



Testimony before the
House Committee on Health Care
February 5, 2026

Thank you for this opportunity to speak on HB 4040, Section 1.

I am Jane Leo, Government Relations Director Oregon, with the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society advocating for evidence-based public policies to reduce the cancer burden for everyone.

ACS CAN recognizes the impact of medical debt on people with cancer, caregivers and their families and advocates for policies that prevent the occurrence of medical debt. As such, we oppose the change to the thresholds for Oregon's hospital financial assistance programs as proposed in HB 4040.

In 2026, an estimated 27,970 residents of Oregonⁱ are expected to be diagnosed with cancer. Unfortunately, people with cancer often bear significant health care costs because they can have substantial health care needs, are high utilizers of health care services, use many different providers, and sometimes require more expensive treatments. As a result, patients with cancer often also experience the devastating financial consequences of medical debt. A recent study found that cancer patients were 71% more likely than Americans without the disease to have bills in collections, face tax liens and mortgage foreclosure and were 2½ times more likely to declare bankruptcy.ⁱⁱ

In March 2024, an ACS CAN survey of cancer patients and survivors found that of the cancer patients and survivors in the surveyⁱⁱⁱ, more than half have incurred debt in order to pay for their cancer care or expect to incur debt as they continue treatment (47% and 13%, respectively).

We are deeply concerned that raising the hospital financial assistance programs' threshold, as proposed in Section 1 of HB 4040, will be detrimental to cancer patients seeking and receiving care. Oregon has been among the leaders in efforts to prevent patients from accumulating medical debt and we encourage the state to not reverse course by implementing this change.

Broad evidence shows that medical debt impacts health outcomes. People with medical debt are more likely to delay or forgo care due to cost, which is associated with increased mortality risk among cancer survivors.^{iv} Further, medical debt is associated with more days of poor physical and mental health, more years of life lost, and higher mortality rates.^v

Addressing the issue of medical debt in Oregon is critical to accomplishing ACS CAN's mission to reduce the cancer burden for everyone. To further make health care affordable, we must work to prevent Oregonians from incurring medical debt as a result of necessary treatment. We urge the committee to reject the change to the thresholds for Oregon's hospital financial assistance program as proposed in HB 4040, Section 1.

This change would move Oregon in the wrong direction – further from a reality where patients can focus on surviving and managing their disease without the unnecessary burden of medical debt.

Thank you for consideration of these comments.

ⁱ American Cancer Society. Cancer Facts & Figures 2026. Atlanta: American Cancer Society; 2026.

ⁱⁱ Shankaran V, Li L, Fedorenko C, Sanchez H, Du Y, Khor S, Kreizenbeck K, Ramsey S. Risk of Adverse Financial Events in Patients With Cancer: Evidence From a Novel Linkage Between Cancer Registry and Credit Records, 2022. *Journal of Clinical Oncology* 40:8, 884-891

ⁱⁱⁱ Survivor Views: Majority of Cancer Patients & Survivors Have or Expect to Have Medical Debt. ACS CAN. May 2024. <https://www.fightcancer.org/policy-resources/survivor-views-majority-cancer-patients-survivors-have-or-expect-have-medical-debt>

^{iv} Yabroff KR, Han X, Song W, Zhao J, Nogueira L, Pollack CE, Jemal A, Zheng Z. Association of Medical Financial Hardship and Mortality Among Cancer Survivors in the United States. *J Natl Cancer Inst.* 2022 Jun 13;114(6):863-870.

^v Han X, Hu X, Zheng Z, Shi KS, Yabroff KR. Associations of Medical Debt With Health Status, Premature Death, and Mortality in the US. *JAMA Netw Open.* 2024;7(3):e2354766. doi:10.1001/jamanetworkopen.2023.54766