



Adventist Health Portland

March 27, 2019

Oregon State Legislature  
House Committee on Health Care  
900 Court St. NE  
Salem Oregon 97301

**Re: House Bill 3076 – Community Benefit**

Chair Andrea Salinas and Members of the House Health Care Committee:

At Adventist Health Portland our commitment to our community in the form of community benefit is near the top of our mission, because we believe that by reaching outside our walls to help improve the health of our community, we further contribute to the wellness and well-being of our patients and their families. For that reason, we oppose the inflexible and prescriptive changes to community benefit as envisioned in HB 3076 and urge you to oppose it as well.

In 2017, we contributed some \$27 million via community benefit programs. This amount includes Charity Care and Medicaid short fall dollars. These are quantifiable community benefits since they are means tested problems that benefit the most at-risk populations. But the real impact is more than dollar figures, it's in the improvements in health that we drive with that funding. Our community benefit activities are centered on programs and funding that respond to the unique needs of the populations that we serve. We conduct community health needs assessments every three years in which we spend a great deal of time identifying health disparities in our community alongside partner organizations and governmental actors. We then develop action plans and funding strategies to address the identified needs.

Behavioral Health is one of most highly identifiable community need as determined by our last CHNA. In 2018 Adventist Health contributed \$4.6 million to the Unity Center for Behavioral Health.

One of our most fruitful community partnerships is with Project Access Now which works with members of the community to gain access to healthcare that they could not afford otherwise.

Our community has seen improvements health care coverage since the full implementation of the Affordable Care Act. As a result, the need for charity care has fallen. That's something we applaud, as it means people are accessing the coverage they need at the time that it's needed. While charity care has begun to creep up again, we believe that imposing high thresholds for charity care would lead to unintended consequences.

I have seventeen years' experience in hospital community benefit here in Oregon. House Bill 3076 as written will create unnecessary hard ship and expense to Oregon Hospitals. While there are points I agree should be addressed there are many others that are either already covered by Federal regulations or create additional workload and expense to administer.



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In short, community benefit is a transparent program that is working well in our community. We object to prescriptive policy that could engender changes which do not serve our unique community needs. We urge you to oppose HB 3076 and instead allow hospitals to engage in a collaborative policy process which centers on driving health outcomes.

Thank you for your service and please reach out with any questions about our programs.

Sincerely,

Peter H. Morgan  
Compliance Officer  
Portland Adventist Medical Center