

March 6, 2025

RE: Senate Committee on Health Care Hearing on SB 539

Dear Chair Patterson and Members of the Committee,

Thank you for the opportunity to provide testimony in **support of SB 539**. My name is Dr. Van Anh Nguyen, and I am a family medicine physician practicing in Beaverton. Every day, I witness firsthand how the rising cost of care forces my patients to make impossible choices—choosing between their health and their financial stability.

Facility fees are a significant driver of these financial burdens. Across our state, patients are receiving unexpectedly high bills for routine visits that should be affordable. Many assume their insurance will cover a standard consultation or procedure, only to later find out they owe hundreds of dollars in unexpected facility fees—fees that do not [reflect](#) an increase in the quality or complexity of their care. These charges disproportionately [harm](#) patients with chronic conditions, who require frequent visits and ongoing treatment, making it even harder for them to stay healthy.

One of my patients needs a diagnostic colonoscopy and has a high deductible plan. After calling around to several hospital systems and independently owned practices, I discovered that the estimated charges were outrageously higher at the practices that were owned by a hospital system, ranging from \$10,000 for a diagnostic colonoscopy (not including the fees for pathology if a polyp is removed) at Hospital Owned Practice A, to \$3,500 at Hospital Owned Practice B. At Independently Owned Practice A, the quote was \$2,100. The best quote I obtained was at Independently Owned Practice B for \$900 (including pathology fees). Prior to the colonoscopy, patients must have an initial outpatient consultation with the gastroenterologist. Estimated consultation costs at the hospital owned practices were similarly more expensive than that of the independent owned practices. Both hospital billing departments were not able to provide me with a cost breakdown for their quotes and it is unclear whether the facility fees were included or not.

As it currently stands, my patient decided not to pursue a diagnostic colonoscopy at this time, despite my urging, because even \$900 was too much for his budget as a father of three young children. Consider that the rate of colorectal cancer in young people is on the rise. Colorectal cancer is [now the leading cause of cancer death](#) in men younger than 50 years old. Patients delaying necessary care due to financial constraints occurs far too often. My heart goes out to patients who are stuck in this dilemma. I must inform them of the risks of delaying care while simultaneously feeling powerless to affect change in the system.

Oregon must act to protect patients from these hidden costs. When people avoid seeking care because of surprise medical bills, their conditions worsen, leading to higher costs for our health care system in the long run. [More than 80%](#) of Oregonians worry about affording health care in the future, and [nearly half](#) say they would struggle to pay a \$1,500 bill. We cannot allow hospital corporations to continue profiting at the expense of patients' well-being.

I strongly **urge you to pass SB 539** and bring transparency and fairness to hospital billing practices. Oregonians deserve better. Thank you for your time and consideration.

Sincerely,
Van Anh Nguyen, DO
Beaverton