

HB 2337 -3 STAFF MEASURE SUMMARY

House Committee On Rules

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Meeting Dates: 3/23, 5/25

WHAT THE MEASURE DOES:

Declares racism as a public health crisis. Requires state agencies and third party contractors that collect demographic data on behalf of state agencies to comply with rules adopted by Oregon Health Authority (OHA) for collection of data on race, ethnicity, preferred spoken and written languages, and disability status. Requires OHA to fund mobile health units to provide linguistically and culturally appropriate services in every region of state based on recommendations of work groups convened by local health authorities. Specifies services to be provided by mobile health units and staffing by individuals reflecting the population they serve. Requires mobile health units to collect and report specified data to OHA and annual OHA report on compilation of data to Legislative Assembly. Requires OHA, based on recommendations from affinity group task forces convened by Oregon Advocacy Commissions Office (OACO), to establish and fund robust culturally and linguistically specific intervention programs designed to prevent or intervene in health conditions that result in inequitable and negative outcomes for individuals who are Black or indigenous, people of color, and tribes. Requires OACO to report recommendations to Legislative Assembly by September 15, 2022. Requires OHA to audit coordinated care organizations, providers of health care to medical assistance recipients, and licensed health care facilities to ensure compliance with language access requirements of Title VI of the Civil Rights Act of 1964, and to report audit findings and actions taken every two years to Legislative Assembly. Requires Legislative Equity Office to conduct racial health equity impact analysis on each measure reported out of the originating chamber committee and report findings to health care committees. Requires Legislative Equity Officer (LEO) to develop analysis criteria and defines required elements of included explanation or statement. Requires LEO to employ Equity Coordinator to coordinate and address language and other barriers faced by individuals with disabilities to enable participation in legislative process. Requires Equity Coordinator to conduct community outreach to encourage participation in legislative process and report biennially to Legislative Assembly on activities. Makes appropriations to OHA, OACO, and Legislative Equity Office to carry out new responsibilities. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Overview of measure amendments
- Functions of mobile health units
- Allocation of funding for community needs and treatment
- Community engagement envisioned in measure
- Using data to drive funding decisions

EFFECT OF AMENDMENT:

-3 Removes requirements for collection of race, ethnicity, preferred spoken and written languages, and disability status and instead requires Oregon Health Authority (OHA) advisory committee described in ORS 413.161 to study the collection of such data and report to Legislative Assembly by July 1, 2023 on results and findings. Changes OHA funding for mobile health units to grants to one or more entities to operate two mobile health units as pilot program and to study feasibility of expanding mobile health units throughout state. Requires OHA to provide interim report by December 31, 2023, and final report by June 30, 2024, to Legislative Assembly on pilot program and study findings and recommendations. Requires OHA, based on recommendations from affinity group task forces convened by Oregon Advocacy Commissions Office, to develop recommendations for how to fund robust

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culturally and linguistically specific intervention programs across all relevant state agencies and report recommendations to Legislative Assembly by November 1, 2022. Deletes requirements for OHA to audit certain health care organizations, providers, and facilities to ensure compliance with language access requirements. Removes provisions for Legislative Equity Office to conduct racial health equity impact analysis on legislative measures and to employ Equity Coordinator. Changes specified appropriation in measure to \$2,000,000 General Fund to OHA for mobile health unit pilot program. Sunsets data collection study and pilot program requirements on July 1, 2024.

FISCAL: May have fiscal impact, but no statement yet issued

REVENUE: No revenue impact

BACKGROUND:

The Oregon Health Authority (OHA) oversees Oregon's Medicaid program and contracts with 15 regional coordinated care organizations (CCOs) to deliver managed care services for Medicaid members in the State. In 2013, the Oregon Legislature passed House Bill 2134, which directed the OHA and the Department of Human Services (DHS) to collaborate in standardizing and improving how race, ethnicity, spoken and written language, and disability (REALD) demographics are collected. These data collection standards provide a consistent method to gather information across all state data systems and are used to measure and compare service and health disparities. According to OHA, REALD data standards can help Oregon understand, identify, track, and address social and health inequities, guide the development of culturally specific and accessible services, and inform the equitable allocation of resources to address health inequities.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.

The Legislative Equity Office was created by House Bill 3377 (2019) to prevent and respond to conduct at the Oregon State Capitol that is intimidating, hostile, offensive, or retaliatory in nature. This work is governed by statute and Legislative Branch Personnel Rule 27, as adopted in House Concurrent Resolution 221 (2020).

House Bill 2337 requires collection of demographic data by certain agencies, contractors, and programs; funding for mobile health units and intervention programs to provide linguistically and culturally appropriate services; audits of certain health care organizations, providers, and facilities; racial health equity impact analyses; and services to reduce language and other barriers to legislative participation.