



On behalf of the Oregon Academy of Family Physicians (OAFP), representing over 1,800 family physicians serving communities across Oregon, we write in opposition to a proposal in HB 4040 (section 30) that would repeal the statutory requirement for commercial insurers to assign enrollees to a primary care provider (PCP) when a member has not selected one.

This requirement, enacted by the Legislature in 2022 (SB 1529), is not an administrative technicality, it is core health system infrastructure and was implemented first in 2024 insurance plans, following an extensive collaborative state process which achieved consensus between insurers and clinician groups. Repealing it would weaken accountability and collaboration, undermine access to primary care, and erode Oregon's long-standing commitment to a medical home-based system of care.

We acknowledge that insurers have raised concerns regarding implementation, member communications, and customer-facing confusion. While these concerns may be reasonable, they do not justify repeal. They justify collaboration, refinement, and regulatory improvement. Changing this law will not solve the identified insurer problems but instead may create more.

PCP assignment or attribution is essential to access, accountability, and cost control.

Assignment does not limit patient choice. It establishes a default connection to care for people who have not actively selected a provider and ensures that every insured Oregonian has an identifiable medical home unless they choose otherwise. Family physicians rely on this clarity to manage patient panels, coordinate care, and invest in team-based models that reduce avoidable emergency department use and hospitalizations.

The continued use of assignment in other parts of Oregon's health system underscores its importance. PCP assignment remains:

- required for Oregon Health Plan members served by Coordinated Care Organizations; and
- foundational to attribution under value-based payment arrangements.

Eliminating assignment only for standard commercial plans would create a fragmented, two-tier system, leaving many commercially insured Oregonians without a clear primary care home or a clear process to connect with one.

Repeal would remove accountability and undermine Oregon's collaborative processes without solving the underlying problems. Implementation challenges related to communication, timing, and data alignment are solvable. Repeal would simply eliminate responsibility while leaving patients, clinics, and regulators with the same access and navigation challenges that exist today—only with fewer tools to address them.

The interim period is the right time to fix implementation, not dismantle policy. OAFP strongly urges the Committee to preserve the PCP assignment requirement and instead support a structured, collaborative process during the interim before the 2027 legislative session. Family physicians are ready to work with insurers, DCBS, and policymakers to:

- improve member-facing communications,
- clarify operational expectations,
- strengthen correction and reconciliation processes, and
- ensure the policy functions as intended for patients and providers alike.

Oregon's primary care system is under strain. Now is not the time to weaken the infrastructure that supports access, continuity, and affordability. For these reasons, the Oregon Academy of Family Physicians respectfully urges the Committee to oppose repeal of the PCP assignment requirement and to focus on solutions that strengthen, rather than fragment, Oregon's health care system.