A-Engrossed House Bill 3650

Ordered by the House April 8 Including House Amendments dated April 8

Sponsored by Representatives MUNOZ, MCLAIN; Representatives ANDERSEN, EVANS, HUDSON, MANNIX, PHAM H, RUIZ, Senators FREDERICK, MANNING JR, MEEK, PATTERSON, PROZANSKI

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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act creates the Latino Health System Task Force. (Flesch Readability Score: 84.9). Establishes the Latino Health System Task Force. Prescribes the task force's membership and duties. Directs the task force to report to the Legislative Assembly no later than December 15, 2026. Sunsets on December 31, 2026.

[Takes effect on the 91st day following adjournment sine die.]

Declares an emergency, effective on passage.

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- 2 Relating to the Latino Health System Task Force; and declaring an emergency.
- 3 Be It Enacted by the People of the State of Oregon:
 - **SECTION 1. (1) As used in this section:**
- 5 (a) "Latino Health System" means a culturally specific network of health care providers 6 and agencies that address the social determinants of health for Latino individuals who qual-7 ify for medical assistance.
 - (b) "Medical assistance" has the meaning given that term in ORS 414.025.
 - (2) The Latino Health System Task Force is established.
 - (3) The task force consists of 19 members appointed as follows:
- 11 (a) The President of the Senate shall appoint one member from among members of the 12 Senate.
 - (b) The Speaker of the House of Representatives shall appoint one member from among members of the House of Representatives.
 - (c) The Governor shall appoint 17 members, as follows:
- 16 (A) Six representatives of health care provider organizations that specialize in serving 17 Latino patients, as follows:
 - (i) One primary care provider employed by a federally qualified health center;
 - (ii) One behavioral health care provider;
- 20 (iii) One oral health care provider;
- 21 (iv) One maternal health care provider;
- 22 (v) One complementary or alternative medicine provider, such as a naturopathic physi-23 cian licensed under ORS chapter 685 or an acupuncturist licensed under ORS chapter 677; 24 and
 - (vi) One traditional health worker, as defined in ORS 414.665;

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.

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(B) Two representatives of coordinated care organizations;

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- (C) Two representatives of organizations that advocate for Latinos;
- 3 (D) One qualified health care interpreter or certified health care interpreter, as those 4 terms are defined in ORS 413.550, who specializes in Spanish and indigenous languages spo-5 ken in Latin America;
 - (E) One representative of a community-based organization that specializes in providing to Latino individuals services that address one or more social determinants of health;
 - (F) Two consumer representatives who receive medical assistance;
 - (G) Two representatives of institutions of higher education that train health care professionals; and
 - (H) One representative of a local workforce development board, as defined in ORS 660.300, who has expertise in the health care workforce.
 - (4) The task force shall develop proposals for the creation of a Latino Health System that will:
 - (a) Be open to any medical assistance recipient on a self-selecting basis;
 - (b) Use Spanish as the primary language, with translation services available in other languages; and
 - (c) Address the cultural health care values of Latino patients, including mobile health services, household care management, naturopathic services, whole-person care and community-embedded health infrastructure.
 - (5) A majority of the voting members of the task force constitutes a quorum for the transaction of business.
 - (6) Official action by the task force requires the approval of a majority of the voting members of the task force.
 - (7) The task force shall elect one of its members to serve as chairperson.
 - (8) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective.
 - (9) The task force shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the task force.
 - (10) The task force may adopt rules necessary for the operation of the task force.
 - (11) The task force shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to health care no later than December 15, 2026.
 - (12) The Oregon Health Authority shall provide staff support to the task force.
 - (13) Members of the Legislative Assembly appointed to the task force are nonvoting members of the task force and may act in an advisory capacity only.
 - (14) Members of the task force who are not members of the Legislative Assembly are not entitled to compensation or reimbursement for expenses and serve as volunteers on the task force.
 - (15) All agencies of state government, as defined in ORS 174.111, are directed to assist the task force in the performance of the duties of the task force and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the task force consider necessary to perform their duties.
- 44 SECTION 2. Section 1 of this 2025 Act is repealed on December 31, 2026.
- 45 <u>SECTION 3.</u> This 2025 Act being necessary for the immediate preservation of the public

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- peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect on its passage.
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