



Chair Patterson, Vice Chair Hayden, and Members of the Committee,

I am writing in support of House Bill 4107A from a clinical leadership perspective.

As the Chief Medical Officer of Valley Immediate Care, my primary responsibility is to ensure that patients receive safe, appropriate, and clearly defined care in the urgent care setting. HB 4107A advances that goal by establishing minimum clinical and operational expectations for facilities that hold themselves out to the public as urgent care centers.

Urgent care occupies a critical space between primary care and emergency departments. When patients seek care, they should have a clear understanding of what services are available, what diagnostic capabilities exist on site, and whether a licensed clinician is present to evaluate and manage their condition. The transparency and staffing provisions in HB 4107A directly support patient safety, clinical accountability, and continuity of care—particularly when patients require referral to a higher level of service.

I also strongly support the bill's requirement that urgent care centers communicate effectively with emergency departments when referrals occur. Timely transfer of clinical information improves care coordination, reduces duplication, and enhances patient outcomes.

Importantly, HB 4107A does not attempt to turn urgent care centers into emergency departments, nor does it impose unrealistic or excessive clinical mandates. Instead, it defines reasonable standards that reflect how high-quality urgent care is already practiced across Oregon.

For these reasons, I believe HB 4107A represents a thoughtful and patient-centered approach to urgent care regulation, and I respectfully urge the Committee's support.

Sincerely,

Mona McArdle, MD

Chief Medical Officer, Valley Immediate Care