HOUSE AMENDMENTS TO
HOUSE BILL 4052
By COMMITTEE ON HEALTH CARE
February 16

On page 1 of the printed bill, delete lines 4 through 25.

On page 2, delete lines 1 through 17 and insert:

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

“(a) ‘Communities of color’ means members of the following racial or ethnic communities:

“(A) American Indian;
“(B) Alaska Native;
“(C) Hispanic or Latino;
“(D) Asian;
“(E) Native Hawaiian;
“(F) Pacific Islander;
“(G) Black or African American;
“(H) Middle Eastern;
“(I) North African;
“(J) Mixed race; or
“(K) Other racial or ethnic minorities.

“(b) ‘Priority populations’ means groups that disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism, including:

“(A) Communities of color;
“(B) Oregon’s nine federally recognized tribes and the descendants of the members of the tribes;
“(C) Immigrants;
“(D) Refugees;
“(E) Migrant and seasonal farmworkers;
“(F) Low-income individuals and families;
“(G) Persons with disabilities; and
“(H) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity.

“(2)(a) The Oregon Health Authority shall convene an advisory committee to provide guidance on establishing, funding and operating a pilot program to improve the health outcomes of Oregonians impacted by racism by providing grants to one or more entities to operate two culturally and linguistically specific mobile health units in this state.

“(b) The membership of the advisory committee shall consist of:

“(A) Individuals from priority populations; and

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“(B) Public health and health care professionals or other experts.
“(c) At least 51 percent of the members of the advisory committee with decision-making authority must be members of priority populations.
“(d) Eligibility requirements for grants must align with the health equity framework of the authority’s 2020-2024 State Health Improvement Plan, Healthier Together Oregon.
“(3) Based on the guidance of the advisory committee convened under subsection (2) of this section, the authority shall administer the pilot program, providing grants only to entities that:
“(a) Demonstrate the ability to serve priority populations;
“(b) Demonstrate the ability to conduct meaningful community engagement; and
“(c) Have previously established relationships with one or more priority populations.
“(4) Pilot mobile health units funded by grants described in subsection (3) of this section must engage in an assessment of the populations served by race, ethnicity, language, disability, sexual orientation and gender identity to inform the potential expansion of the pilot program statewide.
“(5) The authority shall study the feasibility of expanding mobile health units throughout this state. In conducting the study, the authority shall engage providers of health care, members of coordinated care organizations, medical assistance recipients and other community members from priority populations. The study shall include:
“(a) An environmental scan of Oregon;
“(b) A needs assessment of the collective needs of underserved areas of this state;
“(c) The identification and development of regional parameters where mobile health units will operate;
“(d) The identification and development of a culturally and linguistically specific mobile health unit model staffed by health professionals who reflect the priority populations served;
“(e) An analysis of services to be provided by mobile health units;
“(f) The identification of opportunities to leverage matching federal funds;
“(g) An analysis of staff and resources needed for statewide mobile health units;
“(h) A financial analysis; and
“(i) How to ensure the authority’s goals for equity and inclusion are met.
“(6) The authority shall provide an interim report to the Legislative Assembly, in the manner provided in ORS 192.245, no later than December 31, 2025, and a final report no later than June 30, 2026, on the implementation of the pilot program described in subsection (2) of this section and the findings of the study described in subsection (5) of this section. The final report shall include recommendations for implementing a statewide mobile health unit pilot program.”.

After line 35, insert:
“(4) No later than November 30, 2023, the authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245, on the development of the recommendations on how to fund robust culturally and linguistically specific intervention programs, as required by subsection (2) of this section.
“(5) No later than November 1, 2024, the authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245, the authority’s final recommendations under subsection (2) of this section.”.

Delete lines 38 through 44.
In line 45, delete “5” and insert “4”.

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