

**CHAPTER 48**

AN ACT

HB 4052

Relating to equity; and declaring an emergency.  
**Be It Enacted by the People of the State of Oregon:**

**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
- (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.

**SECTION 2.** (1) The Oregon Advocacy Commissions Office, in collaboration with culturally specific community-based organizations, shall convene affinity group task forces consisting of leaders of Black and indigenous communities, people of color and members of the nine federally recognized tribes in Oregon. The task forces shall discuss and research the specific needs of the communities they represent and develop recommendations for specific allocations of re-

sources to address the communities' needs and health inequities faced by the communities. The task forces shall also make recommendations on whether their work should continue beyond June 30, 2023.

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

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

(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.

**SECTION 3.** Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section

1 (1), chapter 668, Oregon Laws 2021, for the biennium ending June 30, 2023, for health systems, health policy and analytics, and public health, is increased by \$1,595,073 for the purpose of carrying out section 1 of this 2022 Act.

**SECTION 4.** Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (1), chapter 668, Oregon Laws 2021, for the biennium ending June 30, 2023, as the maximum limits for payment of expenses from federal funds, excluding federal funds described in section 2, chapter 668, Oregon Laws 2021, collected or received by the Oregon Health Authority, for health systems, health policy and analytics, and public health, is increased by \$344,663 for the purpose of carrying out section 1 of this 2022 Act.

**SECTION 5.** Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Advocacy Commissions Office by section 1, chapter 345, Oregon Laws 2021, for the biennium ending June 30, 2023, is increased by \$404,927 for the purpose of carrying out section 2 of this 2022 Act.

**SECTION 6.** (1) Section 1 of this 2022 Act is repealed on January 2, 2027.

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

**SECTION 7.** This 2022 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect on its passage.

Approved by the Governor March 23, 2022

Filed in the office of Secretary of State March 30, 2022

Effective date March 23, 2022