

Requested by Representative REYNOLDS

**PROPOSED AMENDMENTS TO  
HOUSE BILL 3320**

1 On page 1 of the printed bill, delete lines 5 through 31 and delete pages  
2 2 through 5 and insert:

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

4 **“(a) ‘Financial assistance’ includes:**

5 **“(A) Charity care, as defined in ORS 442.601; or**

6 **“(B) An adjustment to a patient’s costs for care under ORS 442.614**  
7 **(1)(a).**

8 **“(b) ‘Hospital’ has the meaning given that term in ORS 442.612.**

9 **“(2) Using the process prescribed by the Oregon Health Authority**  
10 **under subsection (3) of this section, a hospital licensed under ORS**  
11 **441.025 shall screen a patient for presumptive eligibility for financial**  
12 **assistance if the patient:**

13 **“(a) Is uninsured;**

14 **“(b) Is enrolled in the state medical assistance program; or**

15 **“(c) Owes the hospital more than \$500.**

16 **“(3) The authority shall adopt by rule the process for screening a**  
17 **patient for presumptive eligibility for financial assistance under sub-**  
18 **section (2) of this section. The rules and process must:**

19 **“(a) Prohibit a hospital from requiring a patient to provide doc-**  
20 **umentation or other verification;**

21 **“(b) Ensure that the process will not cause any negative impact on**

1 the patient's credit score;

2 “(c) Require a hospital, before sending a bill to the patient, to con-  
3 duct the screening and apply any financial assistance for which the  
4 patient qualifies to the bill; and

5 “(d) Require the hospital to notify a patient if the patient has been  
6 screened and to explain to the patient, in language approved by the  
7 authority, how to apply for financial assistance if financial assistance  
8 was denied, or how to apply for additional financial assistance above  
9 what the patient received.

10 “(4) A patient may apply for financial assistance:

11 “(a) If the patient was screened for presumptive eligibility for fi-  
12 nancial assistance and was found not to be eligible or the patient dis-  
13 agrees with the amount of the financial assistance that was offered;

14 “(b) If a patient was not screened for presumptive eligibility for fi-  
15 nancial assistance; or

16 “(c) Any time up to 12 months after a patient pays for the services  
17 that the hospital provided.

18 “(5) A hospital may require a patient who applies for financial as-  
19 sistance under subsection (4) of this section to provide documentation  
20 or verification of information reported as necessary for the hospital  
21 to determine the patient's eligibility for financial assistance.

22 “(6) If a patient applies for financial assistance after having paid for  
23 the services and the patient is found to have been eligible for financial  
24 assistance when the services were provided:

25 “(a) The hospital shall refund the amount of financial assistance for  
26 which the patient qualified;

27 “(b) If the hospital previously determined, incorrectly, that the pa-  
28 tient did not qualify for financial assistance for the services based on  
29 information provided by the patient at the time of the incorrect de-  
30 termination, the hospital shall also pay the patient interest on the

1 amount of financial assistance at the rate set by the Federal Reserve  
2 and any other associated reasonable costs, such as legal expenses and  
3 fees, incurred by the patient in securing financial assistance; and

4 “(c) If the hospital sold the debt to a collection agency or author-  
5 ized a collection agency to collect debts on behalf of the hospital, the  
6 hospital shall notify the collection agency that the debt is invalid.

7 “(7) If a patient applies for financial assistance and the hospital  
8 determines that the patient is eligible for financial assistance based  
9 on documentation provided by the patient, the patient’s eligibility for  
10 financial assistance continues for nine months following the hospital’s  
11 determination, and the patient may not be required to reapply for fi-  
12 nancial assistance for services provided during that nine-month pe-  
13 riod.

14 “(8)(a) A hospital must have a written process that is in plain  
15 English, and in other languages as required by law, for a patient to  
16 appeal a hospital’s denial of financial assistance, in whole or in part,  
17 and that allows the patient, or an individual acting on behalf of the  
18 patient, to correct any deficiencies in documentation or to request a  
19 review of the denial by the hospital’s chief financial officer or the chief  
20 financial officer’s designee. The authority shall prescribe by rule the  
21 requirements for the appeal process.

22 “(b) If a hospital denies a patient’s application for financial assist-  
23 ance, whether in whole or in part, the hospital must notify the patient  
24 of the denial and include in the notice an explanation of the hospital’s  
25 appeal process.

26 “(9) During the pendency of an appeal that is filed using a hospital’s  
27 appeal process under subsection (8) of this section, if:

28 “(a) The hospital has initiated collection activities, the hospital  
29 must suspend all collection activities; and

30 “(b) The hospital sold the debt under appeal to a collection agency

1 **or has authorized a collection agency to collect debts on behalf of the**  
2 **hospital, the hospital must notify the collection agency to suspend**  
3 **collection activities.**

4 **“SECTION 2.** ORS 442.610 is amended to read:

5 “442.610. (1) As used in this section:

6 “(a) ‘Financial assistance policy’ means a policy that meets the require-  
7 ments of section 501(r) of the Internal Revenue Code and implementing reg-  
8 ulations.

9 “(b) ‘Hospital’ has the meaning given that term in ORS 442.015.

10 **“(c) ‘Nonprofit’ has the meaning given that term in ORS 442.612.**

11 “(2) A hospital shall have a written financial assistance policy that com-  
12 plies with the plain language standards for consumer contracts under ORS  
13 180.545 (1).

14 “(3) A hospital shall:

15 “(a) Provide a paper copy of the financial assistance policy **and an ap-**  
16 **plication form to apply for financial assistance** to a patient upon request;

17 “(b) Include on each billing statement, **on the hospital’s website home**  
18 **page and on any website where the patient pays a bill or accesses in-**  
19 **formation about the patient’s account, a prominently displayed** notice  
20 of:

21 “(A) The availability of financial assistance;

22 “(B) The contact information for the office or department of the hospital  
23 that can provide information about obtaining financial assistance; and

24 “(C) The [*direct*] Internet address for the financial assistance policy **and**  
25 **the Internet address where an application for financial assistance may**  
26 **be accessed, completed and submitted online, including on a mobile**  
27 **device; [*and*]**

28 **“(c) Accept an application for financial assistance that is submitted:**

29 **“(A) In an online application; or**

30 **“(B) Sent by mail to or submitted in person at the hospital’s address**

1 **as shown on the application; and**

2 “[~~(c)~~] **(d)** Maintain public displays in locations in the hospital that are  
3 accessible to the public that notify and inform patients about the financial  
4 assistance policy. Locations that are accessible to the public include but are  
5 not limited to the emergency department, if any, and the areas where patient  
6 admissions are processed.

7 “[~~(4)~~ *The Oregon Health Authority shall make available to hospitals and*  
8 *the general public a uniform application for financial assistance, created by a*  
9 *trade association representing hospitals, that may be used in any hospital in*  
10 *this state to request financial assistance.*]

11 **“(4)(a) A nonprofit hospital’s application for financial assistance,**  
12 **when completed by a resident of this state:**

13 **“(A) May require the resident to provide only:**

14 **“(i) The patient’s household income, for purposes of ORS 442.614;**  
15 **and**

16 **“(ii) Information about any third party that may be liable for the**  
17 **cost of the services, as permitted by ORS 646A.677.**

18 **“(B) Must clearly mark as optional any other information, includ-**  
19 **ing information about the patient’s assets.**

20 **“(b) A nonprofit hospital may not use information other than in-**  
21 **formation listed in paragraph (a) of this subsection to deny financial**  
22 **assistance to a resident of this state.**

23 **“(c) This subsection does not prohibit:**

24 **“(A) A hospital from requiring a patient to respond to requests from**  
25 **the patient’s insurer as needed for the insurer to adjudicate the**  
26 **hospital’s claim for reimbursement, as permitted by ORS 646A.677; or**

27 **“(B) A nonprofit hospital from requiring a patient to provide in-**  
28 **formation that the Centers for Medicare and Medicaid Services re-**  
29 **quires the hospital to collect for the purpose of cost reporting.**

30 **“SECTION 3. ORS 442.618 is amended to read:**

1 “442.618. (1) As used in this section[.]:

2 “(a) ‘Extraordinary collection action’ means actions referenced in  
3 section 501(r)(6) of the Internal Revenue Code or implementing regu-  
4 lations.

5 “(b) ‘Health care facility’ has the meaning given that term in ORS  
6 442.015, excluding long term care facilities.

7 “(c) ‘Payer type’ means one or more of the following persons legally  
8 responsible for all or part of the cost of hospital services:

9 “(A) A commercial insurer;

10 “(B) Medicare;

11 “(C) The state medical assistance program;

12 “(D) A patient who is uninsured or otherwise personally responsible  
13 for the cost of hospital services; or

14 “(E) Another payer type prescribed by the Oregon Health Authority  
15 by rule.

16 “(2) A hospital shall report annually to the [*Oregon Health*] authority the  
17 following information regarding all health care facilities and affiliated clin-  
18 ics that are owned in part or in full by the hospital or operating under the  
19 same brand as the hospital:

20 “(a) The address of each health care facility and affiliated clinic;

21 “(b) Whether the hospital’s financial assistance policy, developed under  
22 ORS 442.614, [*is posted in the health care facility and affiliated clinic and*  
23 *available to patients of the facility and affiliated clinic*] **complies with ORS**  
24 **442.610 (3)**; [*and*]

25 “(c) Whether the hospital is a nonprofit entity and whether the hospital’s  
26 nonprofit status applies to the hospital’s affiliated clinics[.];

27 “(d) **During the reporting period:**

28 “(A) **How many applications for financial assistance the hospital**  
29 **received and of the applications received, the number of applications**  
30 **that were approved;**

1       **“(B) Of the patients who received financial assistance, the number**  
2 **of patients who received financial assistance without completing the**  
3 **hospital’s financial assistance application process; and**

4       **“(C) Reported by payer type, the number of patients who received**  
5 **financial assistance and the number of patients who were denied fi-**  
6 **nancial assistance;**

7       **“(e) During the reporting period, the number of accounts that were:**

8       **“(A) Referred to a debt collector or collection agency during the**  
9 **reporting period; and**

10       **“(B) Transferred for extraordinary collection actions during the**  
11 **reporting period, listed by type of action; and**

12       **“(f) The average, median and total amount of debt, owed to the**  
13 **hospital by patients, that was placed in collections during the report-**  
14 **ing period.**

15       “(3) The authority shall prescribe the form and manner for reporting the  
16 information described in subsection (2) of this section.

17       “(4) A hospital that fails to file a timely report, as prescribed by the au-  
18 thority, may be subject to a civil penalty not to exceed \$500 per day. Civil  
19 penalties shall be imposed as provided in ORS 183.745.

20       **“SECTION 4.** ORS 646A.677 is amended to read:

21       “646A.677. (1) As used in this section:

22       “(a) ‘Debt collector’ has the meaning given that term in ORS 646.639.

23       “(b) ‘Financial assistance’ means the written financial assistance policy  
24 described in ORS 442.610.

25       “(c) ‘Hospital’ has the meaning given that term in ORS 442.612.

26       “(d) ‘Hospital-affiliated clinic’ has the meaning give that term in ORS  
27 442.612.

28       “(e) ‘Medical debt’ means an amount owed by a patient to a hospital or  
29 a nonprofit hospital-affiliated clinic for medically necessary services or sup-  
30 plies.

1 “(f) ‘Medically necessary’ has the meaning given that term in ORS  
2 442.612.

3 “(g) ‘Nonprofit’ has the meaning given that term in ORS 442.612.

4 “(2) A hospital and a nonprofit hospital-affiliated clinic shall post the  
5 hospital’s financial assistance policy in the manner described in ORS 442.610  
6 [(3)(c)] **(3)(d)**.

7 “(3) Upon the request of a patient or an individual who is authorized to  
8 act on behalf of a patient, a hospital or hospital-affiliated clinic shall con-  
9 duct a screening to determine if the patient qualifies for:

10 “(a) Financial assistance under the hospital’s financial assistance policy;  
11 or

12 “(b) The state medical assistance program.

13 “(4) Before transferring an unpaid charge for services to a debt collector  
14 or referring an unpaid charge for collection, a hospital or hospital-affiliated  
15 clinic shall:

16 “(a) Conduct a screening to determine if the patient qualifies for financial  
17 assistance as described in ORS 442.614 (1)(a)(A), if applicable; and

18 “(b) Provide a copy of its financial assistance policy to the patient along  
19 with an application for financial assistance.

20 “(5) A hospital or nonprofit hospital-affiliated clinic may conduct the  
21 screening described in subsections (3) and (4) of this section using commer-  
22 cially available services, software or online tools.

23 “(6) As a condition for providing financial assistance, a hospital may re-  
24 quire a patient to:

25 “(a) Respond to requests from the patient’s primary insurer as necessary  
26 for the insurer to adjudicate a claim for reimbursement of the cost of ser-  
27 vices; and

28 “(b) Provide information concerning any potential third party liability for  
29 the cost of services including but not limited to:

30 “(A) Information about the coordination of benefits between insurers that



1 cover the patient's care;

2 "(B) Accident reports; and

3 "(C) The patient's workers' compensation claims or benefits.

4 "(7) If a patient qualifies for financial assistance under ORS 442.614  
5 (1)(a)(A), a hospital, nonprofit hospital-affiliated clinic or other debt collec-  
6 tor may not charge interest on the patient's medical debt.

7 "(8)(a) Except as provided in paragraph (b) of this subsection, the interest  
8 that a hospital, nonprofit hospital-affiliated clinic or other debt collector  
9 may charge on a medical debt owed by a patient who does not qualify for  
10 financial assistance under ORS 442.614 (1)(a)(A) may not exceed the weekly  
11 average one-year constant maturity Treasury yield, as published by the  
12 Board of Governors of the Federal Reserve System, for the week preceding  
13 the date when the patient was first billed, except that the interest may not  
14 be less than two percent per annum or more than five percent per annum.

15 "(b) Upon entry of a judgment against a patient described in paragraph  
16 (a) of this subsection, a hospital, nonprofit hospital-affiliated clinic or other  
17 debt collector may increase the interest charged on a medical debt up to the  
18 amount specified in ORS 82.010.

19 "(9) A hospital, hospital-affiliated clinic or other debt collector may not  
20 attempt to collect a medical debt from a patient's child or other family  
21 member who is not financially responsible for the debt under ORS chapter  
22 108.

23 "(10) It is an unlawful collection practice under ORS 646.639 for a hospi-  
24 tal, hospital-affiliated clinic or other debt collector to collect or attempt to  
25 collect a medical debt in a manner that the hospital, hospital-affiliated clinic  
26 or other debt collector knows, or after exercising reasonable diligence would  
27 know, is in violation of this section.

28 "**SECTION 5. A hospital is not required to have in place an appeals**  
29 **process described in section 1 (8) of this 2023 Act before January 1,**  
30 **2025.**

1       **“SECTION 6. (1) Section 1 of this 2023 Act and the amendments to**  
2 **ORS 442.610 and 646A.677 by sections 2 and 4 of this 2023 Act become**  
3 **operative on July 1, 2024.**

4       **“(2) The amendments to ORS 442.618 by section 3 of this 2023 Act**  
5 **become operative on January 1, 2025.**

6       **“(3) The Oregon Health Authority shall take any action before the**  
7 **operative dates specified in this section that is necessary to carry out**  
8 **section 1 of this 2023 Act and the amendments to ORS 442.610, 442.618**  
9 **and 646A.677 by sections 2 to 4 of this 2023 Act on and after the oper-**  
10 **ative dates specified in this section.”.**

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