

SB 817 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Meeting Dates: 2/28

WHAT THE MEASURE DOES:

Creates two new statutorily defined terms related to emergency medical care: life-threatening and non-life-threatening emergency conditions. Authorizes a physician to treat a person with a life-threatening medical condition in an Oregon hospital. Authorizes a physician to treat a person for a non-life-threatening emergency condition in a health care facility other than a hospital. Declares emergency, effective upon passage.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

As national health care costs increase, policymakers, public health experts, patients, and the health care industry have focused on the connection between access to ambulatory care and preventable visits and admissions to hospitals. A critical issue is when individuals substitute primary care services for more expensive emergency department (ED) services, often referred to as inappropriate ED use. This issue occurs when a person visits an ED for a condition treatable in a more appropriate outpatient setting such as a clinic or primary care office. A 2010 national study estimated between 13-27 percent of all ED visits were for conditions that could have been treated in a primary care setting, saving potentially \$4.4 billion annually.

In Oregon, according to 2015 report by the Quality Corporation, the state's percentage of avoidable ED visits for all payer types increased for the second year in a row (2012-2014), except Medicaid, which experienced a notable decline in avoidable ED use. During the same period, overall, ED utilization has remained relatively flat, from 368 visits per 1,000 to 373 visits per 1,000.

Senate Bill 817 allows physicians to treat certain emergency medical conditions outside of a hospital setting.