

HB 2337 A STAFF MEASURE SUMMARY

House Committee On Rules

Action Date: 05/25/21

Action: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.)

Vote: 5-0-2-0

Yeas: 5 - Fahey, Holvey, Salinas, Smith Warner, Zika

Exc: 2 - Bonham, Drazan

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 3/23, 5/25

WHAT THE MEASURE DOES:

Declares racism a public health crisis. Requires specified advisory committee of the Oregon Health Authority (OHA) to study the collection of information with respect to race, ethnicity, preferred spoken and written languages, and disability status and report to Legislative Assembly by July 1, 2023 on results and findings. Establishes OHA grants to one or more entities to operate two mobile health units as pilot program and to study feasibility of statewide expansion. Requires OHA to provide Legislative Assembly an interim report by December 31, 2023, and final report by June 30, 2024, 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 culturally and linguistically specific intervention programs across all relevant state agencies and report to Legislative Assembly by November 1, 2022. Appropriates \$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. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Functions of mobile health units to address care needs of rural and underserved communities
- Allocation of funding for community needs and treatment
- Community engagement
- Collecting and using data to drive future funding decisions

EFFECT OF AMENDMENT:

Removes requirement for collection of race, ethnicity, preferred spoken and written languages, and disability status and instead requires specified advisory committee of Oregon Health Authority (OHA) 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 for one or more entities to operate two mobile health units as pilot program and to study feasibility of statewide expansion. Requires OHA to provide Legislative Assembly an interim report by December 31, 2023, and final report by June 30, 2024, 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 culturally and linguistically specific intervention programs across all relevant state agencies and report 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. Replaces unspecified appropriations with appropriation of \$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.

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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. In 2013, the Legislative Assembly enacted House Bill 2134, which directed OHA and the Department of Human Services (DHS) to standardize and improve how race, ethnicity, spoken and written language, and disability (REALD) information is 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.

House Bill 2337 A declares racism a public health crisis; requires a study of the collection of information with respect to race, ethnicity, preferred spoken and written languages, and disability status; establishes grants to operate two mobile health units for underserved communities as a pilot program; and requires OHA to develop recommendations to fund culturally and linguistically specific intervention programs across all relevant state agencies. The measure also requires corresponding reports to the Legislative Assembly and appropriates \$2,000,000 General Fund to OHA for the mobile health unit pilot program.