



## **Testimony in Testimony on House Bill 3076**

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House Committee on Health Care

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Good afternoon Chair Salinas, Vice Chairs Nosse and Hayden, and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association (ONA). We represent 15,000 registered nurses throughout the state and the Nurse Practitioners of Oregon. The ONA commends the sponsor for the thoughtful and deliberative process that produced HB 3076. We are appreciative that we were able learn and share our perspective, albeit late in the process, with the other interested stakeholders.

The ONA believes that meaningful financial assistance programs are the backbone of community benefits; that patient's rights and billing transparency are a widely recognized best practice, and that thoughtful and forward-thinking assessments, that include the perspectives of the service community, will enable hospitals to better understand patient motivations, barriers, and opportunities, resulting in contribution plans that are responsive to actual, not perceived, community need.

This afternoon, we'd like to briefly speak on the intersectionality of community benefits, nursing and the provider education contributions. Nurses, throughout the state, proudly provide a disproportionate amount of healthcare services, in and out of traditional facilities. We are, in many instances, the translators of community need and values. As care providers, case managers, and patient advocates, nurses witness the negative impact economic instability and insufficient community resources have on health outcomes.

Central to the provision of health care, and hospital services, are the professionals, allied health workers and support staff. The Oregon Association of Hospitals and Health Systems recently reported \$216 million in professional education spending in 2017; this stands in stark contrast to \$2.32 billion in total community benefits spending that year. It is well documented that investments in professional education yields an exponential return on investment, improves outcomes, and, as a result, decreases liability. It is also important to remember that tax-exempt status reduces revenue that the State would, otherwise, collect to address many of the qualifying offsets, in furtherance of its public health responsibility. We believe that professional education contributions should more adequately align with goals to maintain a highly-qualified and responsive workforce.

The original expectation of community benefits as a charity care offset has evolved alongside the understanding that healthy communities require strategic planning, resources and partnerships. The ONA generally supports the transparency and accountability improvements in HB 3076 and believes that an increase in professional education spending will benefit everyone; patients, communities, hospitals and the State.