



March 23, 2021

TO: The Honorable Rachel Prusak, Chair
House Committee on Health Care

FROM: André Ourso, JD, MPH
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SUBJECT: HB 2076 – Emergency Medical Services (EMS) Modernization

Chair Prusak and members of the committee; I am André Ourso, Administrator, Center for Health Protection, Public Health Division, Oregon Health Authority (OHA). I am here today to testify on HB 2076 which proposes to create a comprehensive, integrated emergency healthcare system that recognizes problems, determines which services are needed, and then delivers the patient to those resources. *Right care, Right place, Right time.*

The Center for Health Protection, Health Care Regulation and Quality Improvement (HCRQI) section, Oregon EMS and Trauma Systems program works with multiple advisory boards to provide oversight, coordination, and development of emergency medical and trauma systems in Oregon. This includes licensed EMS providers, ambulance service agencies, ambulance vehicles, EMS for Children, and trauma hospitals across the state that work together to ensure the effectiveness and coordination of the state's emergency response system for illness and injury.

This comprehensive bill will provide the opportunity for EMS to be a fully integrated part of our health care delivery system. It reflects the national direction of EMS, payment by Centers for Medicare and Medicaid and other federal agencies. EMS has been a key partner in responding to the pandemic and our wildfires, and the bill will enhance our growing mobile health care workforce's ability to respond to public health emergencies. Finally, and most importantly, the bill will integrate EMS into OHA's strategic goal to eliminate health disparities by 2030 and achieve health equity for all.

HB 2076 is designed to lay the foundation for planning and coordination to design the future of EMS in Oregon. HB 2076 includes the following changes to achieve outcomes below:

- Better emergency healthcare that reduces morbidity and mortality from trauma, stroke, cardiac and other emergencies through the regionalization and coordination of Time Sensitive Emergency (TSE) care. This change is needed to ensure the benefits of our

coordinated trauma system extend to other time sensitive emergencies. It provides the ability for all parts of the healthcare system from 911 call to EMS the local hospital in the tertiary care hospital to work together on a coordinated plan.

- Better coordinated EMS response to disasters, facilitating Regional Resource Hospitals to more easily respond to surge events like the pandemic or wildfires. The bill directs OHA to draft an EMS mobilization plan providing a mechanism for OHA to deploy ambulance strike teams in periods of an EMS surge where the need for ambulances outweighs the local availability. Examples include large scale assistance for a long-term care facility during a pandemic or emergency evacuation of hospitals during a wildfire.
- Enhanced access to better TSE care for rural communities, communities of color and tribal partners that experience disparities in emergency medical care. Disparities exist in our health care systems by income, race, and geography. For example, bystander CPR, the most important factor in cardiac arrest survival, trends down with median household income. Also, people of color more often drive themselves to the hospital when having a stroke instead of calling EMS , leading to worse outcomes. From the Oregon trauma registry, we know that children with traumatic brain injuries do worse if injured in rural areas. HB 2076 would provide the ability to measure and create regional plans to address these disparities.
- Better quality improvement through data systems for improved health equity and EMS system performance. In our current healthcare system each component of the emergency response, (911, EMS, and hospitals) only measures it's own quality of care with no ability to look at how the whole system functions. Emergency healthcare systems are more than a sum of the individual parts and having legal protections and information systems to look at system wide quality assurance will provide better outcomes for all Oregonians.
- Coordinated and directed EMS transport of TSE patients to specialty care centers improving care for trauma, stroke, cardiac and pediatric emergencies. Regionalizing TSE care beyond trauma in Oregon will increase coordination of triage, treatment, transport, and transfer protocols. This will not affect the counties' abilities to manage their ambulance service areas, nor affect the rights of cities to participate in those ambulance service areas.
- Reduce duplication by streamlining the work of several existing EMS advisory committees that evolved from separate legislation over a number of years. The goal is to reorganize and consolidate state and regional committees to improve efficiency and coordination of time sensitive emergencies and EMS response to disasters or a pandemic. Members come from all parts of the EMS and Emergency Health Care system.
- Sustain ambulance service and vehicle oversight with licensing fee increase. This is the first increase since 1997 and is necessary to ensure safety of patient care.

The program has worked with partners and stakeholders to get feedback and integrate those recommendations into draft amendments. Passage of this bill is not expected to require any additional funding.

Thank you for the opportunity to testify. I'd be happy to answer any questions.