

I OPPOSE [SB 486] AS WRITTEN.

The Text of [SB 486] is below:

<https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB486/Introduced>

The need to assist Hospitals, especially those in rural areas with "per diem payments" from the Oregon Health Authority (OHA) is of great concern.

There are problems with [SB 486].

No, funding amount and or funding source outside of the OHA is identified. It is reasonable to be flexible with the "funding amount" but, over time, it will increase significantly.

How many Hospitals are we talking about?

What is the allocation from OHA's budget and what are the foreseeable future allocations?

Are allocations for the per diem payments main source of finding is the GENERAL FUND?

What is the plan to depopulate Hospitals of patients requiring long-time and or specialized care?

Here is the really hard question, How many indigent patients are homeless, illegal aliens and or indigent? Where do Hospitals place these patients that require long-term and or specialized care?

As written, [SB 486] reveals a nightmarish problems Hospital face. The per diem payments will not cover the actual costs to the Hospitals. Once the word gets out on the street, the per diem payments by OHA will serve as a magnet to increase population densities of Hospitals and the unfortunate practice of "patient dumping" will increase.

The structural construction of the per diem payments requires identification prior to assisting Hospitals. This work should already have been done and in my opinion, is just another indicator as to the grand mal failures of management that so unfortunately characterizes the OHA.

There has been and continues to this day, the need to address funding to hospitals to cover costs of indigent patients and acceptable alternatives to depopulate Hospitals of patients requiring long-term and specialized care. These and other problems Hospitals face need to be addressed. [SB 486] needs much more work.

David S. Wall
Mr. Oregon Concur.

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