

A-Engrossed House Bill 3554

Ordered by the House April 9
Including House Amendments dated April 9

Sponsored by Representatives BOWMAN, DIEHL; Representatives FRAGALA, MCDONALD, MUNOZ, WALTERS

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: The Act makes changes intended to help support health care providers. (Flesch Readability Score: 64.9).

Directs the Oregon Health Authority to establish a primary care provider loan repayment program to provide loan repayment subsidies to specified primary care providers. Defines "primary care provider." Directs the authority to establish a primary care incentive program to provide financial incentives to eligible primary care practices. Defines "primary care practice." Directs the authority to provide low-interest loans to eligible primary care practices to implement or upgrade interoperative electronic health records systems.

Directs the authority, in collaboration with the Department of Consumer and Business Services, to *[establish]* **develop and implement** a centralized online portal for reporting data on health outcome and quality measures. **Directs the authority and the department to convene a task force to assist in the development and implementation of the portal.** Requires the authority and the department to report to the interim committees of the Legislative Assembly on *[the implementation of]* **their progress in developing and implementing** the portal.

Directs the authority to study past barriers to and potential solutions for establishing a centralized system for health care practitioner credentialing information and report to the interim committees of the Legislative Assembly on the authority's findings and recommendations.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to support for health care providers; and prescribing an effective date.

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

SECTION 1. (1) As used in this section:

(a) "Primary care practice" means a health care clinic that is owned and operated by one or more primary care providers.

(b) "Primary care provider" means a physician licensed under ORS chapter 677, a physician associate licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 who practices in primary care, general family medicine, pediatrics, internal medicine or obstetrics and gynecology.

(2) The Oregon Health Authority shall establish a primary care provider loan repayment program for the purpose of providing loan repayment subsidies to primary care providers who:

(a) Provide primary care services in suburban and urban areas of this state in which the authority determines there is a primary care provider workforce shortage; and

(b) Are employed by or contracted with a primary care practice that meets the financial incentive eligibility requirements under section 2 of this 2025 Act.

(3) The authority may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of this section. Moneys received under this

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.

section shall be deposited in the Primary Care Incentive Fund established under section 4 of this 2025 Act.

SECTION 2. (1) As used in this section, “primary care practice” and “primary care provider” have the meanings given those terms in section 1 of this 2025 Act.

(2) The Oregon Health Authority shall establish a primary care incentive program to provide financial incentives to eligible primary care practices in order to increase the primary care capacity in this state. The financial incentives provided under this section may include, but are not limited to, short-term low-interest loans to eligible primary care practices in order to support necessary infrastructure for practice operation.

(3) In order to be eligible to receive financial incentives under this section, a primary care practice must:

(a) Include no more than 20 primary care providers;

(b) Be located in a suburban or urban area of this state in which the authority determines there is a primary care provider workforce shortage; and

(c) Serve patients who are state medical assistance program enrollees or Medicare enrollees in a proportion that is substantially equivalent to the proportion of those patients in the geographical area in which the primary care practice is located.

(4) In providing financial incentives under this section, the authority shall structure the financial incentives in a manner that encourages a primary care practice to continue its operations in the geographical area in which it is located.

(5) The authority may receive gifts, grants or other contributions from any source, whether public or private, to carry out this section. Moneys received under this section shall be deposited in the Primary Care Incentive Fund established under section 4 of this 2025 Act.

SECTION 3. (1) As used in this section:

(a) “Electronic health record” has the meaning given that term in ORS 413.300.

(b) “Primary care practice” has the meaning given that term in section 1 of this 2025 Act.

(2) The Oregon Health Authority shall provide low-interest loans to primary care practices for the purpose of implementing and upgrading interoperative electronic health records systems used by the primary care practices.

(3) In order to be eligible for a low-interest loan under this section, a primary care practice must meet the requirements for financial incentive eligibility under section 2 of this 2025 Act.

(4) The authority may receive gifts, grants or other contributions from any source, whether public or private, to carry out this section. Moneys received under this section shall be deposited in the Primary Care Incentive Fund established under section 4 of this 2025 Act.

SECTION 4. The Primary Care Incentive Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Primary Care Incentive Fund shall be credited to the fund. The fund consists of moneys appropriated to the fund by the Legislative Assembly and gifts, grants or other moneys contributed to the fund by any source, whether public or private. Moneys in the fund are continuously appropriated to the Oregon Health Authority to carry out sections 1 to 3 of this 2025 Act.

SECTION 5. (1) The Oregon Health Authority, in collaboration with the Department of Consumer and Business Services, shall develop and implement a centralized online portal for reporting data on health outcome and quality measures. The portal shall:

(a) Ensure that both health care providers and third-party payers have access to shared data.

(b) Provide a standardized format for data submission.

(c) Offer real-time feedback and performance tracking.

(d) Have the capacity to communicate and exchange data with existing electronic health record systems for automated data extraction.

(2) The authority and the department shall ensure that the portal includes adequate safeguards for protecting the confidentiality of protected health information, as defined in ORS 192.556.

(3) A coordinated care organization, as defined in ORS 414.025, or a health insurer, as defined in ORS 746.600, may not require a provider to report health outcome and quality measure data through any means other than the portal developed under this section.

SECTION 6. (1) The Oregon Health Authority and the Department of Consumer and Business Services shall convene a task force for the purpose of assisting in the development and implementation of the centralized online portal for reporting data on health outcome and quality measures, as provided under section 5 of this 2025 Act.

(2) The task force shall consist of nine members appointed by the Governor as follows:

(a) One representative of the Oregon Health Authority.

(b) One representative of the Department of Consumer and Business Services.

(c) One representative of a health insurer.

(d) One representative of a coordinated care organization, as defined in ORS 414.025.

(e) One representative of a federally qualified health center.

(f) Two licensed health care providers who provide primary care.

(g) One licensed health care provider who owns and operates a medical practice.

(h) One member who is an expert in health information technology and data security.

(3) The task force shall:

(a) Conduct a needs assessment to identify technical and operational requirements for the portal, including functionality, usability and interoperability;

(b) Evaluate options for contracting with third parties to assist with the creation or operation of the portal;

(c) Develop recommendations for integrating data reporting on health outcome and quality metrics into existing health care information technology systems;

(d) Engage and incorporate input from stakeholders, including health care providers and third-party payers, through public meetings, surveys and focus groups; and

(e) Develop a transition plan, in collaboration with the authority and the department, for phased implementation of the portal.

(4) A majority of the members of the task force constitutes a quorum for the transaction of business.

(5) Official action by the task force requires the approval of a majority of the members of the task force.

(6) The Governor shall select one member of the task force to serve as chairperson and another to serve as vice chairperson, for the terms and with the duties and powers necessary for the performance of the functions of the offices as the Governor determines.

(7) If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective.

1 (8) The task force shall meet at times and places specified by the call of the chairperson
2 or of a majority of the members of the task force.

3 (9) The task force may adopt rules necessary for the operation of the task force.

4 (10) No later than December 31, 2026, the task force shall submit a report in the manner
5 provided in ORS 192.245, and may include recommendations for legislation, to the interim
6 committees of the Legislative Assembly related to health.

7 (11) The authority and the department shall provide staff support to the task force.

8 (12) Members of the task force serve as volunteers on the task force and, unless they
9 are qualified members, as defined in ORS 292.495, are not entitled to compensation or re-
10 imbursement for expenses.

11 (13) All agencies of state government, as defined in ORS 174.111, are directed to assist
12 the task force in the performance of the duties of the task force and, to the extent permitted
13 by laws relating to confidentiality, to furnish information and advice the members of the task
14 force consider necessary to perform their duties.

15 SECTION 7. (1) No later than December 31, 2026, the Oregon Health Authority and the
16 Department of Consumer and Business Services shall report to the interim committees of
17 the Legislative Assembly related to health, in the manner provided in ORS 192.245, on the
18 progress of the authority and the department in carrying out the provisions of section 5 of
19 this 2025 Act.

20 (2) The centralized online portal for reporting data on health outcome and quality meas-
21 ures developed under section 5 of this 2025 Act may not become operational before the task
22 force convened under section 6 of this 2025 Act has completed the transition plan for phased
23 implementation of the portal, as described in section 6 of this 2025 Act.

24 SECTION 8. (1) The Oregon Health Authority shall study:

25 (a) The factors that contributed to the suspension of the authority's program for estab-
26 lishing a centralized system for health care practitioner credentialing information;

27 (b) The extent to which the factors described in paragraph (a) of this subsection may be
28 mitigated by changes to the program structure;

29 (c) Market research on information technology solutions for health care practitioner
30 credentialing information, including how those solutions have changed since the suspension
31 of the program described in paragraph (a) of this subsection and ways in which those sol-
32 utions could potentially be optimized;

33 (d) Whether current delays and administrative burdens associated with credentialing
34 health care practitioners could be meaningfully addressed by solutions other than informa-
35 tion technology solutions; and

36 (e) Whether the authority is the appropriate agency for establishing a centralized system
37 for health care practitioner credentialing information.

38 (2) No later than September 15, 2026, the authority shall report its findings and recom-
39 mendations to the interim committees of the Legislative Assembly related to health, in the
40 manner provided in ORS 192.245.

41 SECTION 9. Sections 6 to 8 of this 2025 Act are repealed on January 2, 2027.

42 SECTION 10. This 2025 Act takes effect on the 91st day after the date on which the 2025
43 regular session of the Eighty-third Legislative Assembly adjourns sine die.