

Chair Patterson, Vice-Chair Hayden, and Members of the Committee:

I'm writing in support of SB 530. My name is Daniela Ortiz Mendez and I am a Law Student at Willamette U., College of Law. I'm advocating for SB 530, which will provide critical resources to RHECs so they can continue to support in reducing health inequities by identifying the most important issues impacting priority populations in their regions. By assessing these barriers through grass roots community engagement, they are able to uplift the voices of their communities by creating solutions to barriers through policy and systems change. RHECs need to be provided with funding that will match the rate of inflation and the cost of living in our state so that they can continue to serve those most underserved and create sustainable, lasting solutions.

Regional Health Equity Coalitions operate at the intersection of policy advocacy and community-driven solutions. By engaging directly with priority populations—including rural communities, low-income families, and linguistically isolated groups—RHECs identify structural barriers to health access and craft localized strategies to dismantle them.

SB 530's focus on inflationary funding adjustments recognizes that the cost of delivering these services has surged alongside demand. And as pointed out in the article, "[Shortages of funds but not of issues marked Oregon health care in 2024](#)" by the Lund Report, we know that there is definitely a rise in the needs of our Oregonians.

The bill proposes to recalibrate RHEC funding to reflect current economic realities, ensuring coalitions can maintain—and expand—their reach. **Unlike previous bills that prioritized geographic expansion (e.g., SB 528's push for new coalitions), SB 530 adopts a sustainability-focused approach.** Please allow me to touch on some key components:

Cost-of-Living Adjustments for Programmatic Expenses

Childcare, transportation, and food assistance are not peripheral costs but central to equitable participation. The community workshops led by RHEC's that fund childcare enable parents to engage without financial strain, or worry of kids not being watched while they attend workshops to be civically engaged, or to learn about health equity. SB 530's funding would continue to support these

accommodations, acknowledging that marginalized groups often face overlapping barriers to civic involvement.

Inflation-Indexed Staffing Support

RHECs rely heavily on culturally competent staff who understand regional challenges. By tying allocations to inflation, SB 530 would allow RHECs to offer competitive wages, retain experienced personnel, and build institutional knowledge—a prerequisite for long-term systems change. Without adjustments, RHECs risk reducing outreach or cutting essential programs like interpretation services, which are lifelines for non-English-speaking populations. Consistent funding prevents such setbacks, ensuring communities see tangible, lasting benefits.

The main Conclusion: This is a Pathway to Inclusive Growth

SB 530 is not merely a budgetary adjustment but a commitment to intergenerational equity. By resourcing RHECs to keep pace with economic shifts, Oregon can uphold its reputation as a leader in community-driven health solutions. Legislators have an opportunity to safeguard programs that uplift rural voices, bridge urban-rural divides, and create a resilient infrastructure for future crises. I want to emphasize, the work is already being done—we just need to fund it. Passing SB 530 would affirm that health equity is not a line item but a foundation for collective prosperity. Let's keep the progress going and growing - I urge you to vote yes on SB 530.

Thank you for your time, care, and attention,

Daniela Ortiz Mendez