



VOTE NO ON HB 2339, A BALANCE BILLING BAN THAT BENEFITS INSURERS AT THE EXPENSE OF EVERYONE ELSE.

HB 2339 is great for insurers, but not for patients and their doctors. **Here's** why:

- While the patient protections are good, access to care may be compromised, especially in rural areas. Forcing out-of-network providers to accept below market rates may mean specialists will stop taking emergency call.
- Medicare is not the right benchmarking standard because it was never intended for this purpose or even to cover provider costs— it exists as a backstop for the disabled and elderly. It also doesn't keep pace with inflation.
- There is no transparency. Insurers develop their formularies for reimbursing ER doctors in private. **There's** no way for emergency physicians to check to see if they're getting paid the same as in-network providers.
- Using artificially low rates for determining out-of-network reimbursement gives insurers enormous leverage at the contracting table.
- Hits emergency physicians the hardest. Emergency physicians in Oregon do most of the indigent medical care and two-thirds of the Medicaid acute care in emergency departments. As such, they have little to no operating margins and cannot significantly discount their commercial rates. This reimbursement scheme would destabilize the emergency department safety net.

Everyone agrees: Protecting patients is the bottom line. But **there's** a better solution.

- Tie reimbursements to a non-profit, non-conflicted, independent database of billed charges, such as FAIR HEALTH.
- Create greater transparency, ensure access to our state's health safety net and fairly reimburse physicians.

Vote NO on HB 2339. Support the better solution to improve patient protections, create greater transparency, ensure access to our state's health safety net and fairly reimburse physicians.

HB 2339 is not the answer!

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