## Senate Bill 817

Sponsored by COMMITTEE ON HEALTH CARE (at the request of Leonard Bergstein)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Limits scope of physician practice with respect to providing treatment for life-threatening emergency conditions.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

2 Relating to emergency medical care; creating new provisions; amending ORS 441.094; and declaring

an emergency.

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4 Whereas the current health care delivery system is dysfunctional and needs further reform; and

5 Whereas inflation in the costs of health care continues to consume public and private resources 6 at an alarming, accelerating rate, impacting individual Oregonians, businesses, the State of Oregon

7 and its taxpayers; and

8 Whereas an important public policy goal of Oregon is to optimize reliable consumer access to

9 high quality care while reducing costs to those who purchase care: individuals, employers and gov-10 ernments; and

11 Whereas nowhere is this more apparent than in the need to address current wasteful spending 12 in the treatment of medical emergencies; and

Whereas evidence-based national policy research has clearly concluded that excess utilization of costly hospital emergency department services is a significant, root cause of the dysfunction of our health care system, high health care costs and poor health outcomes; and

16 Whereas visits to the hospital emergency department should be limited to life-threatening med-17 ical emergencies; and

18 Whereas legislative leadership is needed to provide a better allocation of scarce resources to 19 eliminate waste and to encourage a modernization of the delivery of frontline health care services 20 by engaging and treating consumers at the most accessible, lowest risk and least costly point of 21 care; now, therefore,

22 Be It Enacted by the People of the State of Oregon:

23 <u>SECTION 1.</u> Section 2 of this 2017 Act is added to and made a part of ORS chapter 677.

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<u>SECTION 2.</u> (1) As used in this section: (a) "Life-threatening emergency condition" means a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson

27 possessing an average knowledge of health and medicine would reasonably expect that failure

28 to receive immediate medical attention would:

(A) Place the health of a person, or an unborn child in the case of a pregnant woman, in
 serious jeopardy;

31 (B) Result in serious impairment to bodily functions; or

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1 (C) Result in serious dysfunction of any bodily organ or part.

2 (b) "Non-life-threatening emergency condition" means a medical condition requiring im-3 mediate medical attention, but that is not of such severity that failure to provide treatment 4 in a hospital setting will pose the risks described in paragraph (a) of this subsection.

5 (2) A physician may provide treatment for a life-threatening emergency condition in a 6 hospital licensed under ORS 441.025 or as specified by the Oregon Medical Board by rule.

(3) A physician may provide treatment for a non-life-threatening emergency condition,
within the physician's scope of practice and in accordance with the laws of the state, outside
of the confines of a hospital licensed under ORS 441.025.

**SECTION 3.** ORS 441.094 is amended to read:

11 441.094. (1) No officer or employee of a hospital licensed by the Oregon Health Authority that 12 has an emergency department may deny to a person an appropriate medical screening examination 13 within the capability of the emergency department, including ancillary services routinely available 14 to the emergency department, to determine whether a need for emergency medical services exists.

(2) No officer or employee of a hospital licensed by the authority may deny to a person diagnosed by an admitting physician as being in need of emergency medical services the emergency medical services customarily provided at the hospital because the person is unable to establish the ability to pay for the services.

(3) Nothing in this section is intended to relieve a person of the obligation to pay for servicesprovided by a hospital.

(4) A hospital that does not have physician services available at the time of the emergency shall
not be in violation of this section if, after a reasonable good faith effort, a physician is unable to
provide or delegate the provision of emergency medical services.

(5) All coordinated care organization contracts executed by the authority and private health maintenance organizations and managed care organizations shall include a provision that encourages the organization to establish agreements with hospitals in the organization's service area for payment of emergency screening examinations.

(6) As used in [subsections (1) and (2) of] this section, "emergency medical services" means medical services that are usually and customarily available at the respective hospital and that must be provided immediately to sustain a person's life, to prevent serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or to provide care of a woman in her labor where delivery is imminent if the hospital is so equipped and, if the hospital is not equipped, to provide necessary treatment to allow the woman to travel to a more appropriate facility without undue risk of serious harm.

(7) This section does not limit the scope of practice of a physician licensed under ORS
 chapter 677 who is providing treatment for a non-life-threatening emergency condition, as
 defined in section 2 of this 2017 Act, outside of the confines of a hospital licensed under ORS
 441.025.

39 <u>SECTION 4.</u> This 2017 Act being necessary for the immediate preservation of the public 40 peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect 41 on its passage.

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