

House Bill 3554

Sponsored by Representative BOWMAN

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**. 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 interoperable electronic health records systems.

Directs the authority, in collaboration with the Department of Consumer and Business Services, to establish a centralized online portal for reporting data on health outcome and quality measures. Requires the authority and the department to report to the interim committees of the Legislative Assembly on the implementation of 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.

A BILL FOR AN ACT

1
2 Relating to support for health care providers.

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

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

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

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

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

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

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

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

22 **SECTION 2. (1) As used in this section, "primary care practice" and "primary care pro-
23 vider" have the meanings given those terms in section 1 of this 2025 Act.**

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

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

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

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

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

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

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

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

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

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

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

27 (3) In order to be eligible for a low-interest loan under this section, a primary care
 28 practice must meet the requirements for financial incentive eligibility under section 2 of this
 29 2025 Act.

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

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

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

42 (a) Be accessible to all health care providers in this state.

43 (b) Provide a standardized format for data submission.

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

45 (d) Have the capacity to communicate and exchange data with existing electronic health

1 record systems for automated data extraction.

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

5 **SECTION 6.** No later than September 15, 2026, the Oregon Health Authority and the De-
6 partment of Consumer and Business Services shall report to the interim committees of the
7 Legislative Assembly related to health, in the manner provided in ORS 192.245, on the im-
8 plementation of section 5 of this 2025 Act.

9 **SECTION 7.** (1) The Oregon Health Authority shall study:

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

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

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

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

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

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

26 **SECTION 8.** Section 7 of this 2025 Act is repealed on January 2, 2027.
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