

SB 539 threatens access to care

SB 539 will further destabilize Oregon's fragile health care system at a time when we can least afford it, reducing patients' access to care.

More than half of Oregon's hospitals are operating at a loss, forcing them to cut services and staff just to stay afloat. Many are seeking partners because they are no longer financially viable.

Health care funding is complex, and facility fees are one piece of that system. What is clear, however, is that if Oregon passes SB 539 and eliminates this source of payment, hospitals will face greater financial strain, leading to service reductions.

Hospital-based facilities

play a unique and critical role in Oregon's health care landscape

Hospital-based facilities are not the same as independent physician offices and other ambulatory sites of care. Hospital-based facilities often see sicker or more complex patients than other care settings.

Unlike other types of outpatient providers, they:



Are held to the same rigorous licensing requirements and standards as hospitals



Serve patients with complex needs



Manage emergency transfers within their health system, offering seamless care



Can be activated during public health emergencies and disasters



SB 539 <u>eliminates essential funding</u> that supports the sustainability of hospitals

Facility fees help hospitals cover the cost of services communities rely on, like 24-7 emergency care. They also help offset the costs of rigorous state and federal regulatory requirements.

→ SB 539 penalizes hospital-based facilities by removing this critical funding stream for all facilities that are not located within 250 yards of a hospital. This will cause financial strain—potentially resulting in the closure or reduction of services—and incentivize consolidation of services, making it difficult for patients in rural or underserved areas to access care.



And it creates new layers of administrative burden for facilities, further diverting scarce resources away from patient care

SB 539 creates new onerous reporting obligations that will require considerable time and expense to implement.

In a time of federal uncertainty and constrained resources, it is more important than ever that we put resources into patient care, not paperwork. Facilities found out of compliance with any aspect of this complex, onerous process would be subject to significant enforcement actions—further jeopardizing their financial stability.

Vote no on SB 539 to protect access to care!