Oregon Chapter
American College of
Emergency Physicians

February 23, 2026

To: Chair Sen. Patterson
Vice Chair: Sen. Cedrick Hayden
Members of the Senate Health Care Committee

From: John Moorhead MD, FACEP
OR-ACEP Board Member

RE: HB 4107 Urgent Care Definitions

Chair Patterson Vice-Chair Hayden and members of the committee, my name is Dr. John Moorhead, and I'm here on behalf of Oregon 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.

OR-ACEP supports HB 4107, which defines an urgent care center, including disclosure requirements for the website. In particular, it states that an "**urgent care center, may not: Hold the urgent care center out to the public as providing emergency department services; or Use the word "emergency" or the letters "E.R." or "E.D." or any derivative of the word "emergency" that would lead a reasonable person to believe an urgent care center is a hospital emergency department."**

This clarification helps to address:
• Potential confusion for patients.
• Potential delays in treatment.
• And access to care regardless of a person's ability to pay.
Patients confused by inappropriate signage could end up being taken to the wrong facility and need to be transferred to an emergency department, causing delays in treatment.

The Joint Commission on Accreditation of Healthcare Organizations, or JCAHO, has determined that even small delays in diagnosis and treatment can have catastrophic consequences, and has established a series of core measures to which hospitals are held accountable.

Urgent care facilities have the skills to diagnose emergency medical conditions. And they have the skills to properly triage emergency medical conditions. What they don't

have is a mandate to actually treat the emergency medical condition. And that leads to the third issue: access to care regardless of a person's ability to pay.
In 1986, Congress enacted the Emergency Medical Treatment and Active Labor Act, or EMTALA. The purpose of this law is to prevent hospitals from refusing to provide emergency medical treatment based on a patient's ability to pay. Urgent care facilities are not subject to EMTALA. This law prevents hospitals from transferring patients before their conditions are stabilized. Urgent care facilities are not required to do so.

And beyond the medical need to treat patients within the JCAHO standards, there also is the issue of the additional costs generated at the destination hospital. Costs passed on to the patient or the insurance carrier. That includes the cost of ambulance transport. That includes minor delays in care, which may result in longer hospital stays. A single extra day in an ICU can result in an increase in the thousands of dollars, and could wipe out the potential financial benefit of multiple urgent care visits.

A patient's safety should not be put at risk due to confusing signage nor should anyone lose access to emergency services based on their ability to pay.

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