

Requested by JOINT COMMITTEE ON WAYS AND MEANS

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 3165**

1 On page 1 of the printed A-engrossed bill, line 15, delete “contract” and
2 insert “consult”.

3 In line 20, after “district” insert “, a regional health equity coalition, if
4 any, serving the district”.

5 In line 22, delete “shall” and insert “may”.

6 On page 2, line 8, after “(b)” insert “Contingent upon available funds,”.

7 In line 13, delete “must” and insert “may”.

8 After line 25, insert:

9 “(7) As used in this section, ‘regional health equity coalition’ means a
10 coalition that:

11 “(a) Is independent of coordinated care organizations and government
12 agencies, community-led, cross-sector and focused on addressing rural and
13 urban health inequities for communities of color, Oregon’s federally recog-
14 nized Indian tribes, immigrants, refugees, migrant and seasonal farm work-
15 ers, low-income populations, persons with disabilities and persons who are
16 lesbian, gay, bisexual, transgender or questioning, with communities of color
17 as the priority;

18 “(b) May include as member organizations a federally recognized Indian
19 tribe, a culturally specific organization, a social service provider, a health
20 care organization, a public health research organization, a behavioral health
21 organization, a private foundation or a faith-based organization;

1 “(c) Develops governance structures that include members of communities
2 impacted by health inequities;

3 “(d) Has a decision-making body on which more than half of the persons
4 are self-identified persons of color and more than half of the persons expe-
5 rience health inequities;

6 “(e) Prioritizes selection of organizational representatives who are self-
7 identified persons of color or have a role related to health equity;

8 “(f) Operates on a model that honors community wisdom by promoting
9 solutions that build on community strengths and recognizes the impact of
10 structural, institutional and interpersonal racism on the health and well-
11 being of communities of color; and

12 “(g) Focuses on:

13 “(A) Meaningful community engagement;

14 “(B) Coalition building, developing a governance structure for the coali-
15 tion and creating operating systems for the daily and long term functioning
16 of the coalition led by individuals with demonstrated leadership and exper-
17 tise in promoting and improving health equity;

18 “(C) Building capacity and leadership among coalition members, staff and
19 decision-making bodies to address health equity and the social determinants
20 of health; and

21 “(D) Developing and advocating for policy, system and environmental
22 changes to improve health equity in this state.”.

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