

House Bill 4052

Sponsored by Representatives SALINAS, PRUSAK, NOSSE, REYNOLDS; Representatives BYNUM, CAMPOS, DEXTER, NERON, RUIZ, SCHOUTEN, Senators LIEBER, PATTERSON (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**.

Requires Oregon Health Authority to provide grants to operate two culturally and linguistically specific mobile health units, as pilot program, to serve priority populations with histories of poor health or social outcomes. Requires authority to study feasibility of expanding mobile health units statewide and to provide interim report on findings to Legislative Assembly by December 31, 2025, and final report by June 30, 2026. Specifies criteria for study. Sunsets January 2, 2027.

Requires authority, based on recommendations from task forces convened by Oregon Advocacy Commissions Office, to 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, people of color and members of tribes. Requires office to report recommendations to Legislative Assembly by November 1, 2023. Sunsets January 2, 2025.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to equity; and declaring an emergency.

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

4 **SECTION 1. (1) As used in this section, "priority populations" means groups that expe-**
5 **rience, disproportionately, avoidable illness, death or other poor health or social outcomes**
6 **attributable directly or indirectly to racism, as prescribed by the Oregon Health Authority**
7 **by rule.**

8 **(2) The authority shall administer a pilot program to provide grants to one or more en-**
9 **tities to operate two culturally and linguistically specific mobile health units in this state.**
10 **Eligibility requirements for grants must align with the health equity framework of the**
11 **authority's 2020-2024 State Health Improvement Plan, Healthier Together Oregon. An entity**
12 **receiving a grant must demonstrate the ability of the entity to serve priority populations.**

13 **(3)(a) The authority shall convene an advisory committee to provide guidance on estab-**
14 **lishing, funding and operating the pilot program to improve the health outcomes of**
15 **Oregonians impacted by racism.**

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

17 **(A) Individuals from priority populations; and**

18 **(B) Public health and health care professionals or other experts.**

19 **(4) Pilot mobile health units funded by grants described in subsection (2) of this section**
20 **must engage in an assessment of the populations served to inform the potential expansion**
21 **of the pilot program statewide.**

22 **(5) The authority shall study the feasibility of expanding mobile health units throughout**
23 **this state. In conducting the study, the authority shall engage providers of health care,**
24 **members of coordinated care organizations, medical assistance recipients and other com-**
25 **munity members from priority populations. The study shall include:**

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 (a) An environmental scan of Oregon;
- 2 (b) A needs assessment of the collective needs of underserved areas of this state;
- 3 (c) The identification and development of regional parameters where mobile health units
- 4 will operate;
- 5 (d) The identification and development of a culturally and linguistically specific mobile
- 6 health unit model staffed by health professionals who reflect the priority populations served;
- 7 (e) An analysis of services to be provided by mobile health units;
- 8 (f) The identification of opportunities to leverage matching federal funds;
- 9 (g) An analysis of staff and resources needed for statewide mobile health units;
- 10 (h) A financial analysis; and
- 11 (i) How to ensure the authority's goals for equity and inclusion are met.

12 (6) The authority shall provide an interim report to the Legislative Assembly, in the
13 manner provided in ORS 192.245, no later than December 31, 2025, and a final report no later
14 than June 30, 2026, on the implementation of the pilot program described in subsection (2)
15 of this section and the findings of the study described in subsection (5) of this section. The
16 final report shall include recommendations for implementing a statewide mobile health unit
17 pilot program.

18 **SECTION 2.** (1) The Oregon Advocacy Commissions Office, in collaboration with cul-
19 turally specific community-based organizations, shall convene affinity group task forces
20 consisting of leaders of Black and indigenous communities, people of color and members of
21 the nine federally recognized tribes in Oregon. The task forces shall discuss and research the
22 specific needs of the communities they represent and develop recommendations for specific
23 allocations of resources to address the communities' needs and health inequities faced by the
24 communities. The task forces shall also make recommendations on whether their work
25 should continue beyond June 30, 2023.

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

34 (3) The office shall report the recommendations of the task forces to the Legislative
35 Assembly, in the manner provided in ORS 192.245, no later than November 1, 2023.

36 **SECTION 3.** (1) Section 1 of this 2022 Act is repealed on January 2, 2027.

37 (2) Section 2 of this 2022 Act is repealed on January 2, 2025.

38 **SECTION 4.** In addition to and not in lieu of any other appropriation, there is appropri-
39 ated to the Oregon Health Authority, out of the General Fund, the amount of \$2,000,000,
40 which may be expended for carrying out section 1 of this 2022 Act. This appropriation is
41 continuously available to the authority until the earlier of the date the appropriation is ex-
42 pended for carrying out section 1 of this 2022 Act or January 2, 2025. Moneys that are not
43 expended for carrying out section 1 of this 2022 Act by January 2, 2025, shall revert to the
44 General Fund.

45 **SECTION 5.** This 2022 Act being necessary for the immediate preservation of the public

1 **peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect**
2 **on its passage.**

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