

D R A F T

SUMMARY

Digest: The Act makes changes to a law about groups that work on health equity. (Flesch Readability Score: 83.8).

Requires the Oregon Health Authority to adjust for inflation the amount of any grant awarded to a regional health equity coalition.

Declares an emergency, effective July 1, 2025.

A BILL FOR AN ACT

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2 Relating to regional health equity coalitions; amending ORS 413.256; and
3 declaring an emergency.

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

5 **SECTION 1.** ORS 413.256 is amended to read:

6 413.256. (1) As used in this section:

7 (a) “Communities of color” means members of racial or ethnic communi-
8 ties as prescribed by the Oregon Health Authority by rule.

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

14 (c) “Cross-sector” means involving individuals, public and private insti-
15 tutions and communities working together to address the social determinants
16 of health and equity.

17 (d) “Culturally specific” means led by individuals from the community
18 served, using language, structures and settings familiar to the members of

1 the community.

2 (e) “Regional health equity coalition” means an autonomous, community-
3 led, cross-sector group that:

4 (A) Is focused on addressing, at the policy, system and environmental
5 levels, health inequities experienced by priority populations, with the leading
6 priority being communities of color;

7 (B) Is completely independent of coordinated care organizations and pub-
8 lic bodies as defined in ORS 174.109;

9 (C) Is supported by a federally recognized Indian tribe in Oregon or one
10 of the following community-based nonprofit entities:

11 (i) A culturally specific organization;

12 (ii) A social service provider;

13 (iii) An organization that provides health care;

14 (iv) An organization that conducts public health research;

15 (v) An organization that provides behavioral health treatment;

16 (vi) A private foundation; or

17 (vii) A faith-based organization; and

18 (D) Has a decision-making body that:

19 (i) Is composed 51 percent or more of individuals who identify as members
20 of communities of color who have experienced health inequities; and

21 (ii) Prioritizes the recruitment of members who identify as members of
22 communities of color or who work in roles that address health inequities and
23 institutional racism.

24 (f) “Regional health equity coalition model” means an approach that:

25 (A) Recognizes the impact of structural, institutional and interpersonal
26 racism on the health and well-being of communities of color and other pri-
27 ority populations;

28 (B) Meaningfully engages priority populations to lead efforts to address
29 health inequities;

30 (C) Supports and strengthens leadership development for priority popu-
31 lations; and

1 (D) Honors the wisdom of members of priority populations by ensuring
2 that policy solutions and system changes build upon the strengths of the
3 priority populations.

4 (g) “Priority populations” means:

5 (A) Communities of color;

6 (B) Oregon’s nine federally recognized Indian tribes, including descend-
7 ants of the members of Oregon’s nine federally recognized Indian tribes;

8 (C) Immigrants and refugees;

9 (D) Migrant and seasonal farmworkers;

10 (E) Low-income individuals and families;

11 (F) Persons with disabilities; and

12 (G) Individuals who identify as lesbian, gay, bisexual, transgender or
13 queer or who question their sexual or gender identity.

14 (2) The authority shall work with regional health equity coalitions, **using**
15 **a regional health equity coalition model, to ensure service to priority**
16 **populations throughout this state.**

17 **(3)(a) The authority shall provide grants to regional health equity**
18 **coalitions for programmatic and staffing costs.**

19 **(b) The authority shall annually adjust the amount of grants**
20 **awarded under paragraph (a) of this subsection to reflect any per-**
21 **centage increase in the cost of living for the previous calendar year,**
22 **based on changes in the Consumer Price Index for All Urban Con-**
23 **sumers, West Region (All Items), as published by the Bureau of Labor**
24 **Statistics of the United States Department of Labor.**

25 [(3)] (4) The authority shall ensure that it has adequate staffing to sup-
26 port grantees through ongoing technical assistance, contract administration,
27 program planning and daily operational support.

28 **SECTION 2. This 2025 Act being necessary for the immediate pres-**
29 **ervation of the public peace, health and safety, an emergency is de-**
30 **clared to exist, and this 2025 Act takes effect July 1, 2025.**

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