WHEREAS, according to the United States Health Resources and Services
19 Administration, 30 of Kentucky's rural counties and 13 urban counties have a shortage of
20 primary care physicians; and

21 WHEREAS, a number of factors have been shown to contribute to disparities in
22 health care outcomes including race, ethnicity, socioeconomic status, access to care,
23 education, and geography; and

24 WHEREAS, a growing field of research shows that individuals who live in
25 socioeconomically disadvantaged or deprived communities, regardless of whether the
26 community is urban or rural, suffer higher rates of chronic disease, including diabetes,
27 cardiovascular disease, and other chronic conditions, utilize healthcare services more

1 frequently, and experience higher rates of premature death; and

2 WHEREAS, the health-related social needs of individuals who reside in
3 socioeconomically disadvantaged or deprived rural and urban communities are often far
4 greater than the needs of individuals who reside in more prosperous communities;

5 NOW, THEREFORE,

6 *Be it resolved by the Senate of the General Assembly of the Commonwealth of*
7 *Kentucky, the House of Representatives concurring therein:*

8 ➔Section 1. The Legislative Research Commission shall establish the Health
9 Care Disparities Task Force to study factors influencing disparities in health care access
10 and outcomes and to make recommendations to improve access to care and overall health
11 outcomes for all Kentuckians.

12 ➔Section 2. The duties of the Health Care Disparities Task Force shall include
13 but are not limited to:

14 (1) Studying the various factors that contribute to disparities in health care access
15 and outcomes across the Commonwealth;

16 (2) Considering the health-related social needs of Kentuckians who live in
17 socioeconomically disadvantaged or deprived rural and urban communities;

18 (3) Identifying similarities and differences in the healthcare challenges faced by
19 Kentuckians in urban and rural communities;

20 (4) Assessing the effectiveness of current workforce development efforts to
21 address shortages in the healthcare industry;

22 (5) Reviewing the potential of broadband internet access and other technologies
23 that facilitate the wider deployment of telehealth services and the potential for such
24 technologies to improve access to care and health outcomes; and

25 (6) Developing recommendations for improving access to care, health outcomes,
26 and health equity in the Commonwealth.

27 ➔Section 3. The Health Care Disparities Task Force shall be composed of the

1 following legislative members, with final membership of the task force subject to
2 consideration and approval by the Legislative Research Commission:

3 (1) Five members of the House of Representatives appointed by the Speaker of
4 the House of Representatives, one of whom shall be designated by the Speaker of the
5 House of Representatives as co-chair of the task force; and

6 (2) Five members of the Senate appointed by the President of the Senate, one of
7 whom shall be designated by the President of the Senate as co-chair of the task force.

8 ➔Section 4. The Health Care Disparities Task Force shall meet at least monthly
9 during the 2024 Interim of the General Assembly. The task force shall submit its findings
10 and recommendations to the Legislative Research Commission for referral to the
11 appropriate committee or committees no later than December 1, 2024.

12 ➔Section 5. The provisions of this Concurrent Resolution to the contrary
13 notwithstanding, the Legislative Research Commission shall have the authority to
14 alternatively assign the issues identified herein to an interim joint committee or
15 subcommittee thereof, and to designate a study completion date.