

Enrolled
House Bill 3290

Sponsored by Representative GREENLICK; Senator MONNES ANDERSON (at the request of Oregon Association of Hospitals and Health Systems)

CHAPTER

AN ACT

Relating to hospital reporting of community benefits; creating new provisions; and amending ORS 442.445.

Whereas Oregon’s hospitals have demonstrated a continuing commitment to providing sustainable and effective community benefit programs to identify and address unmet health needs in the communities they serve; and

Whereas Oregon’s hospitals provide a wide range of such benefits to their communities in addition to those reflected in the financial data historically reported to the state; and

Whereas it is in the public interest to have hospitals annually document and report to policymakers and the public on the cost of such services; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 and 3 of this 2007 Act are added to and made a part of ORS chapter 442.

SECTION 2. As used in this section and section 3 of this 2007 Act:

(1) “Charity care” means free or discounted health services provided to persons who cannot afford to pay and from whom a hospital has no expectation of payment. “Charity care” does not include bad debt, contractual allowances or discounts for quick payment.

(2) “Community benefit” means a program or activity that provides treatment or promotes health and healing in response to an identified community need. “Community benefit” includes:

- (a) Charity care;
- (b) Losses related to Medicaid, Medicare, State Children’s Health Insurance Program or other publicly funded health care program shortfalls;
- (c) Community health improvement services;
- (d) Research;
- (e) Financial and in-kind contributions to the community; and
- (f) Community building activities affecting health in the community.

SECTION 3. (1) The Administrator of the Office for Oregon Health Policy and Research shall by rule adopt a cost-based community benefit reporting system for hospitals operating in Oregon that is consistent with established national standards for hospital reporting of community benefits.

(2) Within 90 days of filing a Medicare cost report, a hospital must submit a community benefit report to the Office for Oregon Health Policy and Research of the community benefits provided by the hospital, on a form prescribed by the administrator.

(3) The administrator shall produce an annual report of the information provided under subsections (1) and (2) of this section. The report shall be submitted to the Governor, the President of the Senate and the Speaker of the House of Representatives. The report shall be presented to the Legislative Assembly during each regular session and shall be made available to the public.

(4) The administrator may adopt all rules necessary to carry out the provisions of this section.

SECTION 4. ORS 442.445 is amended to read:

442.445. (1) Any health care facility that fails to perform as required in ORS 442.400 to 442.463 and section 3 of this 2007 Act and rules of the Office for Oregon Health Policy and Research may be subject to a civil penalty.

(2) The Administrator of the Office for Oregon Health Policy and Research shall adopt a schedule of penalties not to exceed \$500 per day of violation, determined by the severity of the violation.

(3) Civil penalties under this section shall be imposed as provided in ORS 183.745.

(4) Civil penalties imposed under this section may be remitted or mitigated upon such terms and conditions as the administrator considers proper and consistent with the public health and safety.

(5) Civil penalties incurred under any law of this state are not allowable as costs for the purpose of rate determination or for reimbursement by a third-party payer.

Passed by House April 16, 2007

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Chief Clerk of House

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Speaker of House

Passed by Senate May 15, 2007

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President of Senate

Received by Governor:

.....M.,....., 2007

Approved:

.....M.,....., 2007

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Governor

Filed in Office of Secretary of State:

.....M.,....., 2007

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Secretary of State