

A-Engrossed
House Bill 4052

Ordered by the House February 16
Including House Amendments dated February 16

Sponsored by Representatives SALINAS, PRUSAK, NOSSE, NELSON, REYNOLDS; Representatives ALONSO LEON, BYNUM, CAMPOS, DEXTER, GRAYBER, NERON, RUIZ, SCHOUTEN, SOSA, VALDERRAMA, Senators LIEBER, PATTERSON (Presession filed.)

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.

Requires Oregon Health Authority, **guided by advisory committee to be convened by authority**, to provide grants to operate two culturally and linguistically specific mobile health units, as pilot program, to *[serve priority populations with histories of poor health or social outcomes]* **improve health outcomes of Oregonians impacted by racism. Specifies membership of advisory committee.**

Requires authority to study feasibility of expanding mobile health units statewide and to provide interim report on findings to Legislative Assembly by December 31, 2025, and final report by June 30, 2026. Specifies criteria for study. Sunsets January 2, 2027.

Requires authority, based on recommendations from task forces convened by Oregon Advocacy Commissions Office, to develop recommendations on how to 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 members of tribes. Requires office to report recommendations to Legislative Assembly by November 1, 2023. **Requires authority, no later than November 30, 2023, to report to Legislative Assembly on development of recommendations for funding robust culturally and linguistically specific intervention programs and to report final recommendations by November 1, 2024.** Sunsets January 2, 2025.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to equity; and declaring an emergency.

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

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

5 (a) **“Communities of color” means members of the following racial or ethnic communi-**
6 **ties:**

7 **(A) American Indian;**

8 **(B) Alaska Native;**

9 **(C) Hispanic or Latino;**

10 **(D) Asian;**

11 **(E) Native Hawaiian;**

12 **(F) Pacific Islander;**

13 **(G) Black or African American;**

14 **(H) Middle Eastern;**

15 **(I) North African;**

16 **(J) Mixed race; or**

17 **(K) Other racial or ethnic minorities.**

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 (b) “Priority populations” means groups that disproportionately experience avoidable ill-
2 nesses, death or other poor health or social outcomes attributable directly or indirectly to
3 racism, including:

4 (A) Communities of color;

5 (B) Oregon’s nine federally recognized tribes and the descendants of the members of the
6 tribes;

7 (C) Immigrants;

8 (D) Refugees;

9 (E) Migrant and seasonal farmworkers;

10 (F) Low-income individuals and families;

11 (G) Persons with disabilities; and

12 (H) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who ques-
13 tion their sexual or gender identity.

14 (2)(a) The Oregon Health Authority shall convene an advisory committee to provide
15 guidance on establishing, funding and operating a pilot program to improve the health out-
16 comes of Oregonians impacted by racism by providing grants to one or more entities to op-
17 erate two culturally and linguistically specific mobile health units in this state.

18 (b) The membership of the advisory committee shall consist of:

19 (A) Individuals from priority populations; and

20 (B) Public health and health care professionals or other experts.

21 (c) At least 51 percent of the members of the advisory committee with decision-making
22 authority must be members of priority populations.

23 (d) Eligibility requirements for grants must align with the health equity framework of
24 the authority’s 2020-2024 State Health Improvement Plan, Healthier Together Oregon.

25 (3) Based on the guidance of the advisory committee convened under subsection (2) of
26 this section, the authority shall administer the pilot program, providing grants only to enti-
27 ties that:

28 (a) Demonstrate the ability to serve priority populations;

29 (b) Demonstrate the ability to conduct meaningful community engagement; and

30 (c) Have previously established relationships with one or more priority populations.

31 (4) Pilot mobile health units funded by grants described in subsection (3) of this section
32 must engage in an assessment of the populations served by race, ethnicity, language, disa-
33 bility, sexual orientation and gender identity to inform the potential expansion of the pilot
34 program statewide.

35 (5) The authority shall study the feasibility of expanding mobile health units throughout
36 this state. In conducting the study, the authority shall engage providers of health care,
37 members of coordinated care organizations, medical assistance recipients and other com-
38 munity members from priority populations. The study shall include:

39 (a) An environmental scan of Oregon;

40 (b) A needs assessment of the collective needs of underserved areas of this state;

41 (c) The identification and development of regional parameters where mobile health units
42 will operate;

43 (d) The identification and development of a culturally and linguistically specific mobile
44 health unit model staffed by health professionals who reflect the priority populations served;

45 (e) An analysis of services to be provided by mobile health units;

- 1 (f) The identification of opportunities to leverage matching federal funds;
- 2 (g) An analysis of staff and resources needed for statewide mobile health units;
- 3 (h) A financial analysis; and
- 4 (i) How to ensure the authority's goals for equity and inclusion are met.

5 (6) The authority shall provide an interim report to the Legislative Assembly, in the
6 manner provided in ORS 192.245, no later than December 31, 2025, and a final report no later
7 than June 30, 2026, on the implementation of the pilot program described in subsection (2)
8 of this section and the findings of the study described in subsection (5) of this section. The
9 final report shall include recommendations for implementing a statewide mobile health unit
10 pilot program.

11 **SECTION 2.** (1) The Oregon Advocacy Commissions Office, in collaboration with cul-
12 turally specific community-based organizations, shall convene affinity group task forces
13 consisting of leaders of Black and indigenous communities, people of color and members of
14 the nine federally recognized tribes in Oregon. The task forces shall discuss and research the
15 specific needs of the communities they represent and develop recommendations for specific
16 allocations of resources to address the communities' needs and health inequities faced by the
17 communities. The task forces shall also make recommendations on whether their work
18 should continue beyond June 30, 2023.

19 (2) Based on the research and recommendations of the affinity group task forces, the
20 Oregon Health Authority shall develop recommendations on how to fund robust culturally
21 and linguistically specific intervention programs, across all relevant state agencies, designed
22 to prevent or intervene in the health conditions that result in inequitable and negative out-
23 comes for individuals who are Black or indigenous, people of color and members of tribes.
24 The interventions must focus on aspects of the social determinants of health including
25 housing, access to food, neighborhood safety, education, transportation and involvement with
26 the criminal justice system.

27 (3) The office shall report the recommendations of the task forces to the Legislative
28 Assembly, in the manner provided in ORS 192.245, no later than November 1, 2023.

29 (4) No later than November 30, 2023, the authority shall report to the Legislative As-
30 sembly, in the manner provided in ORS 192.245, on the development of the recommendations
31 on how to fund robust culturally and linguistically specific intervention programs, as re-
32 quired by subsection (2) of this section.

33 (5) No later than November 1, 2024, the authority shall report to the Legislative Assem-
34 bly, in the manner provided in ORS 192.245, the authority's final recommendations under
35 subsection (2) of this section.

36 **SECTION 3.** (1) Section 1 of this 2022 Act is repealed on January 2, 2027.

37 (2) Section 2 of this 2022 Act is repealed on January 2, 2025.

38 **SECTION 4.** This 2022 Act being necessary for the immediate preservation of the public
39 peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect
40 on its passage.