

February 7, 2024

Oregon State Legislature
Senate Committee on Health Care
900 Court Street NE
Salem, OR 97301
Submitted electronically via OLIS

Re: Senate Bill 1507, relating to challenges faced by hospitals in discharging patients with complex needs to post-acute care settings

Chair Patterson and Members of the Committee:

On behalf of Oregon's 61 community hospitals, the Hospital Association of Oregon appreciates your commitment to supporting patients and addressing the challenges faced by hospitals in discharging patients with complex needs to post-acute care settings. We encourage the legislature to look to the Joint Task Force on Hospital Discharge Challenges for comprehensive recommendations to help move patients who are stuck in hospital beds to post-acute settings that can better meet their care needs.

While the Joint Task Force is slated to work through most of 2024 on developing recommendations, there is a widely recognized and immediate need for more public guardians. **We support the -1 amendment to SB 1507, which would increase state funding for the Oregon Public Guardian to hire more staff and expand the scope of services provided.**

Hospitalized patients who lack decision-making capacity and do not have a family member or friend available to serve as a surrogate decision maker may need a public guardian to decide their post-acute care path. Some of our members' patients have experienced six- to eight-month delays in the hospital waiting for the appointment of a public guardian. Many such patients have complex care needs, and a hospital environment can be unsettling for them. According to data shared with the Joint Task Force, OHSU and Providence together tallied more than 2,000 avoidable hospital days in 2022 due to public guardianship delays.¹ The Oregon Public Guardian (OPG) reported to the Joint Task Force in December 2023 that as of Nov. 1, 2023, 53% of then-current clients were hospitalized and unable to be safely discharged at the time of referral to OPG.² In the same presentation, OPG shared it had a

¹ Dr. Raymond Moreno, [Presentation to the Joint Task Force on Hospital Discharge Challenges](#), October 17, 2023, slide 17.

² Chris Rosin, Presentation to the Joint Task Force on Hospital Discharge Challenges, December 12, 2023, [recording](#) starting at 49:15; [slide](#) 5.



caseload capacity of 180 clients, was currently serving 146 clients with a waitlist of over 65 and estimated the need to serve at least 500 clients.³

Hospitals around Oregon have forged creative solutions and made substantial investments to help patients who need guardians, but many hospitals are not equipped financially and operationally to provide this service in the long term. Nor should they have to. Appointing a guardian is a judicial process that involves a loss of autonomy in all aspects of a person's life, not just health care. From the OPG website:⁴

"Guardianship is one of the most severe restrictions on an individual's right to self-determination and should never be considered lightly. Under guardianship, a person loses the right to make decisions about their own lives. A guardian has the authority to determine where someone lives, what services they receive, who their doctor is, what medical care and procedures they receive, how their income is spent, who may visit them and many other decisions that most people take for granted. Guardianship should only be considered as an option if all other less restrictive alternatives have been attempted and failed or evaluated to be non-viable."

The state has an obligation to care for these extremely vulnerable people who lack another trusted individual to advocate for them. That includes adequately funding the clearly stated need for public guardian services.

For some patients, less restrictive alternatives may be a better fit than full guardianship. SB 1507-1 would also expand the scope of the services provided by OPG to include various alternative decisional supports. This added flexibility would improve access to trained professionals who can help ensure that patients are empowered to make their own decisions to the maximum extent possible.

We support SB 1507-1 as a step in the right direction, and we encourage the legislature to stay tuned for recommendations from the Joint Task Force aimed at improving the continuum of care for our patients.

Sincerely,



Troy Duker
Legislative Director
Hospital Association of Oregon

About the Hospital Association of Oregon

Founded in 1934, the Hospital Association of Oregon Association (HAO) is a mission-driven, nonprofit trade association representing Oregon's 61 hospitals. Together, hospitals are the sixth largest private employer statewide, employing more than 70,000 employees. Committed to fostering a stronger, safer, more equitable Oregon where all people have access to the high-quality care they need, the hospital association supports Oregon's hospitals so they can support their communities; educates

³ [Recording](#) starting at 55:51; [slide 7](#).

⁴ [Oregon Public Guardian Program: About Us](#).



government officials and the public on the state's health landscape and works collaboratively with policymakers, community based organizations and the health care community to build consensus on and advance health care policy benefiting the state's 4 million residents.



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