

Requested by Representative BOWMAN

**PROPOSED AMENDMENTS TO  
HOUSE BILL 3554**

1 On page 1 of the printed bill, line 2, after “providers” insert “; and pre-  
2 scribing an effective date”.

3 Delete lines 4 through 23 and delete pages 2 and 3 and insert:

4 **“SECTION 1. (1) As used in this section:**

5 **“(a) ‘Primary care practice’ means a health care clinic that is**  
6 **owned and operated by one or more primary care providers.**

7 **“(b) ‘Primary care provider’ means a physician licensed under ORS**  
8 **chapter 677, a physician associate licensed under ORS 677.505 to 677.525**  
9 **or a nurse practitioner licensed under ORS 678.375 to 678.390 who**  
10 **practices in primary care, general family medicine, pediatrics, internal**  
11 **medicine or obstetrics and gynecology.**

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

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

18 **“(b) Are employed by or contracted with a primary care practice**  
19 **that meets the financial incentive eligibility requirements under sec-**  
20 **tion 2 of this 2025 Act.**

21 **“(3) The authority may receive gifts, grants or contributions from**

1 any source, whether public or private, to carry out the provisions of  
2 this section. Moneys received under this section shall be deposited in  
3 the Primary Care Incentive Fund established under section 4 of this  
4 2025 Act.

5 **“SECTION 2. (1) As used in this section, ‘primary care practice’ and**  
6 **‘primary care provider’ have the meanings given those terms in sec-**  
7 **tion 1 of this 2025 Act.**

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

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

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

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

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

25 **“(4) In providing financial incentives under this section, the au-**  
26 **thority shall structure the financial incentives in a manner that en-**  
27 **courages a primary care practice to continue its operations in the**  
28 **geographical area in which it is located.**

29 **“(5) The authority may receive gifts, grants or other contributions**  
30 **from any source, whether public or private, to carry out this section.**

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

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

4 **“(a) ‘Electronic health record’ has the meaning given that term in**  
5 **ORS 413.300.**

6 **“(b) ‘Primary care practice’ has the meaning given that term in**  
7 **section 1 of this 2025 Act.**

8 **“(2) The Oregon Health Authority shall provide low-interest loans**  
9 **to primary care practices for the purpose of implementing and up-**  
10 **grading interoperative electronic health records systems used by the**  
11 **primary care practices.**

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

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

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

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

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

3       “(b) Provide a standardized format for data submission.

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

5       “(d) Have the capacity to communicate and exchange data with  
6 existing electronic health record systems for automated data ex-  
7 traction.

8       “(2) The authority and the department shall ensure that the portal  
9 includes adequate safeguards for protecting the confidentiality of pro-  
10 tected health information, as defined in ORS 192.556.

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

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

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

22       “(a) One representative of the Oregon Health Authority.

23       “(b) One representative of the Department of Consumer and Busi-  
24 ness Services.

25       “(c) One representative of a health insurer.

26       “(d) One representative of a coordinated care organization, as de-  
27 fined in ORS 414.025.

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

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

30       “(g) One licensed health care provider who owns and operates a

1 **medical practice.**

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

4 **“(3) The task force shall:**

5 **“(a) Conduct a needs assessment to identify technical and opera-**  
6 **tional requirements for the portal, including functionality, usability**  
7 **and interoperability;**

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

10 **“(c) Develop recommendations for integrating data reporting on**  
11 **health outcome and quality metrics into existing health care infor-**  
12 **mation technology systems;**

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

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

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

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

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

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

28 **“(8) The task force shall meet at times and places specified by the**  
29 **call of the chairperson or of a majority of the members of the task**  
30 **force.**

1       **“(9) The task force may adopt rules necessary for the operation of**  
2 **the task force.**

3       **“(10) No later than December 31, 2026, the task force shall submit**  
4 **a report in the manner provided in ORS 192.245, and may include rec-**  
5 **ommendations for legislation, to the interim committees of the Leg-**  
6 **islative Assembly related to health.**

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

9       **“(12) Members of the task force serve as volunteers on the task**  
10 **force and, unless they are qualified members, as defined in ORS**  
11 **292.495, are not entitled to compensation or reimbursement for ex-**  
12 **penses.**

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

18       **“SECTION 7. (1) No later than December 31, 2026, the Oregon**  
19 **Health Authority and the Department of Consumer and Business Ser-**  
20 **vices shall report to the interim committees of the Legislative As-**  
21 **sembly related to health, in the manner provided in ORS 192.245, on**  
22 **the progress of the authority and the department in carrying out the**  
23 **provisions of section 5 of this 2025 Act.**

24       **“(2) The centralized online portal for reporting data on health out-**  
25 **come and quality measures developed under section 5 of this 2025 Act**  
26 **may not become operational before the task force convened under**  
27 **section 6 of this 2025 Act has completed the transition plan for phased**  
28 **implementation of the portal, as described in section 6 of this 2025 Act.**

29       **“SECTION 8. (1) The Oregon Health Authority shall study:**

30       **“(a) The factors that contributed to the suspension of the**

1 authority’s program for establishing a centralized system for health  
2 care practitioner credentialing information;

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

5 “(c) Market research on information technology solutions for  
6 health care practitioner credentialing information, including how  
7 those solutions have changed since the suspension of the program de-  
8 scribed in paragraph (a) of this subsection and ways in which those  
9 solutions could potentially be optimized;

10 “(d) Whether current delays and administrative burdens associated  
11 with credentialing health care practitioners could be meaningfully  
12 addressed by solutions other than information technology solutions;  
13 and

14 “(e) Whether the authority is the appropriate agency for establish-  
15 ing a centralized system for health care practitioner credentialing in-  
16 formation.

17 “(2) No later than September 15, 2026, the authority shall report its  
18 findings and recommendations to the interim committees of the Leg-  
19 islative Assembly related to health, in the manner provided in ORS  
20 192.245.

21 “SECTION 9. Sections 6 to 8 of this 2025 Act are repealed on Janu-  
22 ary 2, 2027.

23 “SECTION 10. This 2025 Act takes effect on the 91st day after the  
24 date on which the 2025 regular session of the Eighty-third Legislative  
25 Assembly adjourns sine die.”.

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