

Requested by Representative ALONSO LEON

**PROPOSED AMENDMENTS TO
HOUSE BILL 2986**

1 On page 1 of the printed bill, delete lines 5 through 29.

2 On page 2, delete lines 1 through 44 and insert:

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

4 **“(a) ‘Base funding’ means fiscal resources that provide necessary**
5 **infrastructure support, capable of quickly adjusting to reflect chang-**
6 **ing demands, to allow a regional health equity coalition to focus its**
7 **priorities on work that communities of color indicate are the most**
8 **important.**

9 **“(b) ‘Community-led’ means an approach based on a set of core**
10 **principles that, at a minimum, engages the people living in a ge-**
11 **ographic community to establish goals and priorities, using local resi-**
12 **dents as leaders, building on strengths rather than focusing on**
13 **problems and involving cross-sector collaboration that is intentional**
14 **and adaptable and works to achieve systemic change.**

15 **“(c) ‘Coordinated care organization’ has the meaning given that**
16 **term in ORS 414.025.**

17 **“(d) ‘Cross-sector’ means involving individuals, public and private**
18 **institutions and communities working together.**

19 **“(e) ‘Health equity’ has the meaning prescribed by the Oregon**
20 **Health Policy Board by rule based on the recommendation of the**
21 **board’s committee on health equity.**

1 **“(f) ‘Infrastructure support’ includes:**

2 **“(A) Building coalitions;**

3 **“(B) Developing and solidifying governance structures;**

4 **“(C) Conducting capacity building activities to further develop skills**
5 **related to health equity; and**

6 **“(D) Assessing community needs.**

7 **“(g) ‘Meaningful community engagement’ means working**
8 **collaboratively with and through groups of individuals who are affil-**
9 **iated by geographic proximity, special interest or similar situations to**
10 **address issues affecting the well-being of the groups.**

11 **“(h) ‘Office of Equity and Inclusion’ means the office within the**
12 **Oregon Health Authority that works with diverse communities to**
13 **eliminate health gaps and promote optimal health in Oregon.**

14 **“(2) The authority and a coordinated care organization must, to the**
15 **greatest extent practicable, partner with a regional health equity co-**
16 **alition that is an autonomous, community-led, cross-sector group that**
17 **is completely independent of coordinated care organizations and gov-**
18 **ernment agencies and that:**

19 **“(a) Identifies sustainable, long term policies and systemic and en-**
20 **vironmental solutions to improve health equity for underserved com-**
21 **munities of color, Oregon’s nine federally recognized Indian tribes,**
22 **immigrants, refugees, migrant and seasonal farmworkers, low-income**
23 **populations, persons with disabilities and lesbian, gay, bisexual,**
24 **transgender and questioning communities in rural and urban areas,**
25 **with communities of color as the leading priority; and**

26 **“(b) Focuses on:**

27 **“(A) Meaningful community engagement;**

28 **“(B) Coalition building, developing a governance structure for the**
29 **coalition and creating operating systems for the daily and long term**
30 **functioning of the coalition led by individuals with demonstrated**

1 leadership and expertise in promoting and improving health equity;

2 “(C) Building capacity and leadership among coalition members,
3 staff and decision-making bodies to address health equity and the so-
4 cial determinants of health; and

5 “(D) Developing and advocating for policy, system and environ-
6 mental changes to improve health equity in this state.

7 “(3)(a) To ensure that regional health equity coalitions are able to
8 fully engage in the work described in this section:

9 “(A) The authority shall provide funding to regional health equity
10 coalitions; and

11 “(B) Coordinated care organizations shall provide funding to re-
12 gional health equity coalitions through negotiated contracts.

13 “(b) To receive funding under this subsection, a regional health
14 equity coalition must:

15 “(A) Have a minimum of two years of experience providing services
16 to or programming for at least one community of color;

17 “(B) Have a minimum of two years of experience addressing health
18 disparities or promoting health equity for one or more communities
19 of color;

20 “(C) Be a federally recognized Indian tribe in Oregon or one of the
21 following community-based nonprofit organizations:

22 “(i) A culturally specific organization;

23 “(ii) A social service provider;

24 “(iii) A health care organization;

25 “(iv) A public health research organization;

26 “(v) A behavioral health organization;

27 “(vi) A private foundation; or

28 “(vii) A faith-based organization;

29 “(D) Be organized to focus on addressing health disparities of
30 underserved communities of color, Oregon’s nine federally recognized

1 Indian tribes, immigrants, refugees, migrant and seasonal
2 farmworkers, low-income populations, persons with disabilities and
3 lesbian, gay, bisexual, transgender and questioning communities in
4 rural and urban areas;

5 “(E) Have 51 percent or more of the leadership positions or mem-
6 bers of the decision-making body of the coalition be persons of color;

7 “(F) Be led in the development of the coalition’s objectives and
8 strategic priorities by members of the communities most affected by
9 health disparities; and

10 “(G) Involve in its activities a range of community partners, in-
11 cluding a range of culturally specific community-based organizations,
12 Oregon’s nine federally recognized Indian tribes and public agencies.

13 “(4) The authority shall establish formal partnerships with regional
14 health equity coalitions and seek out consultation with and technical
15 assistance from regional health equity coalitions to identify
16 sustainable, long term policy, system and environmental solutions to
17 increase health equity for communities of color and other
18 marginalized groups.

19 “(5)(a) The authority shall appoint and support the work of a re-
20 gional health equity coalition fidelity committee to oversee the re-
21 gional health equity coalitions in this state that have partnered with
22 coordinated care organizations. The committee may have up to 13
23 members and must include at least one representative from each of
24 the regional health equity coalitions receiving funding from the au-
25 thority through the Office of Equity and Inclusion and at least one
26 individual from the office.

27 “(b) The committee shall:

28 “(A) Conduct annual evaluations of coordinated care organizations
29 to assess their compliance with the requirements of this section re-
30 lated to establishing partnerships, providing support and developing

1 and advocating for health equity-related policies, system changes and
2 environmental changes identified by the regional health equity coali-
3 tion as described in subsection (2) of this section;

4 “(B) Provide directives to each coordinated care organization based
5 on the findings from the annual evaluation to ensure that the coordi-
6 nated care organization has implemented health equity-related poli-
7 cies, system changes and environmental changes; and

8 “(C) Establish funding criteria for regional health equity coalitions
9 that are partnered with coordinated care organizations.

10 “(6)(a) Each coordinated care organization that has a regional
11 health equity coalition in the coordinated care organization’s region
12 shall form a meaningful partnership with the regional health equity
13 coalition and develop a mutually agreed upon scope of work with suf-
14 ficient resources negotiated by contract. Regional health equity coali-
15 tions may decline partnerships for any reason.

16 “(b) Partnerships between regional health equity coalitions and co-
17 ordinated care organizations should be further developed through fu-
18 ture rulemaking by the authority, based on coordinated care
19 organization contracts and feedback from all stakeholder groups, in-
20 cluding what potential partnerships between coordinated care organ-
21 izations and regional health equity coalitions could entail.

22 “(7) Each coordinated care organization that does not have a re-
23 gional health equity coalition in the coordinated care organization’s
24 region shall seek out partnerships with local culturally specific
25 community-based organizations and Oregon’s nine federally recognized
26 Indian tribes through continuous base funding opportunities to create
27 regional health equity coalitions in the coordinated care organization’s
28 region in consultation with the regional health equity coalition fidelity
29 committee.”.

30 On page 8, line 18, after “for” delete the rest of the line and line 19 and

1 insert “increasing funding to the six regional health equity coalitions oper-
2 ating on the effective date of this 2019 Act. The appropriation under this
3 section may not be used for staffing and program costs for the Office of Eq-
4 uity and Inclusion, as defined in section 1 of this 2019 Act, that are associ-
5 ated with the regional health equity coalition fidelity committee appointed
6 under section 1 of this 2019 Act.”.

7
