



## MEMORANDUM

To: Senator Monnes Anderson, Chair, Senate Committee on Health  
Senator Kruse, Vice Chair, Senate Committee on Health  
Members of the Senate Committee on Health

From: Courtni Dresser, OMA Government Relations

Date: February 28, 2017

Re: Opposition to SB 817

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SB 817 would add two new definitions to ORS 677, the medical practices act, that effectively create two different types of emergency medical conditions: emergency and non-life threatening emergency. Emergencies would be treated in a hospital while non-life threatening emergencies could be treated anywhere.

Oregon is experiencing a need for access to quality cost-effective primary care and urgent care services that can and should be provided outside of the emergency department setting. Urgent and immediate care clinics, which are owned or staffed by many of our members play a vital role in enhancing a patient's access to appropriate care.

Recent OHA rules, promulgated in September 2016, clearly defined the term "emergency department" and exempted "urgent" and "immediate" as derivatives of "emergency" in order to make it clear that existing urgent and immediate care clinics are not at risk of inadvertently violating the rule. With respect to the use of the term "emergency department" and other derivatives, OMA shared the public health concern of OHA that patients might overestimate the level of services available in a patient care setting that is calling itself an emergency department but is not fully equipped to treat or stabilize all patients that present to the clinic with a life-threatening condition. SB 817 is an attempt to circumvent these rules, by again, attempting to create alternate definitions of "emergency" and "life-threatening".

It should also be noted that Oregon's healthcare transformation efforts have successfully reduced avoidable emergency department visits by 39 percent since 2011 and enrollment in patient centered primary care homes has increased by 69 percent (Medicaid Section 1115 Waiver Renewal Application, August 2016). Oregon's efforts are working- patients are getting care in the appropriate setting, whether that is their primary care office (for routine medical care), an urgent/immediate care or the emergency room. Patients already understand and/or are being educated on how to access care at the appropriate facility, when it's needed.

Given that patients can, and do, access care at appropriate facilities and already understand the difference between urgent and emergency facilities, the OMA urges the committee's opposition to this bill.

**The Oregon Medical Association serves and supports over 8,200 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at [www.theOMA.org](http://www.theOMA.org).**