

**HB 3320 A STAFF MEASURE SUMMARY****Carrier:** Rep. Reynolds**House Committee On Behavioral Health and Health Care****Action Date:** 04/04/23**Action:** Do pass with amendments. (Printed A-Eng.)**Vote:** 10-0-1-0**Yeas:** 10 - Bowman, Conrad, Dexter, Diehl, Goodwin, Morgan, Nelson, Nosse, Pham H, Tran**Exc:** 1 - Javadi**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Brian Nieubuurt, LPRO Analyst**Meeting Dates:** 3/22, 4/4**WHAT THE MEASURE DOES:**

Requires hospital to screen patient for presumptive eligibility for financial assistance if patient is uninsured, is enrolled in the state medical assistance program, or owes hospital more than \$500. Requires Oregon Health Authority (OHA) to create a presumptive eligibility screening process by rule. Specifies circumstances permitting a patient to apply for financial assistance. Specifies remedies if a patient is found eligible for financial assistance after having paid for services. Specifies that eligibility for financial assistance continues for nine months after hospital determination. Requires hospital to have appeal process written in plain English by January 1, 2025. Requires OHA to specify appeal process requirements in rule. Requires hospital to suspend collection activities pending resolution of financial assistance appeal. Clarifies notification requirements regarding hospital financial assistance policies. Specifies limits on information permitted to be requested by hospital for determining eligibility for financial assistance. Imposes new requirements on hospital financial assistance reporting.

**ISSUES DISCUSSED:**

- Impacts of medical debt
- Charity care requirements for nonprofit hospitals
- Challenges to patients with current charity care processes
- Application to for-profit hospitals

**EFFECT OF AMENDMENT:**

Replaces the measure.

**BACKGROUND:**

Not-for-profit hospitals may qualify for tax-exempt status at both the federal and state level. Requirements for qualifying for tax-exempt status include: establishing and widely publicizing a written financial assistance policy detailing eligibility criteria, the basis for calculating amounts charged, and how to apply; developing a written policy requiring the organization to provide emergency medical care indiscriminately regardless of a patient's eligibility for assistance; charging generally the same amounts for emergency or other medically necessary care provided to individuals eligible for assistance as to individuals with insurance; making reasonable efforts to determine whether an individual is eligible for assistance prior to engaging in extraordinary collection actions; and conducting a community health needs assessment and adopting an implementation strategy to meet identified needs.

In 2019, the Legislative Assembly passed House Bill 3076 requiring nonprofit hospitals and hospital systems to establish financial assistance policies meeting specified criteria and establishing consumer rights with respect to billing and charging for hospital services. House Bill 2360 (2021) updated these policies to prohibit nonprofit hospitals from requiring a patient to apply for medical assistance (the Oregon Health Plan) before screening for or

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providing financial assistance.

House Bill 3320 A requires hospitals to screen specified patients for presumptive eligibility for financial assistance and imposes additional requirements on hospital financial assistance programs.