

Submitter: Van Anh Nguyen
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2540

I am writing to express my strong support for House Bill 2540. As a family medicine physician practicing in Beaverton, I have seen the challenges that patients encounter within our healthcare system, namely lack of timely access to medical care (despite having health insurance coverage), and affordability of medical care. I believe that HB 2540 is a step forward in improving healthcare accessibility and outcomes for our community.

As a direct primary care (DPC) physician, I am available for my patients whenever they need care, on call for them 24/7. My patients pay me directly, \$85 per month, without billing insurance, for excellent care and unprecedented access to their primary care physician. Due to having timely access to care, my patients have avoided having to visit an urgent care or the ER for primary care issues, thus saving them (and the system) thousands in medical bills, especially in my uninsured patient population. Many of my patients follow up with me at least once per month. This essentially means that each visit with me costs them \$85 or less, compared to the average cost of \$312-\$413 (fairhealthconsumer.org, zipcode 97006, billing code 99214) for a medical visit lasting 30 mins or more, or a visit where we discuss three or more problems. However, all of these direct payments for my medical services do not count towards their deductible.

Recently, one of my patients needed a MRI and was quoted over \$1400, with insurance coverage, at a local imaging center that was in network with their health plan. The same MRI at an out of network imaging center with DPC pricing (cash pay pricing) is approx \$500. If my patient elected to pay the cash price, they could save over \$900, but the \$500 would not count towards the insurance deductible, despite it being a better option financially. Consider that \$900 is almost a month's worth of rent for a person living in Beaverton. It seems like a no-brainer. However, as I have seen in previous cases, patients ultimately choose to use their insurance and pay the higher cost in order to pay towards their deductible, due to fearing that they will be hospitalized or need surgery, depending on the result of that MRI.

As a patient, I needed two imaging studies that were performed in late December 2024. Using my high deductible health plan, the price of the studies after insurance coverage would have been \$598 out of pocket, compared to the cash price of \$503. I elected to pay the cash price, saving \$95 in the process, instead of paying the \$598 towards my deductible which would reset on January 1st.

These are just a few examples of how it can be more affordable for patients to access care out of network and pay out of pocket without sending a claim to insurance, rather than stay in network and pay insurance negotiated rates with a higher deductible plan. In my practice, I frequently encounter patients who face financial barriers to accessing necessary medical services. These barriers lead to delayed diagnoses and treatment, ultimately resulting in more complex health issues that are more difficult and costly to manage.

By supporting House Bill 2540, we can enhance preventive care services, improve chronic disease management, and promote a healthier population overall. House Bill 2540 will give patients the autonomy to pursue more cost effective care options, thus lowering healthcare spending. Thank you for your time and consideration of this matter that will have a positive impact on the health of our community.

Sincerely,

Van Anh Nguyen, DO