

June 26, 2024

Joint Task Force on Hospital Discharge Challenges  
Oregon State Legislature

Chair Jones, Vice-Chair Burns and Members of the Task Force:

My name is Dr. Craig Rudy and I'm submitting recommendations on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

Medical and psychiatric boarding is the practice of holding admitted patients in the emergency department (ED) due to inability to transfer them to a staffed and available inpatient bed. Boarding is a priority issue for OR-ACEP and the gridlock has escalated over the last several years, jeopardizing the community safety net and putting patients at risk. We urge the committee to consider these recommendations to improve the hospital discharge process, allowing us to effectively evaluate and care for our incoming emergency patients.

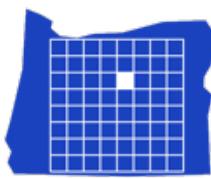
- **We need recognition that timely access to emergency medical care is a critical part of the public health system.** Lack of access jeopardizes patient safety and increases stress and burnout for providers. Having appropriate space to care for incoming emergency patients requires doing everything we can to decompress hospital capacity. Patients need somewhere to go for the appropriate level of care. When you expedite discharge to an appropriate facility, you reduce emergency department boarding and costs for the system.
- **Cut red tape:** Reduce time to complete the financial assessment by granting presumptive approval based on funding need for Medicaid or low-income Medicare. Estimates by the American Hospital Association estimate this could take three days but can be even longer if additional information is required or denial needs to be appealed. Prior authorization reviews often are on hold during weekends, adding additional waiting time. Many patients unnecessarily spend significantly longer than three days waiting for coverage to be approved, with some waiting weeks.
- **Expand capacity for the most vulnerable** — especially pediatric behavioral health patients and the geriatric population. However, new facilities should accept Medicaid, Medicare and commercial insurance. We need state investments to pay for capacity for care not covered by Medicaid, Medicare or commercial insurance. If no one is stepping up to pay for the system, the state should do so.
- **Dashboard of ED metrics and boarding time:** The state of Connecticut has passed legislation (PA 23-97, ED Boarding and Crowding Workgroup) to address emergency department boarding challenges and work with hospitals to report ED metrics and boarding times (SB 181). Oregon could build upon the existing Oregon Hospital Capacity

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System and incorporate robust quality metrics. These might include the overall ED time for admitted patients, and the number of ED patients that remain in the ED after an admission decision for thresholds of 4, 12, 24 and 72 hours, rather than just the current median time in minutes.

- **Realign Financial Drivers:** Create a new add-on payment for Medicaid that accounts for EMS wait time in the ED waiting to offload a patient. Create reimbursement incentives for patients that stay in the ED over four hours vs. those who go to an inpatient bed promptly.
- **Workforce:** Increase incentives for emergency physicians and nurses and other providers to work in rural areas. Consider eliminating the income threshold for the Rural Tax Credit.

In my public comments to the task force in May 2024 on the current state of emergency department boarding, I said that we don't need perfection — even small improvements will make a massive difference for patients. Reducing administrative burdens using presumptive coverage for Medicaid and Medicare would make a huge difference for patients.

We appreciate the work of the Joint Task Force and are hopeful your work will lead to tangible improvements in emergency department boarding, enhancing patient flow and quality of care.

Sincerely,

Craig Rudy, MD, FACEP, President of the Oregon Chapter of the American College of Emergency Physicians

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