

Requested by Representative RAYFIELD

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 3353**

1 On page 1 of the printed A-engrossed bill, after line 2, insert:

2 “Whereas addressing health inequities is critical to achieving health eq-
3 uity in this state; and

4 “Whereas health equity means all people can reach their full health po-
5 tential and well-being and are not disadvantaged by their race, ethnicity,
6 language, disability, gender, gender identity, sexual orientation, social class,
7 intersections among these communities or identities or other socially deter-
8 mined circumstances; and

9 “Whereas increasing access to mental health care is vitally important to
10 achieving the health goals of this state; and”.

11 Delete lines 8 through 25 and delete pages 2 through 4 and insert:

12 **“SECTION 1. Section 2 of this 2021 Act is added to and made a part
13 of ORS chapter 414.**

14 **“SECTION 2. (1) As used in this section, ‘health equity’ has the
15 meaning prescribed by the Oregon Health Policy Board and adopted
16 by the Oregon Health Authority by rule.**

17 **“(2) The authority shall seek approval from the Centers for Medi-
18 care and Medicaid Services to:**

19 **“(a) Require a coordinated care organization to spend up to three
20 percent of its global budget on investments:**

21 **“(A)(i) In programs or services that improve health equity by ad-**

1 **addressing the preventable differences in the burden of disease, injury**
2 **or violence or in opportunities to achieve optimal health that are ex-**
3 **perienced by socially disadvantaged populations;**

4 **“(ii) In community-based programs addressing the social determi-**
5 **nants of health;**

6 **“(iii) In efforts to diversify care locations; or**

7 **“(iv) In programs or services that improve the overall health of the**
8 **community; or**

9 **“(B) That enhance payments to:**

10 **“(i) Providers who address the need for culturally and linguistically**
11 **appropriate services in their communities;**

12 **“(ii) Providers who can demonstrate that increased funding will**
13 **improve health services provided to the community as a whole; or**

14 **“(iii) Support staff based in the community that aid all underserved**
15 **populations, including but not limited to peer-to-peer support staff**
16 **with cultural backgrounds, health system navigators in nonmedical**
17 **settings and public guardians.**

18 **“(b) Require a coordinated care organization to spend at least 30**
19 **percent of the funds described in paragraph (a) of this subsection on**
20 **programs or efforts to achieve health equity for racial, cultural or**
21 **traditionally underserved populations in the communities served by**
22 **the coordinated care organization.**

23 **“(c) Require a coordinated care organization to spend at least 20**
24 **percent of the funds described in paragraph (a) of this subsection on**
25 **efforts to:**

26 **“(A) Improve the behavioral health of members;**

27 **“(B) Improve the behavioral health care delivery system in the**
28 **community served by the coordinated care organization;**

29 **“(C) Create a culturally and linguistically competent health care**
30 **workforce; or**

1 **“(D) Improve the behavioral health of the community as a whole.**

2 **“(3) Expenditures described in subsection (2) of this section are in**
3 **addition to the expenditures required by ORS 414.572 (1)(b)(C) and**
4 **must:**

5 **“(a) Be part of a plan developed in collaboration with or directed**
6 **by members of organizations or organizations that serve local priority**
7 **populations that are underserved in communities served by the coor-**
8 **ordinated care organization, including but not limited to regional health**
9 **equity coalitions, and be approved by the coordinated care**
10 **organization’s community advisory council;**

11 **“(b) Demonstrate, through practice-based or community-based evi-**
12 **dence, improved health outcomes for individual members of the coor-**
13 **ordinated care organization or the overall community served by the**
14 **coordinated care organization;**

15 **“(c) Be expended from a coordinated care organization’s global**
16 **budget with the least amount of state funding; and**

17 **“(d) Be counted as medical expenses by the authority in a coordi-**
18 **nated care organization’s base medical budget when calculating the**
19 **coordinated care organization’s global budget and flexible spending**
20 **requirements for a given year.**

21 **“(4) Expenditures by a coordinated care organization in working**
22 **with one or more of the nine federally recognized tribes in this state**
23 **or urban Indian health programs to achieve health equity may qualify**
24 **as expenditures under subsection (2) of this section.**

25 **“(5) The authority shall:**

26 **“(a) Make publicly available the outcomes described in subsection**
27 **(3)(b) of this section; and**

28 **“(b) Report expenditures under subsection (2) of this section to the**
29 **Centers for Medicare and Medicaid Services.**

30 **“(6) Upon receipt of approval from the Centers for Medicare and**

1 **Medicaid Services to carry out the provisions of this section, the au-**
2 **thority shall adopt rules in accordance with the terms of the approval.**

3 **“SECTION 3.** Section 2 of this 2021 Act is amended to read:

4 **“Sec. 2.** (1) As used in this section, ‘health equity’ has the meaning pre-
5 scribed by the Oregon Health Policy Board and adopted by the Oregon
6 Health Authority by rule.

7 **“(2)** The authority shall [*seek approval from the Centers for Medicare and*
8 *Medicaid Services to*]:

9 **“(a)** Require a coordinated care organization to spend [*up to*] **no less**
10 **than** three percent of its global budget on investments:

11 **“(A)(i)** In programs or services that improve health equity by addressing
12 the preventable differences in the burden of disease, injury or violence or in
13 opportunities to achieve optimal health that are experienced by socially dis-
14 advantaged populations;

15 **“(ii)** In community-based programs addressing the social determinants of
16 health;

17 **“(iii)** In efforts to diversify care locations; or

18 **“(iv)** In programs or services that improve the overall health of the com-
19 munity; or

20 **“(B)** That enhance payments to:

21 **“(i)** Providers who address the need for culturally and linguistically ap-
22 propriate services in their communities;

23 **“(ii)** Providers who can demonstrate that increased funding will improve
24 health services provided to the community as a whole; or

25 **“(iii)** Support staff based in the community that aid all underserved pop-
26 ulations, including but not limited to peer-to-peer support staff with cultural
27 backgrounds, health system navigators in nonmedical settings and public
28 guardians.

29 **“(b)** Require a coordinated care organization to spend at least 30 percent
30 of the funds described in paragraph (a) of this subsection on programs or

1 efforts to achieve health equity for racial, cultural or traditionally under-
2 served populations in the communities served by the coordinated care or-
3 ganization.

4 “(c) Require a coordinated care organization to spend at least 20 percent
5 of the funds described in paragraph (a) of this subsection on efforts to:

6 “(A) Improve the behavioral health of members;

7 “(B) Improve the behavioral health care delivery system in the community
8 served by the coordinated care organization;

9 “(C) Create a culturally and linguistically competent health care
10 workforce; or

11 “(D) Improve the behavioral health of the community as a whole.

12 “(3) Expenditures described in subsection (2) of this section are in addi-
13 tion to the expenditures required by ORS 414.572 (1)(b)(C) and must:

14 “(a) Be part of a plan developed in collaboration with or directed by
15 members of organizations or organizations that serve local priority popu-
16 lations that are underserved in communities served by the coordinated care
17 organization, including but not limited to regional health equity coalitions,
18 and be approved by the coordinated care organization’s community advisory
19 council;

20 “(b) Demonstrate, through practice-based or community-based evidence,
21 improved health outcomes for individual members of the coordinated care
22 organization or the overall community served by the coordinated care or-
23 ganization;

24 “(c) Be expended from a coordinated care organization’s global budget
25 with the least amount of state funding; and

26 “(d) Be counted as medical expenses by the authority in a coordinated
27 care organization’s base medical budget when calculating the coordinated
28 care organization’s global budget and flexible spending requirements for a
29 given year.

30 “(4) Expenditures by a coordinated care organization in working with one

1 or more of the nine federally recognized tribes in this state or urban Indian
2 health programs to achieve health equity may qualify as expenditures under
3 subsection (2) of this section.

4 “(5) The authority shall:

5 “(a) Make publicly available the outcomes described in subsection (3)(b)
6 of this section; and

7 “(b) Report expenditures under subsection (2) of this section to the Cen-
8 ters for Medicare and Medicaid Services.

9 “[*(6) Upon receipt of approval from the Centers for Medicare and Medicaid*
10 *Services to carry out the provisions of this section, the authority shall adopt*
11 *rules in accordance with the terms of the approval.*]

12 **“(6) The authority shall convene an oversight committee in con-**
13 **sultation with the office within the authority that is charged with**
14 **ensuring equity and inclusion. The oversight committee shall be com-**
15 **posed of members who represent the regional and demographic diver-**
16 **sity of this state based on statistical evidence compiled by the**
17 **authority about medical assistance recipients and at least one repre-**
18 **sentative from the nine federally recognized tribes in this state or ur-**
19 **ban Indian health programs. The oversight committee shall:**

20 **“(a) Evaluate the impact of expenditures described in subsection (2)**
21 **of this section on promoting health equity and improving the social**
22 **determinants of health in the communities served by each coordinated**
23 **care organization;**

24 **“(b) Recommend best practices and criteria for investments de-**
25 **scribed in subsection (2) of this section; and**

26 **“(c) Resolve any disputes between the authority and a coordinated**
27 **care organization over what qualifies as an expenditure under sub-**
28 **section (2) of this section.**

29 **“SECTION 4. (1) The amendments to section 2 of this 2021 Act by**
30 **section 3 of this 2021 Act become operative upon receipt of approval**

1 from the Centers for Medicare and Medicaid Services to carry out
2 section 2 of this 2021 Act as described in section 2 (2) and (3)(c) of this
3 2021 Act.

4 “(2) The Director of the Oregon Health Authority shall notify the
5 Legislative Counsel immediately upon receipt of an approval or denial
6 by the Centers for Medicare and Medicaid Services to carry out section
7 2 of this 2021 Act.

8 “SECTION 5. This 2021 Act takes effect on the 91st day after the
9 date on which the 2021 regular session of the Eighty-first Legislative
10 Assembly adjourns sine die.”

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