

# House Bill 3038

Sponsored by Representative DEXTER

## 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 **as introduced**.

Requires Oregon Health Authority to commission study to make recommendations for achieving specified goals for health care delivery in Oregon. Requires authority to report recommendations for legislative changes to interim committees of Legislative Assembly related to health no later than September 15, 2022.

Sunsets January 2, 2023.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to health care; and prescribing an effective date.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) The Oregon Health Authority shall commission a comprehensive study**  
5 **resulting in recommendations for achieving the following outcomes in this state:**

6 (a) **Ensuring health care coverage for all Oregonians, regardless of ability to pay.**

7 (b) **Optimizing health care quality, services and access for all Oregonians.**

8 (c) **Optimizing affordability of health care coverage, reducing out-of-pocket costs for in-**  
9 **dividuals and corporations and reducing the burden on Oregon taxpayers.**

10 (d) **Controlling the rate of increase in the cost of health care to achieve a zero percent**  
11 **rate of increase by 2025.**

12 (e) **Eliminating the fee-for-service payment methodology in all state-funded programs.**

13 (f) **Ensuring that physicians, nurse practitioners and physician assistants are paid**  
14 **equitably based on the care they provide, are given incentives to practice at the top of their**  
15 **scope of practice and receive market-competitive salaries.**

16 (g) **Restructuring the methods for reimbursing the cost of health care to increase the**  
17 **value attributed to comprehensive care delivery to improve the sustainability of primary care**  
18 **and reduce the intervention approach to health care.**

19 (h) **Consolidating pharmaceutical purchasing, using a statewide formulary to the greatest**  
20 **extent practicable.**

21 (i) **Using innovative models of health care delivery, based on the principles in subsection**  
22 **(2) of this section, aggressively piloted on an appropriate scale.**

23 (2) **The innovative models of health care delivery described in subsection (1)(i) of this**  
24 **section must be based on the following principles:**

25 (a) **Health care is a human right.**

26 (b) **Patients must be kept at the center of all health care policy decisions in order to**  
27 **improve access to affordable, quality health care.**

28 (c) **Equitable access to health care must be a reality for all Oregonians, regardless of**  
29 **where they live, what language they speak, what their citizenship is, whether they have a**

**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 disability, who they love or what their skin color is.

2 (d) Public health is a priority and must be seamlessly incorporated into the healthcare  
3 delivery system and economically sustained.

4 (e) Patients are partners in their health care decisions and must be empowered to have  
5 a reasonable say in their health care options, including a full spectrum of care that is driven  
6 by data such as acupuncture.

7 (f) Physicians, physician assistants and nurse practitioners are the leaders of health care  
8 delivery and must have autonomous decision-making authority to deliver the right care at  
9 the right place for the right reasons, free from considerations of self-gain or system-driven  
10 barriers.

11 (g) Health care decisions and options must be driven by data.

12 (h) State policymakers must make consistent and philosophically grounded decisions re-  
13 garding where health care funds will be spent to achieve the greatest good for the greatest  
14 number of people.

15 (i) Corporations may not be considered to have the same rights as people.

16 (j) All health care providers should practice at the top of their scope of practice.

17 (k) Health care delivery should be local to the greatest extent practicable and culturally  
18 competent.

19 (L) Innovation is crucial and should be a constant endeavor on a small scale initially to  
20 learn fast and then scale up successful innovations.

21 (m) The state must not continue to support innovations that do not deliver on our core  
22 principles.

23 (n) Taxpayers must expect responsible use of their taxpayer dollars.

24 (o) Transparency in decision-making is critical across all areas of state-funded health  
25 care.

26 (p) Health care training costs must be affordable and subsidized by the state, optimally  
27 free for the student if a student comes from an under-represented minority group or agrees  
28 to provide care within this state in underserved areas for a mutually-agreed upon period that  
29 is appropriately consistent for all students.

30 (q) Long term care should be included as part of the state-funded health care system.

31 (r) Primary care must be valued and invested proportionate to its impact on community  
32 health.

33 (3) No later than September 15, 2022, the authority shall report to the interim commit-  
34 tees of the Legislative Assembly related to health, in the manner provided in ORS 192.245,  
35 the findings and recommendations from the study described in subsection (1) of this section,  
36 including recommendations for legislative changes.

37 SECTION 2. Section 1 of this 2021 Act is repealed on January 2, 2023.

38 SECTION 3. This 2021 Act takes effect on the 91st day after the date on which the 2021  
39 regular session of the Eighty-first Legislative Assembly adjourns sine die.

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