

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

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| Action: | Do Pass as Amended and Be Printed Engrossed |
| Vote: | 6 - 0 - 2 |
| Yeas: | Doherty, Hoyle, Parrish, Weidner, Greenlick, Thompson |
| Nays: | 0 |
| Exc.: | Cannon, Kennemer |
| Prepared By: | Sandy Thiele-Cirka, Administrator |
| Meeting Dates: | 3/28, 4/13 |

WHAT THE MEASURE DOES: Directs Oregon Health Authority (OHA) to develop programs to recruit medical school students, primary care residents and primary care physicians to Oregon. Identifies that OHA through Health Care Workforce Committee shall work with additional interested parties, such as Travel Oregon, State Workforce Investment Board, medical schools, etc. to develop strategic recruitment plan. Identifies components that must be in the plan. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Review of current efforts addressing physician recruitment
- Review of Healthcare Workforce Committee of the Oregon Health Policy Board
- Intent of measure
- Survey data
- Physician shortage in Oregon
- Current recruitment strategies and plans
- Inclusion of nurse practitioners

EFFECT OF COMMITTEE AMENDMENT: Identifies that Oregon Health Authority through Health Care Workforce Committee shall work with additional interested parties, such as Travel Oregon, State Workforce Investment Board, medical schools, etc. to develop strategic recruitment plan. Identifies components that must be in the plan.

BACKGROUND: In a Background Brief, published by Kaiser Family Foundation, 60 million Americans, or nearly one in five, lack adequate access to primary care due to a shortage of primary care physicians in their communities. Very few new physicians today are choosing to enter primary care: whereas fifty years ago, half of U.S. doctors practiced primary care, just over 30 percent do today, and just 8 percent of the nation's medical school graduates enter family medicine compared to 14 percent in 2000. People who are uninsured, low-income, members of racial and ethnic minority groups, or living in rural or inner-city areas are disproportionately likely to lack a usual source of care (USC) — a key indicator of access to a primary care provider.

The shortage of primary care physicians is fostered by the current payment system. The existing fee-for-service compensation system pays physicians based on the volume of care they deliver, providing financial incentives to perform more procedures rather than providing counseling, diagnosis, or dispensing prescriptions. Because primary care doctors spend relatively less time doing procedures, this reimbursement system results in a wide income disparity between family physicians, whose annual income by one estimate averages \$173,000, and those practicing specialties such as radiology (\$391,000) and cardiology (\$419,000). Graduating medical students faced with repaying loans of averaging over \$100,000 are more inclined to enter a higher-paying specialty.

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This summary has not been adopted or officially endorsed by action of the committee.