

March 28, 2019

Oregon State Legislature House Committee on Health Care 900 Court St. NE Salem, OR 97301

Sent via email to: hhc.exhibits@oregonlegislature.gov

Re: House Bill 3076 – Community Benefit

Dear Chair Andrea Salinas and Members of the House Health Care Committee:

At Good Shepherd Health Care System (GSHCS) in Hermiston, OR, our commitment to our community in the form of community benefit is near the top of our mission. Because we believe that, by reaching outside our walls to help improve the health of our community, we further contribute to the wellness and well-being of our patients and their families. For that reason, we oppose the inflexible and prescriptive changes to community benefit as envisioned in HB 3076 and urge you to oppose it as well.

In 2018, we contributed some \$14,800,000 via community benefit programs. But the real impact is more than dollar figures – it is in the improvements in health that we drive with that funding. Our community benefit activities are centered on programs and funding that respond to the unique needs of the populations that we serve. We conduct community health needs assessments every three years in which we spend a great deal of time identifying health disparities in our community alongside partner organizations and governmental agencies. We then develop action plans and funding strategies to address the identified needs.

Our Community Health Improvement Plan identifies areas in which we are able to help address the social determinants of health affecting our community, as outlined in our Community Health Needs Assessment. We have continued to place a high emphasis on community education – providing 3,192 events in 2018 for 16,252 individuals.

In addition, our ConneXions (Community Health Worker) Program received 557 referrals and had 770 face-to-face interactions with individuals needing help connecting with community services.

Furthermore, we have partnered with CHI St. Anthony Hospital, Oregon Child Development Coalition, Morrow County Public Health and Umatilla County Public Health to work collaboratively to address the needs facing the residents of Umatilla and North Morrow counties.

Our community has seen improvements in health care coverage since the full implementation of the Affordable Care Act. As a result, the need for charity care has fallen, as the ACA designed it should. That's something we applaud, as it means people are accessing the coverage they need at the time that its needed through a means of third party coverage. While charity care has begun to creep up again, we believe that imposing high thresholds for charity care would lead to unintended consequences, including a disincentive for some to stay enrolled in Medicaid or participate in a health plan.

In short, community benefit is a transparent program that is working well in our community. We object to prescriptive policy that could engender changes which do not serve our unique community needs. We view HB 3076 as another misguided solution – looking for a problem.

This bill's prescriptive charity care requirements will disproportionately harm hospitals that serve regions with lower average household incomes and/or that have more individuals who do not qualify for subsidization (i.e. the undocumented). Hermiston is a prime example. The area we serve has a lower than average household median income. Many individuals' incomes are between 0-600% of the Federal Poverty Level (FPL). A higher percent of our population do not qualify for Oregon's Medicaid program or a federally-subsidized exchange health plan. This bill will place an undue and disproportional charity burden on GSHCS and many other small, rural facilities in our state serving similar populations.

We urge you to oppose HB 3076 and instead allow hospitals to engage in a collaborative policy process which centers on driving health outcomes.

Thank you for your service. Please don't hesitate to contact me at (541) 667-3409 or at <u>dennisb@gshealth.org</u> should you have any questions.

Sincerely, Dennis E. Burke,

President & CEO

DB/slm

cc: Sean Kolmer, OAHHS Rebecca Tiel, OAHHS