HB 2986-1
(LC 3125)
3/29/19 (LHF/ps)

Requested by Representative ALONSO LEON

**PROPOSED AMENDMENTS TO**
**HOUSE BILL 2986**

On page 1 of the printed bill, delete lines 5 through 29.

On page 2, delete lines 1 through 44 and insert:

**"SECTION 1. (1) As used in this section:**

**"(a) 'Base funding' means fiscal resources that provide necessary infrastructure support, capable of quickly adjusting to reflect changing demands, to allow a regional health equity coalition to focus its priorities on work that communities of color indicate are the most important.**

**"(b) 'Community-led' means an approach based on a set of core principles that, at a minimum, engages the people living in a geographic community to establish goals and priorities, using local residents as leaders, building on strengths rather than focusing on problems and involving cross-sector collaboration that is intentional and adaptable and works to achieve systemic change.**

**"(c) 'Coordinated care organization' has the meaning given that term in ORS 414.025.**

**"(d) 'Cross-sector' means involving individuals, public and private institutions and communities working together.**

**"(e) 'Health equity' has the meaning prescribed by the Oregon Health Policy Board by rule based on the recommendation of the board's committee on health equity.**

**"(f) 'Infrastructure support' includes:**

**"(A) Building coalitions;**

**"(B) Developing and solidifying governance structures;**

**"(C) Conducting capacity building activities to further develop skills related to health equity; and**

**"(D) Assessing community needs.**

**"(g) 'Meaningful community engagement' means working collaboratively with and through groups of individuals who are affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of the groups.**

**"(h) 'Office of Equity and Inclusion' means the office within the Oregon Health Authority that works with diverse communities to eliminate health gaps and promote optimal health in Oregon.**

**"(2) The authority and a coordinated care organization must, to the greatest extent practicable, partner with a regional health equity coalition that is an autonomous, community-led, cross-sector group that is completely independent of coordinated care organizations and government agencies and that:**

**"(a) Identifies sustainable, long term policies and systemic and environmental solutions to improve health equity for underserved communities of color, Oregon's nine federally recognized Indian tribes, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, persons with disabilities and lesbian, gay, bisexual, transgender and questioning communities in rural and urban areas, with communities of color as the leading priority; and**

**"(b) Focuses on:**

**"(A) Meaningful community engagement;**

**"(B) Coalition building, developing a governance structure for the coalition and creating operating systems for the daily and long term functioning of the coalition led by individuals with demonstrated**

**leadership and expertise in promoting and improving health equity;**

**"(C) Building capacity and leadership among coalition members, staff and decision-making bodies to address health equity and the social determinants of health; and**

**"(D) Developing and advocating for policy, system and environmental changes to improve health equity in this state.**

**"(3)(a) To ensure that regional health equity coalitions are able to fully engage in the work described in this section:**

**"(A) The authority shall provide funding to regional health equity coalitions; and**

**"(B) Coordinated care organizations shall provide funding to regional health equity coalitions through negotiated contracts.**

**"(b) To receive funding under this subsection, a regional health equity coalition must:**

**"(A) Have a minimum of two years of experience providing services to or programming for at least one community of color;**

**"(B) Have a minimum of two years of experience addressing health disparities or promoting health equity for one or more communities of color;**

**"(C) Be a federally recognized Indian tribe in Oregon or one of the following community-based nonprofit organizations:**

**"(i) A culturally specific organization;**

**"(ii) A social service provider;**

**"(iii) A health care organization;**

**"(iv) A public health research organization;**

**"(v) A behavioral health organization;**

**"(vi) A private foundation; or**

**"(vii) A faith-based organization;**

**"(D) Be organized to focus on addressing health disparities of underserved communities of color, Oregon's nine federally recognized**

**Indian tribes, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, persons with disabilities and lesbian, gay, bisexual, transgender and questioning communities in rural and urban areas;**

**"(E) Have 51 percent or more of the leadership positions or members of the decision-making body of the coalition be persons of color;**

**"(F) Be led in the development of the coalition's objectives and strategic priorities by members of the communities most affected by health disparities; and**

**"(G) Involve in its activities a range of community partners, including a range of culturally specific community-based organizations, Oregon's nine federally recognized Indian tribes and public agencies.**

**"(4) The authority shall establish formal partnerships with regional health equity coalitions and seek out consultation with and technical assistance from regional health equity coalitions to identify sustainable, long term policy, system and environmental solutions to increase health equity for communities of color and other marginalized groups.**

**"(5)(a) The authority shall appoint and support the work of a regional health equity coalition fidelity committee to oversee the regional health equity coalitions in this state that have partnered with coordinated care organizations. The committee may have up to 13 members and must include at least one representative from each of the regional health equity coalitions receiving funding from the authority through the Office of Equity and Inclusion and at least one individual from the office.**

**"(b) The committee shall:**

**"(A) Conduct annual evaluations of coordinated care organizations to assess their compliance with the requirements of this section related to establishing partnerships, providing support and developing**

**and advocating for health equity-related policies, system changes and environmental changes identified by the regional health equity coalition as described in subsection (2) of this section;**

**"(B) Provide directives to each coordinated care organization based on the findings from the annual evaluation to ensure that the coordinated care organization has implemented health equity-related policies, system changes and environmental changes; and**

**"(C) Establish funding criteria for regional health equity coalitions that are partnered with coordinated care organizations.**

**"(6)(a) Each coordinated care organization that has a regional health equity coalition in the coordinated care organization's region shall form a meaningful partnership with the regional health equity coalition and develop a mutually agreed upon scope of work with sufficient resources negotiated by contract. Regional health equity coalitions may decline partnerships for any reason.**

**"(b) Partnerships between regional health equity coalitions and coordinated care organizations should be further developed through future rulemaking by the authority, based on coordinated care organization contracts and feedback from all stakeholder groups, including what potential partnerships between coordinated care organizations and regional health equity coalitions could entail.**

**"(7) Each coordinated care organization that does not have a regional health equity coalition in the coordinated care organization's region shall seek out partnerships with local culturally specific community-based organizations and Oregon's nine federally recognized Indian tribes through continuous base funding opportunities to create regional health equity coalitions in the coordinated care organization's region in consultation with the regional health equity coalition fidelity committee.**".

On page 8, line 18, after "for" delete the rest of the line and line 19 and

insert "increasing funding to the six regional health equity coalitions operating on the effective date of this 2019 Act. The appropriation under this section may not be used for staffing and program costs for the Office of Equity and Inclusion, as defined in section 1 of this 2019 Act, that are associated with the regional health equity coalition fidelity committee appointed under section 1 of this 2019 Act.".

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