TO: Chair Smith Warner, Vice-Chair Drazen, Vice-Chair Holvey, & Members of the House Committee on Rules
FROM: Disability Rights Oregon
DATE: April 9, 2021
RE: Testimony Supporting Sec. 2 of HB 2337

Dear Chair Smith Warner, Vice-Chair Drazen, Vice-Chair Holvey, & Members of the Committee:

Disability Rights Oregon submits this testimony supporting Sec. 2 of HB 2337. This legislation would improve equity for people with disabilities in Oregon.

ABOUT DISABILITY RIGHTS OREGON

Since 1977 Disability Rights Oregon has been the State's Protection and Advocacy System.[1] We are authorized by Congress to protect, advocate, and enforce the rights of people with disabilities under the U.S. Constitution and Federal and State laws, investigate abuse and neglect of people with disabilities, and "pursue administrative, legal, and other appropriate remedies".[2] We are also mandated to "educate policymakers" on matters related to people with disabilities.[3]

IMPROVING COLLECTION OF REAL-D DATA

Sec. 2 of HB 2337 would require state agencies and third party contractors that collect demographic data on behalf of state agencies to comply with rules regarding the collection of data on race, ethnicity, preferred spoken and written languages, and disability status (REAL-D).

During the COVID-19 pandemic, data on race, ethnicity, preferred spoken and written languages, and disability status is extremely important. These data allow for advocates, policymakers, public health officials, and researchers to evaluate the disproportionate effect of COVID-19 on communities that have long endured inadequate and unequal access to healthcare. Findings from this data can be used to drive policy change and to develop targeted programs that are culturally specific and accessible to people with disabilities.

However, the usefulness of REAL-D data is limited by the completeness of the data collected. According to the Oregon Health Authority's COVID-19 REALD Report,[4] completion of disability information is "low" (known for 34.8% of cases and 38.8% of encounters),

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[1] See ORS 192.517.
[2] See 42 U.S.C. § 15041 et seq; 42 U.S.C. § 10801 et seq.
[3] See 42 U.S. Code § 15043(a)(2)(L).
[4] See https://www.oregon.gov/oha/covid19/Documents/DataReports/COVID-19-REALD-Report-2021-2-19-FINAL.pdf

interpreter need information is low (only known for 13% of cases and 55.4% of encounters), and completion of English proficiency information is low (only known for 49.8% of cases and 36.6% of encounters). The only data collection category of cases that exceeded 80% is the race or ethnicity category.

Knowing the race or ethnicity of cases and encounters is vitally important for understanding the impact of COVID-19 on the BIPOC community in Oregon. Nevertheless, as the Oregon Health Authority stated, "Interpretation of English proficiency, interpreter need and disability data is limited due to the degree of missing data."[5] This missing data leaves the Oregon Health Authority, policymakers, and advocates without the information needed to make evidence-based policy on the intersectional needs of marginalized Oregonians with multiple diverse identities, people with disabilities, people who need interpreters, and Oregonians who primarily communicate in a language other than English.

Disability Rights Oregon supports Sec. 2 of HB 2337, which is vitally important for ongoing monitoring of the impact of COVID-19 on people with disabilities, among others, and using that date to develop evidence-based policies to reduce inequity.

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[5] Id, p. 19