

March 23, 2021

Oregon State Legislature
House Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: House Bill 2076 – OHA Trauma Designations

Chair Prusak, Vice Chairs Hayden and Salinas, and members of the House Committee on Health Care:

On behalf of Oregon's community hospitals and the patients they serve, the Oregon Association of Hospitals and Health Systems (OAHHS) appreciates this chance to provide comments on House Bill 2076.

OAHHS understands the intention for drafting this legislation and desire to begin this work. However, OAHHS disagrees with the timing of this legislative conversation and would request the legislature delay this discussion by requesting OHA to convene conversations with impacted parties ahead of introducing legislation in the future. OAHHS and its hospital members would be a willing party to begin these discussions.

The recommendations in HB 2076 were originally developed by the EMS Task Force over 10 years ago with no meaningful additional discussions. OAHHS would ask these be reevaluated through a more public process after the declared state of emergency has been lifted. OAHHS has specific concerns of the direction as outlined below.

1. *HB 2076 would establish cardiac and pediatric designations.*

OAHHS does not support the establishment of designating cardiac and pediatric designations in statute. Oregon hospitals are by and large already participating in pediatric readiness and/or cardiac certificate programs with great success. Those hospitals not participating are almost exclusively small and rural facilities that would be unable to meet workforce requirements. There will be significant undertaking to operationalize this process. Without extensive engagement and discussion with OHA, OAHHS and its hospitals need to ensure this process is timely and appropriate to provide value to our communities.

2. *HB 2076 would establish more duplication and unclear value with Emergency Health Care Advisory Boards and a Regional Emergency Health Care Advisory Board for each designated emergency health care region.*

Oregon's State Trauma System is responsible for the designation of trauma hospitals and collection of trauma registry data. The Oregon Health Authority's Emergency Medical Services and Trauma Systems Section, State Trauma Advisory Board (STAB), and seven Area Trauma Advisory Boards (ATABs) collaborate to fulfill the mandates of the trauma system legislation. OHA also has an Emergency Medical Services Children's Committee and through their work they survey and support hospital pediatric readiness. OHA can use the current boards and committees to make recommendations and changes as necessary. OAHHS requests that there be more consideration for hospital administrator and OAHHS involvement in the board and committee membership.

Additionally, each emergency health care region must include at least one hospital categorized according to the emergency health care region's emergency health care capabilities as determined by standards adopted by the authority by rule. We question how will the state determine which hospital or hospitals will participate for that region where there are competing hospitals? And conversely, how will this apply in more rural regions where hospitals cover greater land mass with less resources?

3. HB 2076 would create duplicative reporting.

A hospital certified as a Comprehensive Stroke Center or a Primary Stroke Center through the Joint Commission or an equivalent organization must report stroke care data to an emergency health care data system established and maintained under section 26 of this 2021 Act for the collection of stroke care data. Currently, the Oregon Trauma Registry is mandated to collect data from 44 trauma hospitals to: 1) identify the causes of traumatic injury and recommend prevention activities; and 2) assure timely, quality treatment, education, and research. This data serves these goals by: a) identifying patients who receive care in the system, b) assessing the level of care received; and c) tracking outcomes of patients in order to ensure high-quality trauma care throughout the state. OHA may already garner this information from its current Trauma Registry and we are unclear as to what new or more information that OHA would need that it cannot already glean from existing mechanisms. OAHHS would prefer an understanding of the deficiencies of the current reporting and oppose additional, potential duplicative mandatory reporting at this time.

OAHHS asks that the legislature delay this legislative discussion and allow OHA to begin to have conversations with impacted parties ahead legislative action.

Sincerely,

Andi Easton