

A-Engrossed
Senate Bill 70

Ordered by the Senate March 1
Including Senate Amendments dated March 1

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Kate Brown for Oregon Health Authority)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Defines "regional health equity coalition" and "regional health equity coalition model." Requires Oregon Health Authority to work with regional health equity coalitions [*and groups utilizing regional health equity coalition model throughout state*]. Appropriates moneys to fund additional grants for organizations seeking to build regional health equity coalitions and to provide additional staff support.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to disparities in health outcomes for communities impacted by discrimination; and declaring
3 an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

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

6 (a) "Communities of color" means members of racial or ethnic communities as prescribed
7 by the Oregon Health Authority by rule.

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

13 (c) "Cross-sector" means involving individuals, public and private institutions and com-
14 munities working together to address the social determinants of health and equity.

15 (d) "Culturally specific" means led by individuals from the community served, using lan-
16 guage, structures and settings familiar to the members of the community.

17 (e) "Regional health equity coalition" means an autonomous, community-led, cross-sector
18 group that:

19 (A) Is focused on addressing, at the policy, system and environmental levels, health in-
20 equities experienced by priority populations, with the leading priority being communities of
21 color;

22 (B) Is completely independent of coordinated care organizations and public bodies as de-
23 fined in ORS 174.109;

24 (C) Is supported by a federally recognized Indian tribe in Oregon or one of the following
community-based nonprofit entities:

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

- 1 (i) A culturally specific organization;
 - 2 (ii) A social service provider;
 - 3 (iii) An organization that provides health care;
 - 4 (iv) An organization that conducts public health research;
 - 5 (v) An organization that provides behavioral health treatment;
 - 6 (vi) A private foundation; or
 - 7 (vii) A faith-based organization; and
 - 8 (D) Has a decision-making body that:
 - 9 (i) Is composed 51 percent or more of individuals who identify as members of communi-
 - 10 ties of color who have experienced health inequities; and
 - 11 (ii) Prioritizes the recruitment of members who identify as members of communities of
 - 12 color or who work in roles that address health inequities and institutional racism.
 - 13 (f) “Regional health equity coalition model” means an approach that:
 - 14 (A) Recognizes the impact of structural, institutional and interpersonal racism on the
 - 15 health and well-being of communities of color and other priority populations;
 - 16 (B) Meaningfully engages priority populations to lead efforts to address health inequities;
 - 17 (C) Supports and strengthens leadership development for priority populations; and
 - 18 (D) Honors the wisdom of members of priority populations by ensuring that policy sol-
 - 19 utions and system changes build upon the strengths of the priority populations.
 - 20 (g) “Priority populations” means:
 - 21 (A) Communities of color;
 - 22 (B) Oregon’s nine federally recognized Indian tribes, including descendants of the mem-
 - 23 bers of Oregon’s nine federally recognized Indian tribes;
 - 24 (C) Immigrants and refugees;
 - 25 (D) Migrant and seasonal farmworkers;
 - 26 (E) Low-income individuals and families;
 - 27 (F) Persons with disabilities; and
 - 28 (G) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who ques-
 - 29 tion their sexual or gender identity.
 - 30 (2) The authority shall work with regional health equity coalitions.
 - 31 (3) The authority shall ensure that it has adequate staffing to support grantees through
 - 32 ongoing technical assistance, contract administration, program planning and daily opera-
 - 33 tional support.
- 34 **SECTION 2.** In addition to and not in lieu of any other appropriation, there is appropri-
- 35 ated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the
- 36 General Fund, the amount of \$_____, which may be expended for:
- 37 (1) Restoring funding to grants provided to existing regional health equity coalitions, as
 - 38 defined in section 1 of this 2021 Act;
 - 39 (2) Providing grants to four organizations seeking to build capacity to become regional
 - 40 health equity coalitions; and
 - 41 (3) Providing sufficient staff support to regional health equity coalitions in the form of
 - 42 technical assistance, contract administration, daily operational support and long-term plan-
 - 43 ning.
- 44 **SECTION 3.** This 2021 Act being necessary for the immediate preservation of the public
- 45 peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect

1 **on its passage.**

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