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Testimony before the House Health Care Committee

February 5, 2019

HB 2624, ED Boarding Pilot

Chair Greenlick and members of the committee, my name is Dr. Sharon Meieran and I'm here today representing 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 healthcare for all Oregonians.

Or-ACEP supports HB 2624 and the companion bill (SB 140) and requests that amendments be adopted to include an emergency physician as a member of the Task Force on Emergency Department Boarding. You might also consider adding a psychiatric physician because some of the barriers are due to medications. 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. And I would also point out that much of ED boarding occurs not only for mental health crises, but for people who experience traumatic brain injury, who are elderly, who have co-existing mental health and substance use issues, and who have dementia. 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 medically examine all patients who come to the ED, and 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

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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, stated 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, along with the acuity of the presentations, 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 periods of time that I personally believe are inhumane. New systems and resources must be made available to better serve mental health patients in crisis, and to prevent them from reaching crisis in the first place. There is essentially no other other place for people with mental health crises to go other than EDs, aside from jail. Neither of these are acceptable.

OR-ACEP has developed policy proposals to address these system-wide problems and we are looking forward to work collaboratively across systems 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.

Sharon Meieran, MD, JD