

HB 2986 Testimony

Chair Salinas, Vice-Chair Hayden, Vice-Chair Nosse, and Members of the Committee:

For the record, my name is Teresa Alonso León, and I am the Representative for House District 22, which incorporates Woodburn, through the North part of Salem. As someone who cares deeply about ensuring every Oregonian has access to equitable healthcare, I'm here before you in support of HB 2986.

This bill defines who can be recognized as Regional Health Equity Coalition, also known as (RHECs). It also requires the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to partner with regional health equity coalitions (RHECs) in addressing health disparities for communities of color, as well as ensure that they are awarding grants and providing the financial support to uplift the work of the RHECs.

We have an amendment that is in the process of getting back to us. This amendment was created to address suggestions and ideas that came out of conversations with a representative of the RHECs, and three representatives from the Oregon Health Authority Office of Equity and Inclusion. The amendments will reflect the following goals:

- ❖ Restructure description of Regional Health Equity Coalition (RHEC) to a definition and move to the beginning of the bill. To strengthen inclusivity of priority populations. (4a-E)
- ❖ Adding language related to CCOs developing RHECs
 - Clarify that partnership between CCOs and RHECs be mutually agreed upon through contract negotiations so role and scope of work are clear, and coalitions have the ability to negotiate adequate funding related to their scope of work. Also, includes language that RHECs reserve the right to decline partnership for any reason.
 - Requests that the logistics of what “partnership” could entail between CCOs and RHECs be more intentionally developed through a future rulemaking process.
 - Adds that CCOs should reach out to culturally specific community-based organizations and Tribes when there's no RHEC in their region.
 - Have OHA create a RHEC Fidelity Committee made up of OEI-funded RHEC representatives and one OHA leadership member to provide oversight to CCO-created RHECs to assess and encourage fidelity to the RHEC model.
- ❖ Define base funding
 - Add language related to the types of entities who can receive RHEC funding.
 - Created language to more clearly articulate that funding will be provided by both OHA and CCOs.
 - Adds that RHECs must be recognized and funded by OEI for appropriate oversight to ensure fidelity to RHEC model.
 - Amends fiscal to \$609,934 and adds that this continues indefinitely without a sunset date. (See specific breakdown in Fiscal Impact section below)

It's essential to elevate the work RHECs do in our state and fund them at the capacity they deserve so that they can establish relationships with CCO's. This partnership will ensure CCO's can better address the requirements for their equity work. It is also critical that we define what constitutes as a Regional Health Equity Coalition, to help future RHECs model themselves after established RHECs in Oregon. This bill accomplishes this goal.

I urge you to support HB 2989; when we increase RHECS, we will increase the state's capacity to reduce health disparities for communities of color