



**Oregon Chapter
American College of
Emergency Physicians**

February 6, 2026

To: Sen. Khanh Pham, Co-Chair
Sen. Nancy Nathanson, Co-Chair
Members of the Joint Committee on Information Management and Technology

From: Opher Nadler MD, FACEP
Board Member, OR-ACEP

RE: HB 4054 Transparency around the use of AI to downcode provider claims

Sen. Pham, Rep. Nathanson and members of the committee, my name is Dr. Opher Nadler, I am Board Certified in Pediatric Emergency Medicine, and I am here on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

OR-ACEP supports HB 4054, which requires transparency when artificial intelligence is used to reduce payment for emergency care and ensures a clear and fair process for physicians to appeal those decisions.

When a patient comes to the emergency department, physicians must make decisions based on how serious the symptoms could be, not on the final diagnosis. A patient with chest pain must be treated as someone who could be having a heart attack, because delay could be life threatening.

Insurance companies are prevented from reducing payments simply because the final diagnosis turns out to be less serious. Yet insurers are increasingly using automated systems to pay less for emergency care after it has already been delivered, based on hindsight rather than medical risk. This takes advantage of emergency physicians' legal and ethical duty to treat every patient and undermines long standing protections that allow patients to seek emergency care when symptoms could reasonably place them in serious jeopardy. Artificial intelligence should not be reevaluating emergency care after the fact without transparency or accountability.

In our practice, payment reductions now affect about ten percent of the bills we submit. We have seen patients admitted for stroke symptoms, vomiting blood, and severe breathing problems all paid at a lower level, without notice. The money withheld and the growing administrative burden of appealing these decisions could instead be used to hire more physicians, reduce wait times, and allow doctors to spend more time with patients.

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Chapter Executive- Michele Byers

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Government Rel. Director- Katy King

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Payments for emergency care in our group have declined by about thirty-five dollars per visit on average over the past fifteen years when adjusted for inflation. This erosion threatens the emergency department safety net and the viability of independent emergency physician practices.

OR-ACEP supports provisions in this legislation that clarify it applies to emergency medicine evaluation services. Passage of this bill will help ensure physicians can focus on saving lives, not navigating opaque payment systems, and will help emergency departments maintain the resources needed to provide high quality care for Oregon communities.

Thank you for your consideration.

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