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Feb. 5, 2026

House Committee on Health Care
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Re: HB 4040 – presumptive eligibility for hospital financial assistance

Dear Chair Nosse, Vice-Chair Diehl, members of the committee,

On behalf of Providence, thank you for the opportunity to comment on HB 4040, specifically section 1 which addresses presumptive eligibility screening for hospital financial assistance. Over the interim, Providence worked closely with patient advocates and union partners to carefully craft this language. We hope you will join us in support.

For more than 170 years our values at Providence call us to stand in solidarity with the most vulnerable and to respect the inherent dignity of every individual. Financial assistance is integral to our Mission as a not-for-profit Catholic health care organization and is one of the many ways Providence demonstrates our commitment to serving Oregon families. In 2024, our Oregon community investments totaled nearly \$368 million. These investments include more than \$73 million in free and reduced cost care (financial assistance).

HB 4040 makes a targeted and necessary correction to Oregon's presumptive eligibility statute by raising the screening attachment point. This adjustment will reduce error rates associated with an imperfect screening tool, alleviate unnecessary administrative burden, and preserve access to financial assistance for all patients who qualify today.

Importantly, the following will remain unchanged under HB 4040:

Oregon hospitals' community benefit obligations will remain intact.

An immense amount of reporting and transparency is currently required of hospitals. Every not-for-profit hospital is required to complete a Community Health Improvement Plan (CHIP) and Community Health Needs Assessment (CHNA) every three years. The assessment must take into account: input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health; and be made widely available to the public.

Patients will continue to have access to some of the most generous financial assistance policies in the nation.

With one of the most generous policies in the state, Providence allows eligible patients to access financial assistance on a sliding fee scale basis, with discounts ranging from 75 to 100 percent based on ability to pay. Our policies and applications are available on our website in plain language and translated into more than 20 different languages. Financial counselors are also available by phone, and in-person, for patients to talk to if they are having trouble paying for all or some of their care. All patients may apply for financial assistance regardless of the amount owed, and any patient eligible today will remain eligible under HB 4040.


Providence's commitment to our patients and their financial well-being is unwavering.

Presumptive screening tools, such as Experian and Waystar, are an imperfect mechanism for determining a patient's eligibility for hospital financial assistance based on Federal Poverty Level thresholds, as required under HB 3320 (2023). These tools were not designed for this purpose, but they were the best option available at the time and were implemented with the shared hope that they would function as intended. Experience over the past two years has shown, however, that without information provided directly by patients about household size and income, hospitals cannot accurately assess eligibility. As a result, the presumptive eligibility process has produced significant inaccuracies, including the unintended provision of free or reduced-cost care to individuals whose incomes exceed eligibility thresholds. Financial assistance programs are intended to support those with the greatest financial need, while continuing to ensure access for all patients who qualify.

HB 4040 seeks to protect the integrity of access to financial assistance while addressing unintended consequences of the presumptive eligibility law. HB 4040 will preserve the ability for all patients to apply for and receive financial assistance, and it will keep presumptive eligibility the same for those who are uninsured or enrolled in Medicaid.

Providence urges you to join us in support of the targeted adjustment in Section 1 to focus presumptive eligibility screening on patients when they owe more than \$1,500 for a single hospital encounter.

Sincerely,



Jennifer Burrows, BN, BSc, MBA
Chief Executive
Providence Oregon