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Oregon Chapter, American College of Emergency Physicians (O.C.E.P)

Testimony for the record for the Senate Health Care Committee

January 28, 2019

SB 140 ED Boarding Pilot

Chair Monnes Anderson and members of the committee, please accept this testimony 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 health care for all Oregonians.

Or-ACEP supports SB 140 and amendments to include a emergency physician, psychiatric physician and a nurse practitioner as members of the Task Force on Emergency Department Boarding. It's also critical to include individuals most impacted by boarding — meaningful representation by those with lived experience of mental health crises who have actually experienced ED boarding. Also those with traumatic brain injuries. Geriatric patients and those with dementia. Those with a dual diagnosis. These are the people who end up boarding for days and weeks.

Improved and appropriate care for patients presenting to emergency departments in mental health crisis is a top priority for our membership and we have been advocating for this for many years. We are the ones to see the true impact — not just statistically, but the real human impact — of boarding.

Emergency physicians are obligated by EMTALA, a federal law, to ensure patients are “stabilized” before they are discharged. If there is nowhere for the patient to be admitted and they are not safe for discharge, emergency departments are required to keep them in the emergency department until there is a safe place for them to go or their emergency medical condition has been stabilized. This happens at emergency departments in Oregon and all around the country.

An OHA Report on Psychiatric Boarding in 2016, states that emergency department visits for psychiatric illness or addictions account for 14.6 percent of all ED visits. Psychiatric boarding — the practice of detaining patients with mental health problems for 24-hours or more because of limited psychiatric beds — happens for 3.5 percent of psychiatric ED visits. This problem is even more acute with individuals with severe psychiatric disorders. Some patients, including children, board for many hours, days or even weeks at a time with no ongoing therapy.

The problem is growing more urgent; while the number of mental health-related visits to emergency departments has increased steadily, the number of inpatient psychiatric beds has decreased. Substantial declines in mental health resources have additionally burdened emergency departments with increasing numbers of patients with mental health issues. The severe shortage of psychiatric beds in almost all hospitals and intensive outpatient resources is leaving these patients stranded for hours and even days. New systems and resources need to be made available to better serve mental health patients in crisis.

OR-ACEP has developed policy proposals to address these system-wide problems and we are looking forward to being at the table to develop recommendations for long-term solutions to improve the system of care for people in behavioral health crisis.

Thank you for the opportunity to testify today.