

HOUSE AMENDMENTS TO HOUSE CONCURRENT RESOLUTION 202

By COMMITTEE ON RULES

February 23

1 On page 1 of the printed concurrent resolution, delete lines 2 through 30.

2 On page 2, delete lines 1 through 7 and insert:

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

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

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

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

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

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

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

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

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

20 “Whereas Oregon is facing increased pressures to maintain affordable access to health care
21 services; and

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

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

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

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

29 “Whereas 15 percent of Oregonians have delayed or avoided needed medical care because of
30 cost; and

31 “Whereas the leading cause of personal bankruptcy in Oregon is the inability to pay a medical
32 bill; and

33 “Whereas over half of Oregon’s hospitals are operating at a loss; and

34 “Whereas medical clinics and practices, including independent and primary care practices, are
35 struggling to remain solvent; and

1 “Whereas the rising cost of care is driving higher premiums, copayments and deductibles for
2 employees, higher premiums for employers and straining budgets for both businesses and consumers;
3 and

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

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

7 “(2) Oregon’s regulatory environment;

8 “(3) A decline in Oregon’s primary care infrastructure and growing workforce needs;

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

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

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

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

16 “(8) Unit price across all markets; and

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

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

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

21 “Whereas federal funding decisions will create an immediate budgetary cliff that will exacerbate
22 Oregon’s health care challenges; and

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

25 Delete lines 9 through 20 and insert:

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

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

31 “(2) Health outcomes are improving;

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

34 “(4) Hospitals and medical clinics and practices, including independent practices, have pathways
35 to sustainability;

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

38 “(6) Unnecessary utilization, unit price and total cost of care trends are below the national av-
39 erage; and

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