

# A-Engrossed House Concurrent Resolution 202

Ordered by the House February 23  
Including House Amendments dated February 23

Sponsored by COMMITTEE ON RULES (at the request of John Kitzhaber for Health System Sustainability Group)

## 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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Declares the need to improve our state's health care system. (Flesch Readability Score: 78.2).

Declares a state policy goal that by 2033 Oregon's health care system will be more affordable and accessible.

## CONCURRENT RESOLUTION

1  
2       Whereas the State of Oregon has declared affordable, cost-effective and clinically appropriate  
3 health care to be a fundamental right of every resident; and

4       Whereas the State of Oregon has been successful in expanding health care coverage for chil-  
5 dren, individuals and families; and

6       Whereas the State of Oregon has among the lowest rates in the country of individuals without  
7 health care coverage; and

8       Whereas the State of Oregon has invested in strategies to promote high-value, high-quality care;  
9 and

10       Whereas the State of Oregon has prioritized initiatives to increase value-based payments and  
11 strategies to reduce health inequities; and

12       Whereas the State of Oregon continues to prioritize incentives for client-driven, team-based care  
13 models in primary and behavioral health care settings; and

14       Whereas the State of Oregon has implemented patient protection programs to reduce the con-  
15 ditions that cause medical debt; and

16       Whereas the State of Oregon has invested in cost containment strategies; and

17       Whereas in spite of those strategies, the cost of health care continues to rise and is becoming  
18 unaffordable for individuals, employers and government; and

19       Whereas Oregon is facing increased pressures to maintain affordable access to health care ser-  
20 vices; and

21       Whereas Oregon is projected to lose over \$8 billion in federal Medicaid funds over the next  
22 three biennia; and

23       Whereas the intersection of rising health care costs and the loss of federal funds will put un-  
24 precedented pressure on the General Fund, which will:

25           (1) Compromise access to care, particularly in rural parts of this state; and

26           (2) Undermine the state's ability to invest in other priorities, such as education, housing and  
27 economic opportunity, many of which have a direct impact on the health of the population; and

**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       Whereas 15 percent of Oregonians have delayed or avoided needed medical care because of cost;  
2       and

3       Whereas the leading cause of personal bankruptcy in Oregon is the inability to pay a medical  
4       bill; and

5       Whereas over half of Oregon's hospitals are operating at a loss; and

6       Whereas medical clinics and practices, including independent and primary care practices, are  
7       struggling to remain solvent; and

8       Whereas the rising cost of care is driving higher premiums, copayments and deductibles for  
9       employees, higher premiums for employers and straining budgets for both businesses and consumers;  
10      and

11      Whereas there are multiple factors driving the increasing cost of care, including:

12      (1) A payer mix with a large proportion of publicly funded health care programs such as  
13      Medicaid and Medicare;

14      (2) Oregon's regulatory environment;

15      (3) A decline in Oregon's primary care infrastructure and growing workforce needs;

16      (4) Inefficiencies, waste, low-value care and misaligned incentives in health care delivery sys-  
17      tems and payment models;

18      (5) Other cost drivers and trends, including prescription drugs, labor and workforce costs and  
19      the significant number of Oregonians who have high acuity behavioral health needs that affect all  
20      systems;

21      (6) The need for greater focus on primary prevention;

22      (7) The disparity between unlimited demand and the reality of finite resources; and

23      (8) Unit price across all markets; and

24      Whereas all of those factors must be addressed to achieve a sustainable solution; and

25      Whereas the escalating cost of health care is threatening the health and well-being of  
26      Oregonians, the stability of the General Fund and the competitiveness of businesses; and

27      Whereas systemic issues of cost and access cannot be turned around in a single biennium; and

28      Whereas federal funding decisions will create an immediate budgetary cliff that will exacerbate  
29      Oregon's health care challenges; and

30      Whereas addressing the crisis will require a consistent set of budgetary and policy decisions  
31      over the course of three biennia, guided by a long-term policy vision; now, therefore,

32      **Be It Resolved by the Legislative Assembly of the State of Oregon:**

33      That we, the members of the Eighty-third Legislative Assembly, declare a state policy goal that  
34      by 2033, through the collective and collaborative efforts of elected leaders, Oregon businesses,  
35      health care providers, health insurers and labor leaders, we will live in a state where:

36      (1) All Oregonians have timely access to a patient-centered primary care home and to quality,  
37      affordable health care services;

38      (2) Health outcomes are improving;

39      (3) Our health care system is far less complex than it is today, is easy to access and navigate  
40      for individuals and is enjoyable to practice in for providers and other health care workers;

41      (4) Hospitals and medical clinics and practices, including independent practices, have pathways  
42      to sustainability;

43      (5) Employers can afford to offer health insurance through the workplace and employees can  
44      afford to take advantage of it;

45      (6) Unnecessary utilization, unit price and total cost of care trends are below the national av-

1 erage; and

2 (7) Consumer access to high-value, affordable care is above the national average.

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