

Charity care and community benefits are a vital part of Oregon’s healthcare delivery system but are currently lacking strong guidelines and standards. Charity care is free or discounted, medically-necessary care provided to low-income, uninsured or underinsured Oregonians. Community benefits includes charity care, but is a larger bucket made up of several spending categories intended to address a community’s health needs.

Out of the 60 acute care hospitals in Oregon, all but two are considered non-profits. Between 2013 and 2017, operating profits from hospitals in Oregon rose by almost \$30 million dollars. During this same time, as a portion of hospital operating expenses, charity care was nearly cut in half as Oregonians gained insurance coverage under the Affordable Care Act.

The concepts included in HB 3076 have been actively considered for years. This bill represents the efforts of a workgroup that met faithfully to figure out how to establish impactful and reasonable standards for charity care in Oregon and has gained the support of both healthcare advocates, hospitals systems and organizations represented by the logos below.

- Financial Assistance Transparency & Uniformity
 - Requires screening of patients for assistance eligibility prior to being sent to collections.
 - Sets minimum levels for financial assistance qualification, with people earning below 200% of the Federal Poverty Level qualifying for full discounts and a sliding scale for income levels between 201% and 400%.
 - Ensures hospitals are the payer of last resort after billing insurance.
 - Limits to how much interest may be charged on hospital medical debt, until legal action is required. Limits collection actions on family members and spouses.
- Increased Access to Care
 - Requires assistance policies to cover emergency and medically necessary services.
 - Extends hospital financial assistance programs to associated nonprofit clinic settings.
 - Makes financial assistance policies available in all languages spoken by the lesser of 1,000 people or five-percent of the population in the hospital's service area
- Enhanced and Equitable Community Benefits
 - Aligns Oregon with the IRS definition of community benefits and includes a definition of Social Determinants of Health.
 - Outlines a process for OHA to set a minimum amount of community benefit spending for each hospital, but allows flexibility for considering variables.
 - Provides flexibility in the case of complex health systems and requires a list to be submitted to OHA outlining which facilities are nonprofit and providing financial assistance.

