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

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

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

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

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

After line 25, insert:

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

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

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

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

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

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

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

“(g) Focuses on:

“(A) Meaningful community engagement;

“(B) Coalition building, developing a governance structure for the coalition and creating operating systems for the daily and long term functioning of the coalition led by individuals with demonstrated leadership and expertise in promoting and improving health equity;

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

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