HB 3353-1
(LC 1147)
3/22/21 (LHF/ps)

Requested by Representative RAYFIELD

PROPOSED AMENDMENTS TO HOUSE BILL 3353

1 On page 1 of the printed bill, after line 2, insert:
2 "Whereas achieving health equity requires the ongoing collaboration of
3 all regions and sections of this state, including tribal governments, to ad-
4 dress the equitable distribution or redistribution of resources and power and
5 to recognize, reconcile and rectify historical and contemporary injustices;
6 now, therefore,".
7 Delete lines 4 through 28 and delete page 2.
8 On page 3, delete lines 1 through 25 and insert:
9 "**SECTION 1. (1) As used in this section, 'health equity' means all**
10 **people can reach their full health potential and well-being and are not**
11 **disadvantaged by their race, ethnicity, language, disability, gender,**
12 **gender identity, sexual orientation, social class, intersections among**
13 **these communities or identities or other socially determined circum-**
14 **stances.**
15 **"(2) The Oregon Health Authority shall seek approval from the**
16 **Centers for Medicare and Medicaid Services to amend the Medicaid**
17 **demonstration project under section 1115 of the Social Security Act (42**
18 **U.S.C. 1315) to:**
19 **"(a) Allow a coordinated care organization to spend up to three**
20 **percent of its global budget on investments:**
21 **"(A)(i) In programs or services that improve health equity by ad-**

dressing the preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations;

"(ii) In community-based programs addressing the social determinants of health;

"(iii) In efforts to diversify care locations; or

"(iv) In programs or services that improve the overall health of the community; or

"(B) That enhance payments to:

"(i) Providers who address the need for culturally and linguistically appropriate services in their communities;

"(ii) Providers who can demonstrate that increased funding will improve health services provided to the community as a whole; or

"(iii) Support staff based in the community that aid all underserved populations, including but not limited to peer-to-peer support staff with cultural backgrounds, health system navigators in nonmedical settings and public guardians.

"(b) Require a coordinated care organization to spend at least 30 percent of the funds described in paragraph (a) of this subsection on programs or efforts to achieve health equity for priority populations that are underserved in the communities served by the coordinated care organization.

"(c) Require a coordinated care organization to spend at least 20 percent of the funds described in paragraph (a) of this subsection on efforts to:

"(A) Improve the behavioral health of members;

"(B) Improve the behavioral health care delivery system in the community served by the coordinated care organization;

"(C) Create a culturally and linguistically competent health care workforce; or

1 **"(D) Improve the behavioral health of the community as a whole.**
2 **"(3) Expenditures described in subsection (2) of this section are in**
3 **addition to the expenditures required by ORS 414.572 (1)(b)(C) and**
4 **must:**
5 **"(a) Be part of a plan developed in collaboration with or directed**
6 **by members of organizations or organizations that serve local priority**
7 **populations that are underserved in communities served by the coor-**
8 **dinated care organization, including but not limited to regional health**
9 **equity coalitions, and be approved by the coordinated care**
10 **organization's community advisory council;**
11 **"(b) Demonstrate, through practice-based or community-based evi-**
12 **dence, improved health outcomes for individual members of the coor-**
13 **dinated care organization or the overall community served by the**
14 **coordinated care organization;**
15 **"(c) Be expended from a coordinated care organization's global**
16 **budget with the least amount of state funding; and**
17 **"(d) Be counted as medical expenses by the authority for purposes**
18 **of a coordinated care organization's required medical loss ratio and**
19 **be taken into account by the authority when calculating a coordinated**
20 **care organization's global budget for the next calendar year.**
21 **"(4) Expenditures by a coordinated care organization in working**
22 **with tribal governments to achieve health equity may qualify as ex-**
23 **penditures under subsection (2) of this section.**
24 **"(5) The authority shall convene an oversight committee in con-**
25 **sultation with the office within the authority that is charged with**
26 **ensuring equity and inclusion. The oversight committee shall be com-**
27 **posed of members who represent the regional and demographic diver-**
28 **sity of this state based on statistical evidence compiled by the**
29 **authority about medical assistance recipients. The oversight commit-**
30 **tee shall:**

1 **"(a) Evaluate the impact of expenditures described in subsection (2)**
2 **of this section on promoting health equity and improving the social**
3 **determinants of health in the community;**
4 **"(b) Recommend best practices and criteria for investments de-**
5 **scribed in subsection (2) of this section; and**
6 **"(c) Resolve any disputes between the authority and a coordinated**
7 **care organization over what qualifies as an expenditure under sub-**
8 **section (2) of this section.**
9 **"(6) The authority shall:**
10 **"(a) Make publicly available the outcomes described in subsection**
11 **(3)(b) of this section; and**
12 **"(b) Report expenditures under subsection (2) of this section to the**
13 **Centers for Medicare and Medicaid Services.**
14 "**SECTION 2.** Section 1 of this 2021 Act is amended to read:
15 "**Sec. 1.** (1) As used in this section, 'health equity' means when all people
16 can reach their full health potential and well-being and are not disadvan-
17 taged by their race, ethnicity, language, disability, gender, gender identity,
18 sexual orientation, social class, intersections among these communities or
19 identities or other socially determined circumstances.
20 "(2) The Oregon Health Authority shall [*seek approval from the Centers*
21 *for Medicare and Medicaid Services to amend the Medicaid demonstration*
22 *project under section 1115 of the Social Security Act (42 U.S.C. 1315) to*]:
23 "(a) Allow a coordinated care organization to spend up to three percent
24 of its global budget on investments:
25 "(A)(i) In programs or services that improve health equity by addressing
26 the preventable differences in the burden of disease, injury, violence or op-
27 portunities to achieve optimal health that are experienced by socially disad-
28 vantaged populations;
29 "(ii) In community-based programs addressing the social determinants of
30 health;

1 “(iii) In efforts to diversify care locations; or
2 “(iv) In programs or services that improve the overall health of the com-
3 munity; or
4 “(B) That enhance payments to:
5 “(i) Providers who address the need for culturally and linguistically ap-
6 propriate services in their communities;
7 “(ii) Providers who can demonstrate that increased funding will improve
8 health services provided to the community as a whole; or
9 “(iii) Support staff based in the community that aid all underserved pop-
10 ulations, including but not limited to peer-to-peer support staff with cultural
11 backgrounds, health system navigators in nonmedical settings and public
12 guardians.
13 “(b) Require a coordinated care organization to spend at least 30 percent
14 of the funds described in paragraph (a) of this subsection on programs or
15 efforts to achieve health equity for priority populations that are underserved
16 in the communities served by the coordinated care organization.
17 “(c) Require a coordinated care organization to spend at least 20 percent
18 of the funds described in paragraph (a) of this subsection on efforts to:
19 “(A) Improve the behavioral health of members;
20 “(B) Improve the behavioral health care delivery system in the communi-
21 ties served by the coordinated care organization;
22 “(C) Create a culturally and linguistically competent health care
23 workforce; or
24 “(D) Improve the behavioral health of the community as a whole.
25 “(3) Expenditures described in subsection (2) of this section are in addi-
26 tion to the expenditures required by ORS 414.572 (1)(b)(C) and must:
27 “(a) Be part of a plan developed in collaboration with or directed by
28 members of organizations or organizations that serve local priority popu-
29 lations that are underserved in communities served by the coordinated care
30 organization, including but not limited to regional health equity coalitions,

and be approved by the coordinated care organization's community advisory council;

"(b) Demonstrate, through practice-based [*or community-based*] evidence, improved health outcomes for individual members of the coordinated care organization or the overall community served by the coordinated care organization;

"(c) Be expended from a coordinated care organization's global budget with the least amount of state funding; and

"(d) Be counted as medical expenses by the authority for purposes of a coordinated care organization's required medical loss ratio and be taken into account by the authority when calculating a coordinated care organization's global budget for the next calendar year.

"(4) Expenditures by a coordinated care organization in working with tribal governments to achieve health equity may qualify as expenditures under subsection (2) of this section.

"(5) The authority shall convene an oversight committee in consultation with the office within the authority that is charged with ensuring equity and inclusion. The oversight committee shall be composed of members who represent the regional and demographic diversity of this state based on statistical evidence compiled by the authority about medical assistance recipients. The oversight committee shall:

"(a) Evaluate the impact of expenditures described in subsection (2) of this section on promoting health equity and improving the social determinants of health in the community;

"(b) Recommend best practices and criteria for investments described in subsection (2) of this section; and

"(c) Resolve any disputes between the authority and a coordinated care organization over what qualifies as an expenditure under subsection (2) of this section.

"(6) The authority shall:

1 “(a) Make publicly available the outcomes described in subsection (3)(b)
2 of this section; and
3 “(b) Report expenditures under subsection (2) of this section to the Cen-
4 ters for Medicare and Medicaid Services.”.
5 ____________