

Submitter: Raymond Hino
On Behalf Of: Southern Coos Hospital
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB1060

I registered to testify online today, but completely understand the reason why online testimony was not available today. I am submitting my testimony in writing instead.

My name is Raymond Hino. I live in the City of Bandon, Oregon and I currently serve as the Chief Executive Officer of the 21-bed Southern Coos Hospital & Health Center, which is also located in Bandon. I am writing in opposition to SB 1060

First, SB 1060 places burdensome regulations that will, in part, divert the attention of our Oregon hospitals, and particularly, our smallest critical access hospitals, like my facility, away from our ability to provide quality patient care for our community, during a time when hospitals in our State are struggling to keep their “heads above water.”

Second, I maintain that SB 1060 is not necessary because Federal Laws, in effect since January 1, 2021, already require that hospitals comply with strict standards for hospital price transparency. And the Centers for Medicare and Medicaid Services actively audit and impose financial penalties for non-compliance.

- The Federal Price Transparency Rule already requires hospitals to comply with requirements for posting of their websites, current hospital charges and contracted rates by payer, and the 300 most common shoppable services.
- That law was created initially by an Executive Order during the first Trump administration, and the pressure on hospitals has not stopped since that initial start date in 2021.
- Beginning on January 1, 2025 (this year), hospitals are required to encode additional new data elements, including “estimated allowed amount,” “drug unit of measurement,” “Drug type of measurement” and “modifiers.”
- And on February 25, 2025, the second Trump administration issued an executive order that directs the Departments of Health and Human Services, Labor and Treasury to improve upon and increase enforcement of the hospital and insurer price transparency requirements in the Hospital Price Transparency and Transparency in Coverage regulations. The Administration directs the departments to “identify opportunities to further empower patients with meaningful price information, potentially including through the expansion of existing price transparency requirements”

Specifically, the White House instructs the departments to “rapidly implement and enforce” the regulations, including by taking actions in the next 90 days to:

- o Ensure that “actual prices” are being disclosed, rather than estimates.
- o Issue additional guidance on standardization of pricing information, with a focus on easy comparability between hospital and insurer data.
- o Increase enforcement.

Many of those that testified in support of SB 1060 stated that the current Federal transparency regulations are not enforced. That has not been the case for my 21-bed critical access hospital.

- On February 10, 2023, my hospital received a notice from CMS by certified mail to inform us that our hospital was being found noncompliant with the transparency regulations. We were given 90 days to correct the deficiency. If we did not comply then a \$300 per day civil penalty would be applied until we were once again in compliance. It took us almost the entire 3 months to work with our vendor that we work with on transparency data to bring our system back up to compliance. We did not incur any Federal penalties.

- However, on March 7, 2024, we received the same notice again. Once again, we were notified that we had 90 days to comply. On June 9, 2024, we were notified that we were once again in compliance.

Our hospital is fully committed to compliance with all State and Federal regulations. I am asking you to please not accept that there is a need to add a second level of State regulations and enforcement for rules that already exist.

Thank you for your time and your public service to the residents of our State.