

Oregon

State and Local Health Equity Policy Checklist

July 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
<p>Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.</p>	<p></p> <p><i>The state only establishes Racial Equity Impact Statements to be completed when at the request of a lawmaker or legislative committee.</i></p>	<p>Oregon’s Criminal Justice Commission is required to prepare racial and ethnic impact statements for proposed measures likely to impact the criminal justice system at legislators’ request. Statements must include: the effect on the racial and ethnic composition of those likely to be convicted of a criminal offense created or modified by the proposed legislation; an estimate of the average length of incarceration that each racial and ethnic composition group receives as a sentence, if applicable; and an estimate of the racial and ethnic composition of the crime victims who may be affected by the proposed legislation.¹</p> <p>Legislation (HB 2337) to require a racial health equity impact assessment for all legislation was introduced in the 2021 legislative session, but did not pass.²</p>
<p>Expand Health Impact Assessments attached to state and local legislation to include equity considerations.</p>	<p></p>	<p>Oregon’s Office of Equity and Inclusion (OEI) performs periodic health equity impact assessments to understand how health-related policies might affect population groups in different ways, however, health impact assessments attached to legislation are not required to include equity considerations.³</p>

State Health Planning & Programs

POLICY	SCORE	NOTES
<p>Declare racism a public health crisis and implement steps to address it.</p>	<p></p>	<p>Multnomah County declared racism a public health crisis and is implementing steps to address it.⁴</p> <p>Legislation (HB 2337) to declare racism a public health crisis was introduced, but not passed, during the 2021 legislative session.⁵</p>

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklists.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Develop a 'Health in All Policies' strategy at the state or local level.		The Oregon Health Authority works with other government sectors as part of a "Health in All Policies" approach . ⁶
Establish Health Equity Zones to better address social determinants of health.		Oregon has established four Regional Health Equity Coalitions that support local, community-driven and culturally-specific activities to reduce health inequities and address social determinants of health in Oregon. ⁷ Clackamas County's Public Health Division has divided the county into ten Health Equity Zones to better understand the rural, urban, economic, ethnic and linguistic differences across the county. ⁸
Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.		Oregon's Governor established an equity framework in the wake of COVID-19 to guide state agencies in centering equity and racial justice in their work. ⁹ The Oregon Health Policy Board's Health Equity Committee coordinates and develops policies that proactively promotes the elimination of health disparities and the achievement of health equity for all residents in Oregon. ¹⁰
Fund community-driven health equity action plans.		Oregon's offices of Equity and Inclusion and Health Promotion Chronic Disease Prevention fund Regional Health Equity Coalitions (RHECs), collaborative, community-led, cross-sector groups organized regionally to identify and address health equity issues. The RHEC model builds on the inherent strengths of local communities so they can lead identifying sustainable and long-term policy, system and environmental solutions to increase health equity in Oregon. Coalitions prioritize communities of color as primary populations of focus. ¹¹
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.		Portland's FY20-21 budget includes \$1 million for participatory budgeting with houseless Portlanders. Participatory budgeting is also included in the Metro transportation funding package in programs to support residential and business community stability through anti-displacement strategies. ¹²
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans		Oregon's 2020-2024 State Health Improvement Plan, Healthier Together Oregon , focuses on social determinants of health and inequities, particularly in the wake of the COVID-19 crisis. ¹³ The decision-making body overseeing the development of the plan includes representatives from priority populations and tribes . ¹⁴ Additionally, Oregon's 2018 State Health Assessment includes a Health Equity Analysis section that evaluates many different health metrics, such as chronic conditions and uninsured rate, by race and ethnicity. ¹⁵

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.		The Oregon Health Authority (OHA) has funded more than 170 community-based organizations (CBOs) to support culturally and linguistically responsive services as a part of the state’s COVID-19 response. ¹⁶ The OHA also funds CBOs to provide culturally and linguistically-responsive Oregon Health Plan outreach, enrollment and system navigation services to groups facing disproportionate barriers to health coverage, including immigrant children and teens under 19 years of age. ¹⁷
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.		Oregon’s Asthma Leadership Plan outlines goals and strategies to improve asthma care and reduce inequities. ¹⁸ Additionally, the state’s 2017-2025 Health Promotion and Chronic Disease Prevention Strategic Plan outlines several targets and steps to reduce behaviors and risk factors for chronic diseases with a focus on health equity. ¹⁹ In the 2018 legislative session, Oregon passed House Bill 4133, which directed the Oregon Health Authority to form the Maternal Mortality and Morbidity Review Committee . Among other duties, the committee examines whether social determinants of health are contributing to the incidence of maternal mortality and severe maternal morbidity in the state. ²⁰
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		The cities of Beaverton, Hillsboro, Portland, Springfield and Bend participate in GARE . ²¹

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.	 <i>At least one city/county government has created equity measures for itself, even though it is not required to report this information to the state.</i>	Portland requires all bureaus to complete annual reports to the Office of Equity and Human Rights as part of the racial equity roadmap that reflect the bureau’s progress in implementing their racial equity plans. ²²
Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		The Oregon Health Authority’s Office of Equity and Inclusion has not reported on health disparities within the state in the last 5 years. ²³ The office has, however, produced health equity-related reports in the last 5 years, including a 2017 report on opportunities for Coordinated Care Organizations to advance health equity and a 2018 report on cultural competence in continuing education for healthcare professionals. ^{24, 25}

Data & Reporting *(continued)*

POLICY	SCORE	NOTES
Require non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		Oregon expanded community benefit spending categories in 2019 to more intentionally include programs that address the social determinants of health. Additionally, the state directed the Oregon Health Authority (OHA) to set a minimum community benefit spending floor for non-profit hospitals. The OHA takes into account direct spending on social determinants of health and health equity when determining each hospital's spending floor, in addition to other factors. ²⁶
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		Oregon has standardized the collection of race, ethnicity, language and disability (REALD) data for the Oregon Health Authority, Department of Human Services and its contractors. ²⁷
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		Oregon's All Payer Claims Database collects member demographic data, including race, ethnicity and primary language. ²⁸

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Oregon implemented Medicaid expansion on Jan. 1, 2014. ²⁹
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		Oregon operates a reinsurance program through the ACA's section 1332 waiver funding. ³⁰ Section 9 of SB 770 , signed into law in 2019, directed Oregon to engage in an analysis to help policymakers develop policy around a public option or Medicaid buy-in model for Oregon. The model had not yet been developed as of June 2021. ³¹
Provide one-year continuous eligibility for Medicaid and CHIP.		Oregon provides one-year continuous eligibility for Medicaid and CHIP. ³²

Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
<p>Provide coverage options to undocumented and recent immigrants.</p>		<p>The Oregon Health Plan provides coverage to all children under 19 who meet income eligibility, regardless of immigration status.³³ Additionally, Oregon provides some services not covered through Emergency Medicaid for some income-eligible pregnant women or women in the post-partum period who are not otherwise eligible due to immigration status.³⁴</p> <p>Legislation (HB 2164) to make adult undocumented residents eligible for Medicaid coverage if they meet income restrictions was introduced, but not passed, in 2021.³⁵</p>

Health Reform – Delivery

POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</p>		<p>Oregon contracts with Coordinated Care Organizations (CCOs) to provide Medicaid managed care. Contract requirements include, but are not limited to, the creation of a health equity plan (not just for members but for all of the communities within the contractor’s service area); the development of a spending proposal to address housing and other social determinant of health and health equity priorities; the sharing of any quality incentive dollars received with the Contractor’s community partners; and requirement to consider disparities in evaluations.^{36,37}</p>
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>After meeting minimum financial standards, CCOs must spend a portion of their net income or reserves on services to address health inequities and social determinants of health and equity.³⁸ CCOs are also required to report on certain health equity and disparity measures, such as meaningful language access to culturally responsive healthcare services.³⁹ Additionally, CCOs operate on a global budget system, in part, to encourage investments in social determinants of health.⁴⁰</p>
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>Oregon employs several 1915 waivers to better address social determinants of health, for example, by providing employment support services and environmental safety modifications for individuals with intellectual, developmental and physical disabilities.⁴¹ Oregon’s 1115 waiver includes specific language on addressing social determinants of health for low-income earners.⁴²</p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
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Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.



Moving forward, Oregon’s Medicaid Program will focus on transforming healthcare delivery to help **eliminate health inequities** among the state’s most underserved citizens. Toward this goal, the Oregon Health Authority (OHA) plans to release new measures that focus on the health disparities made more apparent during the COVID-19 crisis. Measures will focus on nutrition and physical activity, language access to culturally appropriate care, kindergarten readiness and social determinants of health, while continuing to emphasize integration of physical health with dental and behavioral health services.⁴³

In 2021, the Primary Care Payment Reform Collaborative will work with the OHA’s Office of Equity and Inclusion to finalize recommendations for modifying payment to incentivize and support focused attention to reducing disparities. Among other proposals, the **collaborative is considering** incorporating equity more explicitly into the Patient-Centered Primary Care Home (PCPCH) Program by adding: (1) provider distinction or certification to identify organizations that lead by providing culturally and linguistically sensitive services and working to reduce healthcare disparities or (2) a standard with specific definitions and measurement criteria for equity-focused trainings, such as anti-racism and culturally responsive care.⁴⁴

Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.



In 2021, the **Primary Care Payment Reform Collaborative** will work with the OHA’s Office of Equity and Inclusion to finalize recommendations for modifying payment to incentivize and support focused attention to reducing disparities.⁴⁵

Create or expand Accountable Communities for Health with a focus on increasing health equity.



Oregon Health and Science University participates in the Centers for Medicare & Medicaid’s (CMS’) **Accountable Health Communities Model**. The university’s **Oregon Rural Practice-based Research Network** acts as the bridge organization of a consortium to screen Medicaid and Medicare beneficiaries for health-related social needs and connect them to community services.^{46, 47}

Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.



Oregon’s **Universal Service Fund** uses tax revenue from retail telecommunication sales to support local telephone companies to ensure that basic telephone service is available at reasonable and affordable rates in higher-cost rural areas throughout the state.⁴⁸

Additionally, legislation (**SB 1603**) passed in 2020 directs the Oregon Business Development Department to transfer up to \$5 million each year to a broadband fund for rural development projects.⁴⁹

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Subsidize internet access to expand opportunities for telehealth.</p>		<p>Oregon partners with the federal government to provide a subsidy for phone or broadband service for qualifying low-income earners in Oregon and for Tribal residents.⁵⁰ In 2021, the Governor proposed a subsidy for urban communities that face affordability barriers to broadband access.⁵¹ As of July 2021, the 2021-2023 state budget had not been finalized and adopted by the legislature.</p>
<p>Expand coverage for telehealth services.</p>		<p>Oregon established coverage parity for telehealth services.⁵²</p>
<p>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</p>	 <p>The state has temporary telehealth payment parity laws that expire after the current public health emergency.</p>	<p>Oregon encourages payers to provide reimbursement for telehealth services that mirrors payment rates for equivalent in-person services, but does not require it.⁵³</p> <p>In December 2020, the state reached an agreement with several insurers to establish reimbursement parity through June 2021.⁵⁴</p>
<p>Establish cost-sharing parity for telehealth services.</p>	 <p>The state has temporary cost-sharing parity for telehealth services that expire after the current public health emergency.</p>	<p>Oregon prohibits health plans from imposing cost-sharing requirements that are greater for telehealth services than in-person equivalents for the duration of the Public Health Emergency.⁵⁵</p>
<p>Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.</p>		<p>Oregon pays Medicaid Care Coordination Organizations through global budgets, but not hospitals.^{56, 57}</p>
<p>Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.</p>		<p>Beginning July 1, 2021, healthcare providers are required to complete cultural competency continuing education as a condition of licensure.⁵⁸ Additionally, the Oregon Health Authority chartered the Cultural Competence Continuing Education Committee to explore opportunities to promote cultural competence continuing education for the health professional workforce. The committee released a report in 2013 issuing recommendations to the Oregon Health Authority, Oregon's Health Professional Licensing Boards, Coordinated Care Organizations and developers of continuing education curriculum.⁵⁹</p> <p>Oregon does not require implicit bias training for providers.</p>

COVID-Specific Reforms

POLICY	SCORE	NOTES
<p>Collect racial equity data to better understand the disparate impact of COVID-19.</p>		<p>Oregon requires providers to collect race and ethnicity data for all healthcare visits related to COVID-19 and report it to the Oregon Health Authority.⁶⁰</p> <p>Oregon reports data on COVID-19 vaccines, cases, mortality, hospitalizations and recoveries by race and ethnicity, but does not stratify testing data.⁶¹</p>
<p>Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.</p>		<p>Oregon expanded presumptive eligibility, allowing providers and other qualified entities to temporarily enroll people who appear eligible for Medicaid. The state also extended a reasonable opportunity period to give non-citizens more time to document their eligibility for coverage.⁶²</p> <p>Oregon opened a COVID-19 special enrollment period to allow more people to buy health insurance on the Marketplace.⁶³</p>
<p>Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.</p>		<p>Oregon covers COVID-19 testing and treatment through Emergency Medicaid.⁶⁴</p>
<p>Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.</p>		<p>Several insurers operating in Oregon have agreed to waive cost-sharing for COVID-19 testing, however it is not required.⁶⁵ Similarly, Oregon does not require insurers to waive cost-sharing for COVID-19 treatment.⁶⁶</p>
<p>Provide COVID-19 testing to residents free of charge.</p>		<p>COVID-19 testing is provided to Oregon Health Plan members free of charge. As of June 2021, there were four community testing sites, offered through a public-private partnership, that provided tests to residents at no cost.⁶⁷</p>

Notes

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ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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