

RE: Senate Committee on Health Care Hearing on SB 539

Dear Chair Patterson and Members of the Committee,

My name is Dr. Rishi Rattan, and I am a trauma surgeon in Portland, Oregon. I am writing to you today to voice my **strong support for SB 539** because I have seen the devastating impact of facility fees on my patients.

Too often, my patients delay or avoid seeking medical care due to cost concerns. Most people think that all emergencies are covered regardless of ability to pay. While that is true when they initially show up to the Emergency Department, I see people severely injured enough to require follow-up in my clinic after their hospital stay. When they don't follow-up, there can be lifelong, debilitating consequences. Many assume that scheduling a routine appointment will result in predictable expenses, only to receive an unexpected bill for a facility fee—sometimes adding hundreds of dollars to their out-of-pocket costs. Others fear unpredictable expenses and forgo the care altogether despite its necessity to restore a pain-free, functional life or prevent a more serious complication down the road. In other words, these hidden charges can be the deciding factor between [seeking care and going without](#).

At the end of last year, I had a patient moderately injured in a motorcycle collision. He was a young construction worker, supporting our local businesses and economy, with many years ahead in his career. During his clinic follow-up, I recommended urgent surgery for an injury that only had mild symptoms now, but was sure to develop job- and life-limiting ones within a few years. When he missed his surgery date, we called him and learned that he was afraid of the unexpected costs of his care and decided to “chance it” and “power through.” We spent a lot of time on the phone with him over several weeks trying to help him know and minimize the costs ahead of time, but in the end, he couldn't risk an unknown hit to his income now. I fear that, now unbeknownst to us, his construction career and contribution to the local economy may be cut short when he is no longer able to do physical work.

Less than two months ago, we were following up with a patient who needed to return to clinic for surgery after they were seen in the Emergency Department. While the condition was not urgent enough to require hospitalization, if not fixed within the next several months, it was at significantly increased risk of causing problems limiting ability to work and increasing the risk of multiple emergency visits and hospitalizations. Here, there was a similar concern about the cost of non-emergency care, which is why the patient had not scheduled a clinic visit or surgery.

Both patients eventually stopped answering our calls and it is incredibly distressing to think both could be experiencing disabling complications that could have been prevented if we could offer affordable outpatient care to them. Alternatively, rather than obtaining planned day surgeries, they could end up in an emergency situation stressing already-overburdened healthcare systems and resources and more significantly disrupting their ability to work or care for dependents due to having a longer, more serious recovery.

Facility fees do not [reflect](#) an increase in the quality or complexity of care provided. Instead, they serve as an additional cost imposed on patients simply because a physician's office or clinic is bought by a hospital system. Patients are rarely informed about these fees in advance, leaving them blindsided when the bill arrives. The lack of transparency and regulation allows hospital systems to charge facility fees at unpredictable rates, putting Oregon families at risk of medical debt.

The impact is significant. [More than 80%](#) of Oregonians worry about being able to afford health care in the future, and [nearly half](#) say they would struggle to pay a \$1,500 medical bill. It is no surprise that three in four [voters support](#) legislative action to ban hospitals and clinics from charging these hidden facility fees. Oregonians are demanding change, and it is time to ensure that cost is not a barrier to essential medical care.

SB 539 is a commonsense measure to ensure fairness and transparency in medical billing. By protecting patients from hidden facility fees, this legislation will help restore trust in our health care system and ensure that cost is not a barrier to essential medical care. I urge you to support SB 539 and put Oregon patients first.

Sincerely,

Rishi Rattan, MD FACS
Portland, OR