

February 10, 2026

The Honorable Deb Patterson, Chair
Senate Committee on Health Care

RE: Senate Bill 1570 and -1 amendments

Chair Patterson, Members of the Committee:

Thank you for the opportunity to submit written testimony regarding SB 1570 and the -1 amendment. I am writing on behalf of Salem Health Hospitals and Clinics to express significant concerns with the bill and the proposed amendments.

We are now in the second week of the short legislative session, yet SB 1570 remains under active revision. Although a -2 amendment has been rumored, no language has been made public. This lack of transparency leaves hospitals and other affected stakeholders unable to fully assess financial, operational, and legal impacts. Hospitals need clarity and predictability—particularly when legislation may directly affect patient care, staffing, and compliance obligations.

Hospitals exist to deliver life-saving care to the communities we serve. Any policy that diverts clinical or support staff from that core mission warrants careful scrutiny. As drafted, the -1 amendments would require hospitals to verify credentials, validate judicial warrants, record federal presence, and monitor federal agents onsite. These tasks would necessarily compete with triage, emergency response, and bedside care. During patient surges or staffing constraints, compliance with these provisions could impede hospitals' ability to meet patient needs.

No hospital has legal counsel onsite 24 hours a day. Smaller hospitals may rely on contracted counsel, making real-time legal interpretation even more challenging. Training staff to navigate new high-risk workflows will require considerable financial and operational investment—yet the bill provides no resources and no implementation runway.

The bill also creates significant and new liability. SB 1570 ties hospital licensure to actions taken by federal immigration authorities—factors entirely outside a hospital's control. While the bill attempts to provide a "safe harbor," the standard of "reasonable efforts" is a subjective term, difficult to operationalize in regulation or fast-moving clinical environments, particularly in emergency departments.


Salem Health already has clear, well-developed policies for handling patients in custody and situations involving immigration-related warrants. These policies prioritize timely patient care

while appropriately routing high-risk legal decisions to trained administrators and legal counsel. They take into consideration the effect of surges in need in a way that SB 1570 does not. Most importantly, they are in compliance with the Oregon Department of Justice's interpretation of existing sanctuary state laws.

Last, the state is already confronting significant new expenditures and potential loss of federal funding associated with H.R. 1. Hospitals—who care for all patients regardless of ability to pay—will also be affected by these federal policy shifts. Adding new, unfunded mandates at a time when hospitals urgently need regulatory and statutory flexibility isn't prudent.

Hospitals are best positioned to design policies that protect patients and staff while ensuring uninterrupted access to care. For these reasons, Salem Health respectfully urges the Committee to oppose SB 1570 with the -1 amendment.

Sincerely,


Cheryl Nester Wolfe, RN
President & CEO