

Submitter: Marianne Parshley  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: SB539

Dear committee members,

Speaking as an individual, a primary care internal medicine physician of nearly 40 years in NE Portland, I urge you to seriously consider passing this bill on to the Senate. While I could wish it went further than it does to bring site neutrality to bills across the healthcare system and thereby reduce the cost of services and of healthcare, it is an important first step in that direction.

Site neutrality is important because hospitals and hospital systems add on unwarranted 'facility fees' which are often not understood by patients or are hidden until the bill arrives.

My patients who live in lower resourced areas, are older and live with chronic illness have been reporting surprising differences in costs of the same procedures depending on the location of care. When they discover the cost, they often decline the service because it is too expensive.

Often patients who are directed to hospital based locations for diagnostic imaging because of scheduling, instead of outpatient facilities, will find out when they received a bill that they have a far higher copay than anticipated or that they had for the same procedure previously at an outpatient site that is not owned by a large system.

My patients cannot afford this, which in turn results in lack of access to services which might help diagnose and treat their existing or future conditions.

Patients are also often required to sign acknowledgements of "facility fees" associated with diagnostic or other procedures which this bill calls for, even at physical or occupational therapy clinics depending on whether the location is associated with a hospital or hospital system, or independent. They simply do not understand what they are signing (yes I have asked them). I personally was asked to sign such an acknowledgement at a system owned physical therapy site, and when I asked the staff why I was going to be charged a facility fee at this site a couple miles from the nearest hospital, the staff were confused and could not answer the questions.

There are multiple papers written recently about this as a way to reduce healthcare costs in this country. Here are links to a few:

<https://www.healthaffairs.org/content/forefront/promise-and-pitfalls-site-neutral-payments-medicare>

<https://www.kff.org/medicare/issue-brief/five-things-to-know-about-medicare-site->

neutral-payment-reforms/

<https://paragoninstitute.org/medicare/reducing-overpayments-in-medicare-through-site-neutral-reforms/>

And, as of 2023, fourteen other states have passed laws

<https://www.beckershospitalreview.com/finance/14-recent-state-legislative-actions-supporting-site-neutral-payments.html>

I am happy to get you more information on this should you need it.

Thanks for considering this important bill as a first step to reigning in the significant differential in costs for patients, one that limits access to healthcare and simultaneously increase the cost of care.

Marianne Parshley, MD FACP

PS: I notice that the only written testimony against this bill comes from the Hospital Association of Oregon.