



National Association of EMS Physicians®  
Oregon Chapter

February 15, 2017

The Honorable Laurie Monnes-Anderson, Chair  
Senate Committee on Health Care  
Oregon State Capitol  
900 Court Street NE  
Salem, OR 97301

Dear Senator Monnes-Anderson and Members of the Committee:

Thank you for the opportunity to present this statement for the record to the Senate Committee on Health Care. We write this letter in support of SB52 on behalf of the Oregon Chapter of the National Association of EMS Physicians®. NAEMSP® is an organization of physicians and other professionals partnering to provide leadership and foster excellence in the subspecialty of EMS (Emergency Medical Services) medicine.

SB 52 requires ambulance and EMS providers to report patient encounter data to an electronic medical records system managed by the Oregon Health Authority. Additionally, SB52 places in statute the requirement that patient outcome data on patients entered into the Oregon Trauma Registry be returned to the ambulance service or EMS provider involved in that patient's care. Furthermore, it provides guidance on how the data may be used.

As EMS Medical Directors, we are focused on the health of our community. In addition to having direct input into the patient care provided by our EMS providers, we are involved in such activities as trauma prevention, narcotic overdose treatment and surviving cardiac arrest. It is imperative that we develop medical protocols and policies that are based on data. This data includes recent research AND local information on patient care and outcomes. Finally, creating a statewide database and allowing for hospital outcomes to be returned to the EMS agency will only serve to improve our decision-making. For years, statewide EMS policy has been made in a vacuum and without the necessary data to help determine what is best for Oregonians and their emergency healthcare needs.

We understand that there are some concerns about both the Authority's previous history in developing a database as well as difficulties in providing electronic records for smaller EMS agencies. The current EMS Field Bridge allows an EMS agency free access to an electronic patient care report (ePCR) system that would facilitate this data collection. Additionally, creating a statutory reporting requirement gives our EMS agencies the ability to demand that their ePCR meet all state requirements and expect quality service from their ePCR vendor.

We strongly support SB 52. Please do not hesitate to contact us with further questions.

Sincerely,

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