

## **HB2664 / “Extended Stay” Background:** Meeting the Changing Needs of Health Care Today

This is the third year of discussions on this concept in the Legislature. A version of this bill was first heard in February of 2015 by the Committee. A new version was introduced and heard again in the 2016 Session, and the Chair asked Rep. Nosse to convene a work group with the parties which had expressed interest in the bill. That included almost a dozen groups.

Over the past 9 months, numerous recommendations were made to change the Extended Stay legislative concept. ***In almost every case, these suggestions were incorporated (9 of 11).*** For instance:

***Length of stay:*** The Hospital Association suggested that the cap on hours be reduced from 96 hours total to 48 hours total **ACCEPTED.**

***Limit on the Total Number of Licenses Granted During Pilot Project to 16.*** The Hospital Association suggested that the number of licenses should be limited. **ACCEPTED.**

***Ownership (8/5/3):*** Hospitals asked that a specific number of the new licenses be set aside for “joint ventures” between health systems and ASCs. 8 of the 16 are now set aside for this joint model, 5 are to be piloted independently, and 3 more could be granted to either model **ACCEPTED.**

***Life/Safety Standards for Extended Stay Centers:*** Hospitals asked that standards relevant to overnight stays at hospitals be applied to Extended Stay Centers. **ACCEPTED.**

***No “Fly By Night” Operators:*** The Hospital Association suggested that any applicant should have a safe in state operating record. The bill requires 2 years of in state operating practices. **ACCEPTED.**

***Emergency Transfer Agreements:*** Some hospitals wanted mandatory emergency transfer provisions in case a patient had to be transported to a hospital (a very infrequent occurrence). Other hospitals want to instead require the OHA to require similar standards but not a mandatory agreement. A middle ground was **INCORPORATED.**

***Emergency Transfer Agreements with a LOCAL hospital.*** The underlying bill requires that the agreement should be with a local hospital, but proponents agreed to add a 15 mile limit, for patient safety issues. **ACCEPTED.**

***Medicare Notifications:*** Medicare does not currently pay for extended stay. Although this is likely to change, seniors advocates wanted clear notification provisions to make sure patients are aware of the current reimbursement policies. **ACCEPTED.**

***Reporting Requirements:*** Numerous parties wanted data collected on outcomes, patient experience, cost, safety, etc. **ACCEPTED.** Data will be collected annually with a follow up report due to the legislature at the end of the 5 year pilot.

***OHA Requests:*** The Oregon Health Authority had a number of specific suggestions on process/definitions. **ACCEPTED.**

**HB2664 is a limited, reasonable and carefully drafted compromise that will allow Oregon to move ahead with health reform, improve patient outcomes, and reduce health care costs.**

