

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	8 - 1 - 0
Yeas:	Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Greenlick
Nays:	Weidner
Exc.:	0
Prepared By:	Tyler Larson, Administrator
Meeting Dates:	2/15, 2/18

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) and Department of Human Services (DHS) to adopt by rule uniform standards for collection of data on race, ethnicity, preferred languages and disability status of medical assistance recipients. Provides that standards must be based on local, statewide and national best practices for data collection. Requires report to appropriate committees of Legislative Assembly on implementation of standards by June 1, 2014. Requires OHA to appoint advisory committee of persons likely to be affected by the data collection standards. Declares an emergency, effective on passage.

ISSUES DISCUSSED:

- Data shows that Oregonians of color are sicker and more likely to die than white Oregonians
- Race-specific data is important to understanding the type of intervention necessary
- Current racial, ethnic and language data gathering efforts are scattered and inconsistent
- Migrant workers statistics indicate that there are 174 thousand seasonal workers who have a life expectancy of less than 50 years of age

EFFECT OF COMMITTEE AMENDMENT: Adds disability status to the list of data to be collected. Requires Oregon Health Authority (OHA) to appoint advisory committee of persons likely to be affected by the data collection standards. Changes reporting date from February 1, 2014 to June 1, 2014.

BACKGROUND: According to the Oregon Health Authority (OHA), disproportionate access to the health promoting benefits of society and disproportionate distribution of burdens create racial and ethnic health inequities. OHA asserts that health equity is promoted by developing health-promoting strategies tailored to meet the unique needs of different population groups.

Additionally, proponents assert that more detailed and specific data would make health and human services more targeted, efficient and effective, and would lead to improved client outcomes. Improved data gathering standards would, provide clarity, stability and consistency of the data pool and improve the ability of providers and policymakers to address existing and emerging disparities.

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This summary has not been adopted or officially endorsed by action of the committee.