

HCR 202-1  
(LC 328)  
2/17/26 (RH/ps)

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

**PROPOSED AMENDMENTS TO  
HOUSE CONCURRENT RESOLUTION 202**

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  
4 clinically appropriate health care to be a fundamental right of every resi-  
5 dent; and

6 “Whereas the State of Oregon has been successful in expanding health  
7 care coverage for children, individuals and families; and

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

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

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

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

17 “Whereas the State of Oregon has implemented patient protection pro-  
18 grams to reduce the conditions that cause medical debt; and

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

21 “Whereas in spite of those strategies, the cost of health care continues

1 to rise and is becoming unaffordable for individuals, employers and govern-  
2 ment; and

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

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

7 “Whereas the intersection of rising health care costs and the loss of fed-  
8 eral funds will put unprecedented pressure on the General Fund, which will:

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

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

14 “Whereas 15 percent of Oregonians have delayed or avoided needed med-  
15 ical care because of cost; and

16 “Whereas the leading cause of personal bankruptcy in Oregon is the ina-  
17 bility to pay a medical bill; and

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

19 “Whereas medical clinics and practices, including independent and pri-  
20 mary care practices, are struggling to remain solvent; and

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

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

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

28 “(2) Oregon’s regulatory environment;

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

1 “(4) Inefficiencies, waste, low-value care and misaligned incentives in  
2 health care delivery systems and payment models;

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

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

7 “(7) The disparity between unlimited demand and the reality of finite re-  
8 sources; and

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

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

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

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

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

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

22 Delete lines 9 through 20 and insert:

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

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

29 “(2) Health outcomes are improving;

30 “(3) Our health care system is far less complex than it is today, is easy

1 to access and navigate for individuals and is enjoyable to practice in for  
2 providers and other health care workers;

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

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

7 “(6) Unnecessary utilization, unit price and total cost of care trends are  
8 below the national average; and

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

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