

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND HUMAN SERVICES

Introduced By: Senator Melissa A. Murray

Date Introduced: February 27, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. The general assembly hereby finds and declares that:

2 (1) Since its inception, Rhode Island's Equity Zone (RIEZ), formerly known as Health
3 Equity Zone (HEZ) has expanded to fourteen (14) distinct communities, with more than one
4 thousand eight hundred (1,800) individual leaders and three hundred (300) organizations across
5 twenty (20) sectors to advance community transformation that supports all residents, especially
6 those who have been historically underserved.

7 (2) These Equity Zones have demonstrated impact as follows:

8 (i) Between 2018-2022, social vulnerability dropped by twenty-one percent (21%) in RIEZ
9 communities, compared to non-RIEZ communities with little to no change (four-tenths of a percent
10 (0.4%) decrease). During this time, RIEZs' strategic actions improved health status, economic
11 opportunity, and social well-being in their communities.

12 (ii) People living in RIEZ communities were twice as likely to rely on public insurance
13 than non-RIEZ communities. Yet, the average per-person public insurance costs are significantly
14 lower in RIEZ communities than non-RIEZ communities, resulting in significant public insurance
15 savings over time.

16 (iii) At the onset of the COVID-19 pandemic, as residents faced challenges accessing food,
17 healthcare, and maintaining employment and housing, social vulnerability rose across all Rhode
18 Island communities. However, the increase in social vulnerability was much lower in RIEZ

1 communities. In non-RIEZ communities, the increase was fourteen percent (14%), compared to
2 only a two percent (2%) increase in RIEZ communities. This demonstrated greater resilience in
3 RIEZ communities, who were better equipped to withstand and overcome the challenges of the
4 pandemic and meet the urgent needs of their residents.

5 (iv) Findings show that RIEZ communities are linked to decreasing chronic disease over
6 time. Many RIEZ communities are seeing much lower rates of chronic disease than expected, based
7 on their level of social vulnerability. For example, high cholesterol and heart disease in certain
8 RIEZ communities are dropping much faster than the state average.

9 (3) These Equity Zones elevate community voice to:

10 (i) Determine which services need to be provided locally by collaborative partners;

11 (ii) Strengthen relationships between community members and organizations to create a
12 foundation of mutual respect, cultural responsiveness, and humility;

13 (iii) Advocate for effective and meaningful policy-change;

14 (iv) Utilize resources effectively to avoid duplication and maximize shared impact; and

15 (v) Restructure decision-making processes to be more democratic and build civic
16 engagement.

17 (4) The RIEZ network creates a forum for sharing and collaborating across the entire state.

18 (5) This model is recognized as a national best practice for addressing upstream social
19 determinants of health.

20 (6) Resources are not distributed equitably across the state and under-resourced
21 communities suffer; Equity Zones fill this gap.

22 (7) Funding levels have not kept pace with the needs of communities. State funding for the
23 Equity Zones has declined in recent years, even as the demand for equitable, community-driven
24 solutions has increased. Without sustained investment Rhode Island risks losing the infrastructure
25 that has made RIEZ a national model for addressing systemic inequities.

26 (8) Equity Zones play a burgeoning role as the state's primary strategy for community
27 transformation, driving health, economic and environmental equity.

28 (9) While the Rhode Island Department of Health has historically played a central role in
29 the RIEZ initiative, the initiative's expansion requires a "whole of government" approach that
30 includes other state agencies, such as those focused on housing, economic development,
31 transportation, and workforce initiatives. The RIEZ model must be formally recognized as the
32 state's primary strategy for equitable community improvement, with the executive office of health
33 and human services coordinating funding, technical assistance, and interagency collaboration to
34 ensure long-term sustainability.

1 SECTION 2. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human
2 Services" is hereby amended by adding thereto the following section:

3 **42-7.2-21. Equity Zones.**

4 (a) The executive office of health and human services (EOHHS) is hereby directed to
5 convene and support a network of equity zones whereby local multisector collaboratives of
6 nonprofits, service providers, advocates, community members, state agencies, and municipalities
7 can address social determinants of health at a local level.

8 (b) The EOHHS shall support equity zones to:

9 (1) Support resident leadership development, civic engagement, and capacity-building
10 efforts to ensure that those most affected by inequities are leading the solutions;

11 (2) Address root causes of health and economic disparities locally; and

12 (3) Share lessons learned and best practices between equity zones to deepen collective
13 impact statewide.

14 (c) To this end, the EOHHS shall:

15 (1) Collect, track, analyze, and share data that is relevant to the equity zones;

16 (2) Offer direct assistance to improve the quality, functionality and capacity of equity
17 zones;

18 (3) Connect equity zones to technical assistance providers where need surpasses what
19 EOHHS can offer directly; and

20 (4) Coordinate with other state departments beyond the department of health on issues such
21 as housing and economic development, to ensure a "whole government" approach.

22 (d) State appropriations for this purpose shall be combined with federal dollars to fund the
23 equity zone network infrastructure, with a goal of equitably sustaining existing equity zones.

24 SECTION 3. This act shall take effect on July 1, 2026.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND
HUMAN SERVICES

1 This act would mandate that the EOHHS assemble a network of equity zones where local
2 multisector groups of nonprofits, service providers, advocates, community members, state
3 agencies, and municipalities can address social factors of health at a local level.

4 This act would take effect on July 1, 2026.

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