Updates from the OHA REALD & SOGI Unit (November 2021)

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HB 2134 (2013) & HB 4212 (2020)

Historical Context for HB 3159 (Data Justice Act)

- **HB 2134 (2013):** Required OHA & ODHS to collect/store REALD (race, ethnicity, language & disability) data in all datasets with any type of demographics
  - HB 2134 implied includes data sent to OHA/ODHS from providers but without explicit rules and mandate, this did not happen.
- **HB 4212 (2020):** Required provider to collect and report REALD for Covid-19 encounters
  - This **did not** include data from providers for other patients
- Neither **HB 2134** nor **HB 4212 included SOGI** (sexual orientation & gender identity)

The Data Justice Act (HB 3159)

- Allocates $18.2 M in 2021-23 biennium
  - 43 FTE (23 OEI, 15 OIS, 4 HSD, 1 HPA)
  - 300K for Grant Program – CBOs to provide training on culturally responsive, trauma-informed data collection
- Recruiting and hiring Nov 2021-Jan 2022
- Report to the Legislature on implementation by June 1, 2022, and every 2 years thereafter

The Data Justice Act (HB 3159) - SOGI

- Update the OARs associated with HB 2134 (REALD) to include **SOGI data collection standards**
- Plan – convene rulemaking advisory committee (RAC) in Feb 2022 to finalize SOGI data collection standards (est 4 months process)
  - May focus on adults at first
  - Builds on 2 years of work done by OHA OEI & ODHS OEMS with stakeholders resulting in draft standards

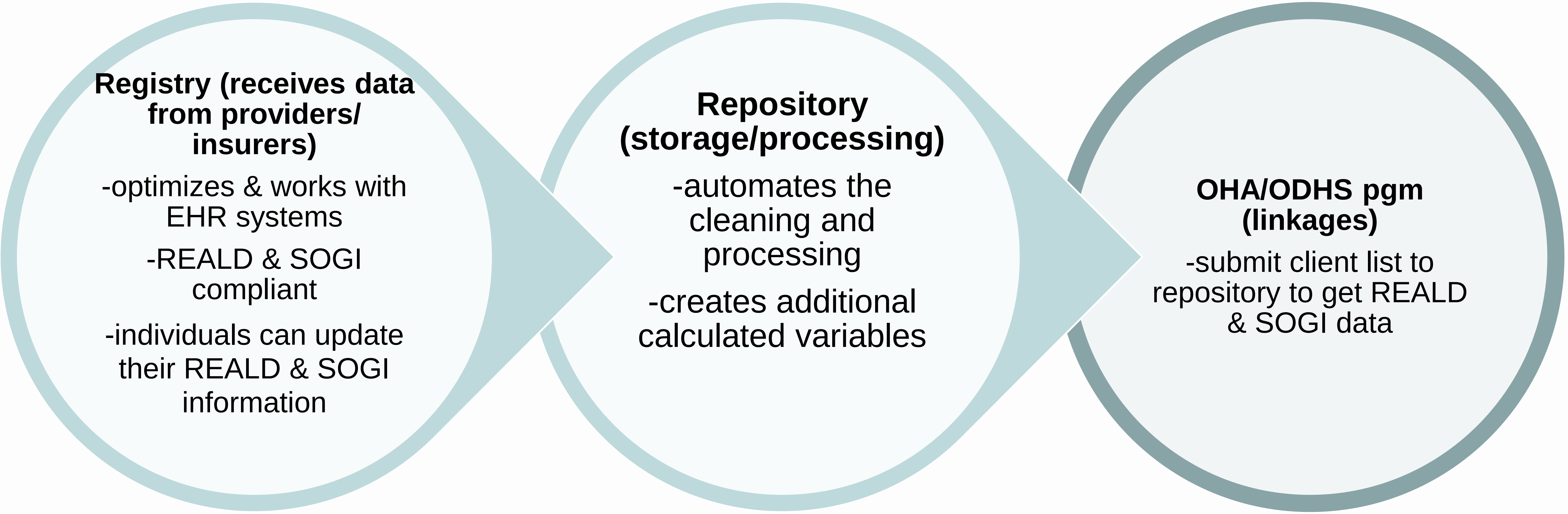

CERTIFICATE
WOMEN'S
SCHOOL
FETAL
OUTCOMES
PROGRAM
NOTIF
DISCHARGE
PRIVATE
COMP
INSURANCE
CANCER
COMPASS
PRESCRIPTION
ACUTE
COMMUNICABLE
PROJECT
MONITORING
SYSTEM
CARE
MEDICAL
LICENSING
CLAIMS
OPERA
NEWBORN
USER
EPI
ORE
EMS
DIV
HEALTH
COVID
DEATH
BIRTH
INTERVENTION
IMMUNIZATIONS
ECCP
CCARE
ASPEN
LIMS
SURV
HIVE
ALERT
HEARING
REPROHEALTH
DISEASES
MDS
TITLE
MEASURES
SCREENWISE
ORCHARD
DATASETS
WISEWOMAN
DENTAL
PGM
SEALANT
AMBULANCE
INPATIENT
PUG
DATASET
REGISTRY
CARRIER
CENTER
ESSENCE
EARLY
DIGNITY
SAFETY
STATE
DETECTION
NEWBORNS
BASED
AGENCIES
PROVIDERS
TERMINATION
DRUG
SCREENING
PREGNANCY
INDUCED
EXPOSURE
HEALTH
ARIAS
ENCOUNTER
TRAUMA
NEOMETRICS
OFFICE
HOSPITAL
REPORTING
DATABASE
WORKERS
MARIJUANA
STUDENTS
TRACKING
ELECTRONIC
COMMUNITY
PAYER
PESTICIDE
CONTRACTING

The Data Justice Act (HB 3159) requires Healthcare Providers & Insurers to…

- Submit REALD & SOGI data at least annually
  - Regardless of type of ‘encounter’ (e.g., not restricted to Covid)
- Providers/Insurers must inform patients that:
  - REALD & SOGI data is reported to OHA
  - How the data is used
  - How the data may not be used
  - That they are not required to answer (can decline)

HB 3159 Centralized Registry & Repository helps by…

Impact on the people we serve – ability to use REALD & SOGI Data to identify & address inequities and eliminate health inequities by 2030



Registry (receives data from providers/ insurers)

-optimizes & works with EHR systems

-REALD & SOGI compliant

-individuals can update their REALD & SOGI information

Repository (storage/processing)

-automates the cleaning and processing

-creates additional calculated variables

OHA/ODHS pgm (linkages)

-submit client list to repository to get REALD & SOGI data

The initial roles of staff assigned to the registry work is in planning and developing the specifications needed for a **POP submission for 23-25 biennium** (for the actual builds).

Conversations about Disability & REALD

- Conversations with the A-Team and the Disability Equity Collaborative
- Next steps
  - How do we communicate – tell the story that brings people along
    - Collaborating with the A-Team
  - Ensure more diverse representation on the RAC
  - RAC – adding an identity-based question

Challenges (and how can you help?)

- Not understanding REALD & SOGI (HB 2134, 4212, 3159) were championed by communities most impacted by health inequities
- Not understanding the purpose of the REALD & SOGI standards & how they were carefully constructed – to identify and address inequities
- Favoring of national standards without understanding limitations
    - Perception that national standards are ‘gold’ standards
    - Perception that collecting demographic data is secondary and optional
- Perceptions that these questions are invasive and sensitive
    - maintaining stigma and invisibility
- Double standards – let’s exempt ourselves or do a simplified form of REALD for example for providers or board members, etc.

Oregon Health Authority

Questions