



March 27, 2025

Oregon State Legislature
Senate Committee on Health Care
900 Court Street NE
Salem, OR 97301
Submitted electronically via OLIS

RE: SB 1060, Relating to standard charges established by a hospital.

Chair Patterson and Members of the Committee:

The Hospital Association of Oregon is a mission-driven nonprofit association representing Oregon's 61 community hospitals.

The Hospital Association of Oregon opposes SB 1060, which would create additional hospital price transparency requirements with more enforcement provisions. We understand why legislators who support this bill want to address the cost of health care for Oregon patients. We do too. And we welcome meaningful future conversations to achieve that.

SB 1060, however, is not about how to make Oregon's health care system work better for Oregonians, it is a cut and paste bill promoted by a well-funded out-of-state organization, that does not appropriately account for existing requirements or the uniqueness of Oregon's health care policy landscape. The bill would create costly, confusing, and unnecessary requirements for Oregon's resource-constrained hospitals.

The cost for a patient to receive services at a hospital in Oregon—or any other state in the United States—depends on their insurer, their out-of-pocket cost obligations under their insurance plan, how much they have already paid towards those costs, whether they are eligible for financial assistance, and a variety of other factors. This is a confusing and costly system for patients, which the bill does nothing to address.



The same well-funded, out-of-state special interest group—PRA—seeking to advance this bill has successfully advocated for the existing federal price transparency program. Oregon hospitals are already subject to strict federal price transparency requirements that went into effect in January 2021. The American Hospital Association’s testimony explains in detail the substantial efforts that hospitals have undertaken to comply with these requirements. We are proud of Oregon hospitals’ work to establish these programs during the pandemic, and the advancements that have been made to promote compliance.

When this bill was introduced, the advocates were seeking new enforcement mechanisms, explaining that federal enforcement had not been sufficient. This is no longer the case. President Trump recently issued an executive order with plans to accelerate enforcement. We oppose adding new state enforcement during a time when federal enforcement is also ramping up.

If the advocates simply wanted a state enforcement mechanism, they would have drafted the bill differently and they would have referenced the federal rules. However, that is not what they did.

SB 1060 adds new requirements to the existing (and potentially changing) federal requirements. Because of its onerous requirements, SB 1060 will divert scarce health care dollars from patient care to administrative bureaucracy. Consistently around half of Oregon’s hospitals are operating at a loss and struggling to maintain services. This bill forces hospitals to spend more on administration, making fewer resources available for frontline workers and patients.

In addition to creating administrative harm, SB 1060 creates a new right to bring certain lawsuits against hospitals, motivating plaintiffs’ attorneys to bring cases. If a lawsuit is filed, the hospital will need to defend itself, incurring substantial costs even if they ultimately prevail in court. Oregon’s small or rural hospitals should not have to face this risk as they focus on maintaining jobs and access to services in their communities.

SB 1060, as introduced, would give the Oregon Health Authority a substantial role in this program, including the ability to create requirements and apply civil penalties. We appreciate that the -1 amendment to SB 1060 removes the role of the Oregon Health Authority, but the bill still leaves in place an unfunded, onerous, costly program that is not tailored to Oregonians.

We appreciate that the sponsors of this bill are concerned with the cost of health care. Insurers, not hospitals, are best equipped to help patients understand their financial obligations, if they have them. Insurers have access to the information patients need, such as their deductible and co-pay and information about the insurer’s network, to understand their out-of-pocket costs. A patient-centered



solution to the concern about out-of-pocket costs would be to require insurers to fulfill their responsibilities to their health plan members.

The out-of-state special interests promoting this bill do not understand the Oregon health care system and its fragility compared to other states. Rather than seeking to solve problems collaboratively and locally, they are proposing a one size fits all bill that will divert resources from patient care, while failing to help the very people they claim to support. We strongly urge you to reject this legislation.

Sincerely,



Becky Hultberg
President and CEO
Hospital Association of Oregon

About the Hospital Association of Oregon

Founded in 1934, the Hospital Association of Oregon (HAO) is a mission-driven, nonprofit trade association representing Oregon's 61 hospitals. Together, hospitals are the sixth largest private employer statewide, employing more than 70,000 employees. Committed to fostering a stronger, safer, more equitable Oregon where all people have access to the high-quality care they need, the hospital association supports Oregon's hospitals so they can support their communities; educates government officials and the public on the state's health landscape, and works collaboratively with policymakers, community based organizations and the health care community to build consensus on and advance health care policy benefiting the state's four million residents.

