

Senate Bill 530

Sponsored by Senator PATTERSON; Senators GELSER BLOUIN, REYNOLDS, Representatives CHAICHI, MARSH
(Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

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

1
2 Relating to regional health equity coalitions; amending ORS 413.256; and declaring an emergency.

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

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

5 413.256. (1) As used in this section:

6 (a) "Communities of color" means members of racial or ethnic communities as prescribed by the
7 Oregon Health Authority by rule.

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

12 (c) "Cross-sector" means involving individuals, public and private institutions and communities
13 working together to address the social determinants of health and equity.

14 (d) "Culturally specific" means led by individuals from the community served, using language,
15 structures and settings familiar to the members of the community.

16 (e) "Regional health equity coalition" means an autonomous, community-led, cross-sector group
17 that:

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

20 (B) Is completely independent of coordinated care organizations and public bodies as defined in
21 ORS 174.109;

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

24 (i) A culturally specific organization;

25 (ii) A social service provider;

26 (iii) An organization that provides health care;

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

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

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 (vi) A private foundation; or

2 (vii) A faith-based organization; and

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

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

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

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

9 (A) Recognizes the impact of structural, institutional and interpersonal racism on the health and
10 well-being of communities of color and other priority populations;

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

12 (C) Supports and strengthens leadership development for priority populations; and

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

15 (g) “Priority populations” means:

16 (A) Communities of color;

17 (B) Oregon’s nine federally recognized Indian tribes, including descendants of the members of
18 Oregon’s nine federally recognized Indian tribes;

19 (C) Immigrants and refugees;

20 (D) Migrant and seasonal farmworkers;

21 (E) Low-income individuals and families;

22 (F) Persons with disabilities; and

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

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

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

29 **(b) The authority shall annually adjust the amount of grants awarded under paragraph**
30 **(a) of this subsection to reflect any percentage increase in the cost of living for the previous**
31 **calendar year, based on changes in the Consumer Price Index for All Urban Consumers,**
32 **West Region (All Items), as published by the Bureau of Labor Statistics of the United States**
33 **Department of Labor.**

34 [(3)] (4) The authority shall ensure that it has adequate staffing to support grantees through
35 ongoing technical assistance, contract administration, program planning and daily operational sup-
36 port.

37 **SECTION 2. This 2025 Act being necessary for the immediate preservation of the public**
38 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**
39 **July 1, 2025.**

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