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February 28, 2017

The Honorable Monnes Anderson
Chair, Senate Committee on Health Care
State Capitol
Salem, Oregon 97301

RE: Senate Bill 817 – Defining emergency conditions

Dear Senator Monnes Anderson and members of the committee:

In a world of complex health care choices, Providence Health & Services believes that we need to be doing everything we can to ensure public and patient safety. To this end, we worked with the Oregon Health Authority and a range of health care stakeholders over the interim to adopt rules that would limit confusion about which facilities have the capacity to deliver emergency services. Senate Bill 817 seems to be an unnecessary attempt to circumvent these rules.

Hospital emergency departments must meet high regulatory standards and be prepared to serve the most complex medical conditions in a moment's notice – a critical service to the community that should not be confused with services provided in an urgent care clinic. As an integrated health system, Providence Health & Services is absolutely committed to reducing the cost of care, and ensuring emergency services are appropriately delivered. We operate emergency rooms as well as immediate care and walk-in clinics in communities across the state, and understand how important it is that our patients get the right care, in the right place, the first time.

Creating new definitions in statute, differentiating between a "life-threatening emergency condition" and a "non-life-threatening emergency condition" serves the interest of providers aiming to increase the number of high acuity patients served in immediate care settings, it does nothing to improve care and could lead to confusion among patients. As proposed, SB 817 also raises concerns about patient access. Emergency departments, as required by federal law, are a safety net for the community – no one gets turned away at the door for ability to pay. Private urgent care clinics that represent themselves as a provider of non-life-threatening emergency services would not be held to that same standard and are not required to see patients on Medicare, Medicaid and those without insurance.

SB 817 would assume the public understands the new statutory definitions of emergency conditions, is able to appropriately identify their condition and triage themselves, and knows which provider accepts their insurance because they can be denied services for inability to pay if it's a "non-life threatening emergency condition". While our own experience with both immediate care clinics and emergency departments shows that patient education can reduce the cost of care and improve utilization, it doesn't have to come at the cost of risking care for patients with critical conditions or injuries.

We encourage the committee to join us in opposition to SB 817; thank you for the opportunity to provide our comments.

Sincerely,



Theron Park
Chief executive, Oregon delivery system
Providence Health & Services