

House Bill 4161

Sponsored by Representative ALONSO LEON, Senators BOLES, MANNING JR, Representative BYNUM, Senators GELSER, MONNES ANDERSON; Representatives HELM, HERNANDEZ, KENY-GUYER, LIVELY, MEEK, MITCHELL, NERON, NOSSE, PILUSO, SALINAS, SCHOUTEN, WILLIAMS, Senators DEMBROW, FREDERICK, TAYLOR (Pre-session 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 **as introduced**.

Defines "Regional Health Equity Coalition" and "Regional Health Equity Coalition model." Requires Oregon Health Authority to provide grants to Regional Health Equity Coalitions and groups utilizing Regional Health Equity Coalition model throughout state. Appropriates moneys to fund additional grants for organizations seeking to build Regional Health Equity Coalitions.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to disparities in health outcomes for communities impacted by discrimination; and declaring
3 an emergency.

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

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

6 (a) "Communities of color" means members of the following racial or ethnic communi-
7 ties:

8 (A) American Indians;

9 (B) Alaskan Natives;

10 (C) Individuals of Hispanic or Latino descent;

11 (D) Individuals of Asian descent;

12 (E) Native Hawaiians or Pacific Islanders;

13 (F) African Americans;

14 (G) Individuals of Middle Eastern descent; or

15 (H) Other members of racial or ethnic minorities.

16 (b) "Community-led" means an approach based on a set of core principles that, at a
17 minimum, engages the people living in a geographic community to establish goals and prior-
18 ities, using local residents as leaders, building on strengths rather than focusing on problems
19 and involving cross-sector collaboration that is intentional and adaptable and works to
20 achieve systemic change.

21 (c) "Cross-sector" means involving individuals, public and private institutions and com-
22 munities working together.

23 (d) "Culturally specific" means led by individuals from the community served, using lan-
24 guage, structures and settings familiar to the members of the community.

25 (e) "Regional Health Equity Coalition" means an autonomous, community-led, cross-
26 sector group that:

27 (A) Is focused on addressing, at the policy, system and environment levels, health ineq-
28 uities experienced by target communities, with the leading priority being communities of

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 color;

2 (B) Is completely independent of coordinated care organizations and public bodies as de-
3 fined in ORS 174.109; and

4 (C) Is supported by a federally recognized Indian tribe in Oregon or one of the following
5 community-based nonprofit entities:

6 (i) A culturally specific organization;

7 (ii) A social service provider;

8 (iii) An organization that provides health care;

9 (iv) An organization that conducts public health research;

10 (v) An organization that provides behavioral health treatment;

11 (vi) A private foundation; or

12 (vii) A faith-based organization; and

13 (D) Has a decision-making body that:

14 (i) Is composed 51 percent or more of individuals who identify themselves as members
15 of communities of color;

16 (ii) Is composed 51 percent or more of members of a grassroots community of color who
17 have experienced health inequities; and

18 (iii) Prioritizes the recruitment of members who identify themselves as members of
19 communities of color or who work in roles that address health inequities.

20 (f) "Regional Health Equity Coalition model" means an approach that:

21 (A) Recognizes the impact of structural, institutional and interpersonal racism on the
22 health and well-being of communities of color and other target communities;

23 (B) Meaningfully engages target communities to lead efforts to address health inequities;
24 and

25 (C) Honors the wisdom of members of a target community by ensuring that policy sol-
26 utions and system changes build upon the strengths of the target community.

27 (g) "Target communities" means:

28 (A) Communities of color;

29 (B) Oregon's nine federally recognized Indian tribes;

30 (C) Immigrants and refugees;

31 (D) Migrant and seasonal farmworkers;

32 (E) Low-income individuals and families;

33 (F) Persons with disabilities; and

34 (G) Individuals who identify as lesbian, gay, bisexual or transgender or who question
35 their sexual identity.

36 (2) The Oregon Health Authority shall provide grants to Regional Health Equity Coali-
37 tions and to groups using a Regional Health Equity Coalition model, to ensure service to
38 target communities throughout this state.

39 (3) The authority shall ensure adequate staffing to perform daily operations to support
40 grantees through ongoing technical assistance, contract administration and program plan-
41 ning.

42 SECTION 2. In addition to and not in lieu of any other appropriation, there is appropri-
43 ated to the Oregon Health Authority, for the biennium ending June 30, 2021, out of the
44 General Fund, the amount of \$244,000, which may be expended for providing grants to two
45 organizations seeking to build the capacity to become Regional Health Equity Coalitions, as

1 **defined in section 1 of this 2020 Act.**

2 **SECTION 3. This 2020 Act being necessary for the immediate preservation of the public**
3 **peace, health and safety, an emergency is declared to exist, and this 2020 Act takes effect**
4 **on its passage.**

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