



November 10, 2021

Patrick Allen, Director
Jeremy Vandehey, Health Policy & Analytics Division Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Director Allen and Director Vandehey,

Thank you for the opportunity to provide comment on rulemaking for the Health Care Market Oversight Program. As higher education institutions responsible for training the next generation of health care providers in Oregon, we respectfully request that OHA include review criteria to ensure clinical training opportunities are considered and maintained when health care entities complete significant transactions requiring review by the agency.

Clinical training is a vital component of the clinical education process that allows students to gain experience and develop clinical competencies while being supervised by preceptors. Preceptors are practicing health care professionals who teach students in the clinical settings in which they practice, providing feedback to students on their progress and performance in hands-on clinical care. No one wants or expects their provider to have only learned in a classroom setting; preceptors and hands-on clinical learning are essential components of health care education.

Training the next generation of health care providers has been a long-standing duty of the nation's health care system, however that altruistic tradition is under significant pressure. Oregon, and the nation, has been operating in a highly constrained preceptor environment for all health professions students for many years – a situation that has only worsened as a result of the COVID pandemic. While a multifactorial issue, one reason clinical placement sites and preceptors are constrained is the extensive consolidation in the health care industry, which decreased the number of clinical education sites available and reduced training capacity.

Protecting access to essential health services and advancing health equity are two of the stated goals, among others, of the Health Care Market Oversight Program. It is imperative that the impact of material change transactions on clinical learning opportunities be evaluated in order to meet these goals. Oregon will not be able to meet the health care needs of the people in our state without ensuring adequate training opportunities for tomorrow's providers.

We appreciate your consideration of this critical issue. Please see the specific language we are requesting on the next page. Should you require any additional information, please reach out to Ellie Boggs at (541) 223-1906 or boggs@ohsu.edu.

Sincerely,

Bushnell University
Oregon Alliance of Independent Colleges and Universities
Oregon Health & Science University
Oregon Institute of Technology
Pacific University
University of Portland
University of Western States
Warner Pacific University
Western Oregon University

Language suggested for inclusion

OAR 409-070-0060. MATERIAL CHANGE TRANSACTIONS: Comprehensive Review of a Notice of a Material Change Transaction

(8) The Authority shall approve, or approve with conditions as provided in OAR 409-070-0065, a material change transaction, or, in the case of a material change transaction involving a domestic health insurer, shall recommend to the Department that the transaction be approved, unless the Authority makes any one or more of the following findings and conclusions:

(a) The transaction or completing the transaction is likely to reduce an organization's demonstrated commitment to addressing health disparities and inequities, create or increase disparities or inequities, or make it more difficult to achieve health equity in the state.

(b) The transaction is contrary to law.

(c) The transaction is inequitable or unfair to the public at large or to consumers of health care services in any product or geographic market affected by the proposed transaction.

(d) The transaction would substantially reduce:

(A) The security of and service to be rendered to consumers involved in the proposed transaction or would otherwise prejudice the interests of such consumers or other people in this state;

(B) Access to and quality of health care for people in this state, including access to essential services, or would substantially increase the cost of health care for people in this state;

(C) Clinical training for health professions students enrolled at Oregon institutions of higher education; or

~~(D)~~ (D) The ability of any party involved in the proposed transaction to:

(i) Perform its contractual obligations;

(ii) Innovate, coordinate care, provide value, and deliver high-quality services;

(iii) Address health disparities and inequities;

References

Christner, J. G., Beck Dallaghan, G., Briscoe, G., Graziano, S., Mylona, E., Wood, S., & Power, D. V. (2019). To Pay or Not to Pay Community Preceptors? That Is a Question *Teaching and learning in medicine*, 31(3), 279–287. <https://doi.org/10.1080/10401334.2018.1528156>

Cox, W. J., & Desai, G. J. (2019). The Crisis of Clinical Education for Physicians in Training. *Missouri medicine*, 116(5), 389–391.

Halperin, E. C., & Goldberg, R. B. (2016). Offshore Medical Schools Are Buying Clinical Clerkships in U.S. Hospitals: The Problem and Potential Solutions. *Academic medicine: journal of the Association of American Medical Colleges*, 91(5), 639–644. <https://doi.org/10.1097/ACM.0000000000001128>