
Background

How should a legislator respond on learning that the hospital in their city was closing? What does one do?

On August 22nd, we heard that Eugene would lose its only hospital and emergency department, with 90 days' notice. This hospital, located on the east side of downtown and in the University of Oregon neighborhood, served as an entry way for immediate access to medical and behavioral health care, both emergency and non-emergency. The closure would leave a gap in the community's access to care. The City of Eugene and Lane County was put right away in crisis mode, to ensure access to care and efficient dispatch of emergency service.

The bill

My cosponsors and I are bringing this bill to request relief for Eugene's extraordinary costs of meeting a sudden new demand in emergency medical response. But more exciting for me is this part: we are asking you to help us seize an opportunity to start doing things differently, finding innovative ways to deliver quick care to people who need it – compassionate, timely, appropriate, and cost-effective. We think there are ways to alleviate the strain on hospital emergency departments, get care to people who need it, and doing it all in a way that can bring down overall system costs.

The bill has three parts:

1. **Bridge funding.** The closure of the Eugene hospital meant reducing the number of metro area hospital ED's from three to two. The impact on emergency response crews – ambulances – is not good. Longer transport times, longer wait times: [Approximately 2,000 available unit hours are lost by long transport times, longer patient off load times, traffic, and farther distances traveled back to their stations in Eugene.] The request is one-time funding [of \$1.3 million] for staffing an additional ambulance crew for a 12-hour period for two years. This is bridge funding until other solutions are implemented.
2. **An Innovation Fund.** This one-time funding would initiate innovative ideas to pilot projects to add access to same-day care while decreasing long-term systems cost. Not everyone showing up at the hospital ED needs to be there. People go to get a prescription refilled. Or for a couple of stitches for a short uncomplicated laceration. Or a sprained ankle. Or a sinus infection. What if people didn't have to sit in crowded emergency departments for 3 or 4 or more hours, and could instead have someone come to their home? Or get a ride to an urgent care or doctor's office?

Examples of programs that could be funded include a Nurse call service linked to the 9-1-1 system, a Mobile Nurse Practitioner, a 24/7 nurse call line, alternative transportation to non-hospital ED locations, or flexible EMS community response units.

Local partners believe that these funds, establishing pilot programs, can leverage other funds that will stretch the state investment. Learning from this investment is a core component of the pilots, enabling other communities to consider these or similar approaches and expand successes state-wide.

3. **And last, Provisional licensing for nurses.** The bill clears out constraints in our current statutes to allow employers to hire nurses who are currently licensed in good standing in another state while their application and credentials are being reviewed for their Oregon license. This allowance would be valid for 90 days, with an extension, which should be adequate time for the Board to issue the permanent license. I worked with the Board of Nursing on this, and Oregon Nurses Association supports it.

CLOSING

The objective of the bill is to improve access to immediate health care and tackle fundamental shortcomings of the current system that lead to crowding and long wait times for patients in the ED and for ambulances discharging patients to the ED, and patients coming for treatment of non-emergent medical or social care.

This bill enables innovative programs to try new approaches to bring compassionate, professional, quick care to people. Our county Director of Health and Human Services and our Fire/EMS Deputy Chief came to Salem to explain the bill and testify in support. The hope is that the bill will provide experience as a pilot program to pave the way for communities across Oregon. That's why you see support from outside the local community, like the Oregon Health Leadership Council recognizing the significance of this investment. And support from a CCO, the Coordinated Care Organization, which is an important consideration for longer term sustainability of new approaches.

The committee sends us this bill with a unanimous vote, 11-0. This bill is about re-shaping health care: whether you call it emergency, or urgent, or immediate care, this bill is about re-shaping the delivery of same-day care. Let's see how we can do things smarter.