

A-Engrossed House Bill 2337

Ordered by the House June 7
Including House Amendments dated June 7

Sponsored by Representatives SALINAS, ALONSO LEON, NERON; Representatives BYNUM, NOSSE, PRUSAK, REYNOLDS, RUIZ, SCHOUTEN (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.

Requires *[state agencies and third party contractors that collect demographic data on behalf of state agencies to comply with rules adopted by Oregon Health Authority for]* **advisory committee to Oregon Health Authority and Department of Human Services on collection of data on race, ethnicity, preferred spoken and written languages and disability status to commission study to inventory state agencies' databases used to compile data on race, ethnicity, language and disability status, ability readiness of data systems to collect data, cost to collect data, needed upgrades to data systems and which data systems are priority for upgrades. Requires report on study to Legislative Assembly by July 1, 2023.**

Requires authority to *[fund]* **provide grants to operate two mobile health units** *[to provide linguistically and culturally appropriate services in every region of state based on recommendations of work groups convened by local health authorities. Specifies services to be provided by mobile health units. Requires mobile health units to collect and report to authority specified data that authority then reports to Legislative Assembly]* **as pilot program to serve communities with histories of poor health outcomes. Requires authority to study feasibility of expanding mobile health units statewide and provide interim report on findings to Legislative Assembly by December 31, 2023, and final report by June 30, 2024. Specifies criteria for study.**

Requires authority, based on recommendations from task forces convened by Oregon Advocacy Commissions Office, to *[establish and]* **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 and people of color. Requires office to report recommendations to Legislative Assembly by November 1, 2022.**

[Requires authority to audit coordinated care organizations, providers of health care to medical assistance recipients and licensed health care facilities to ensure compliance with language access requirements of Title VI of the Civil Rights Act of 1964.]

[Requires Legislative Equity Office to conduct racial health equity impact analysis on all legislation passing in originating chamber and report findings to committees of Legislative Assembly related to health.]

[Requires Legislative Equity Officer to employ Equity Coordinator to coordinate language access and physical access for individuals with disabilities to enable participation in legislative process. Requires Equity Coordinator to conduct community outreach to promote more diverse participation in legislative process. Requires biennial report to Legislative Assembly of activities of Equity Coordinator.]

Makes *[appropriations]* **appropriation to Oregon Health Authority, Oregon Advocacy Commissions Office and Legislative Equity Office to carry out new responsibilities for mobile health unit pilot program.**

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to equity; and declaring an emergency.

3 Whereas racism is pervasive and is integrated into every institution and system that is con-
4 nected to the social determinants of health, and ultimately impacts each Oregonian's ability to be
5 healthy and well to the fullest potential; and

6 Whereas incidents of racism consistently experienced by Black and indigenous communities,
7 people of color and tribes create racial disparities in social, health, economic, legal and academic

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 outcomes; and

2 Whereas white supremacy was institutionalized through the development of policies and systems
3 that ensure power, privilege and resources remain in the hands of white men; and

4 Whereas racism in Oregon has left a legacy of trauma from one generation to the next, im-
5 pacting Oregon tribes, Black and indigenous communities and people of color through a cumulative
6 effect; and

7 Whereas Oregon has deep roots of racism, including the Donation Land Act of 1850 that made
8 it legal to steal land from Native American tribes, the 1887 murder of Chinese miners, Black
9 exclusionary laws with lashing as punishment, Japanese internment camps during World War II,
10 segregation in education and real estate red-lining that drove down values and reduced home own-
11 ership in the Black community; and

12 Whereas racial justice requires the formation and purposeful reinforcement of policies, prac-
13 tices, ideologies and behaviors that create equitable power, access, opportunity, treatment and out-
14 comes for all people regardless of race and redistribute resources to invest where inequities are
15 greatest; and

16 Whereas racism in Oregon and nationwide has created a situation that is untenable and where
17 immediate action must be taken to mitigate further harm and violence against Black and indigenous
18 Oregonians, people of color and tribes; now, therefore,

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

20 **SECTION 1. The Legislative Assembly declares that racism is a public health crisis in
21 this state.**

22 **SECTION 2. (1) The advisory committee described in ORS 413.161 (2) shall commission a
23 study of the collection of race, ethnicity, language and disability status data of Oregonians.
24 The study shall include:**

25 **(a) What state agencies collect the data;**

26 **(b) An inventory, by state agency, of databases used to compile the data;**

27 **(c) The ability readiness of the data systems used by the state agencies listed in para-
28 graphs (a) and (b) of this subsection to collect race, ethnicity, language and disability status
29 data; and**

30 **(d) Defining for the data systems described in paragraph (c) of this subsection:**

31 **(A) What it would cost to collect race, ethnicity, language and disability status data;**

32 **(B) Which data systems are able to be upgraded; and**

33 **(C) Which data systems are a priority for upgrading, based on gaps in race, ethnicity,
34 language and disability status data collection.**

35 **(2) No later than July 1, 2023, the Oregon Health Authority shall report to the Legislative
36 Assembly, in the manner provided in ORS 192.245, on the results and findings of the study
37 described in subsection (1) of this section.**

38 **SECTION 3. (1) The Oregon Health Authority shall provide grants to one or more entities
39 to operate two mobile health units as a pilot program. Eligibility requirements for grants
40 must be consistent with the authority's 2020-2024 State Health Improvement Plan, Healthier
41 Together. An entity receiving a grant must demonstrate the ability of the entity to serve
42 communities with histories of poor health outcomes.**

43 **(2) Pilot mobile health units funded by grants described in subsection (1) of this section
44 must engage in an assessment of the communities served to inform the potential expansion
45 of the pilot program statewide.**

1 **(3) The authority shall study the feasibility of expanding mobile health units throughout**
2 **the state. In conducting the study, the authority shall engage providers, members of coord-**
3 **inated care organizations, medical assistance recipients and other community members.**

4 **The study shall include:**

5 **(a) An environmental scan of Oregon;**

6 **(b) A needs assessment of the collective needs of underserved areas of the state;**

7 **(c) The identification and development of regional parameters where mobile health units**
8 **will operate;**

9 **(d) The identification and development of a mobile health unit model;**

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

11 **(f) The identification of opportunities to leverage matching federal funds;**

12 **(g) An analysis of staff and resources needed for statewide mobile health units;**

13 **(h) A financial analysis; and**

14 **(i) How to ensure the authority's goals for equity and inclusion are met.**

15 **(4) The authority shall provide an interim report to the Legislative Assembly, in the**
16 **manner provided in ORS 192.245, no later than December 31, 2023, and a final report no later**
17 **than June 30, 2024, on the implementation of the pilot program described in subsection (1)**
18 **of this section and the findings of the study described in subsection (3) of this section. The**
19 **final report shall include recommendations for implementing a statewide mobile health unit**
20 **pilot program.**

21 **SECTION 4.** **(1) The Oregon Advocacy Commissions Office, in collaboration with cul-**
22 **turely specific community-based organizations, shall convene affinity group task forces**
23 **consisting of leaders of Black and indigenous communities, people of color and the nine**
24 **federally recognized tribes in Oregon. The task forces shall discuss and research the specific**
25 **needs of the communities they represent and develop recommendations for specific allo-**
26 **cations of resources to address the communities' needs and health inequities faced by the**
27 **communities. The task forces shall also make recommendations on whether their work**
28 **should continue beyond June 30, 2023.**

29 **(2) Based on the research and recommendations of the affinity group task forces, the**
30 **Oregon Health Authority shall develop recommendations on how to fund robust culturally**
31 **and linguistically specific intervention programs, across all relevant state agencies, designed**
32 **to prevent or intervene in the health conditions that result in inequitable and negative out-**
33 **comes for individuals who are Black or indigenous, people of color and tribes. The inter-**
34 **ventions must focus on aspects of the social determinants of health including housing, access**
35 **to food, neighborhood safety, education, transportation and involvement with the criminal**
36 **justice system.**

37 **(3) The Oregon Advocacy Commissions Office shall report the recommendations of the**
38 **task forces to the Legislative Assembly, in the manner provided in ORS 192.245, no later than**
39 **November 1, 2022.**

40 **SECTION 5.** **In addition to and not in lieu of any other appropriation, there is appropri-**
41 **ated to the Oregon Health Authority, out of the General Fund, the amount of \$2,000,000,**
42 **which may be expended for carrying out section 3 of this 2021 Act. This appropriation is**
43 **continuously available to the authority until the earlier of the date the appropriation is ex-**
44 **pended for carrying out section 3 of this 2021 Act or January 2, 2024. Moneys that are not**
45 **expended for carrying out section 3 of this 2021 Act by January 2, 2024, shall revert to the**

1 **General Fund.**

2 **SECTION 6. Sections 2 and 3 of this 2021 Act are repealed on July 1, 2024.**

3 **SECTION 7. This 2021 Act being necessary for the immediate preservation of the public**
4 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**
5 **on its passage.**

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