



Oregon Chapter
National Association of EMS Physicians®

March 23, 2021

Statement for the Record
House Health Care Committee
March 23, 2021
HB 2076, EMS Modernization

Chair Prusak, Vice Chairs and members of the House Health Care Committee:

I am Dr. Ritu Sahni and I am providing these comments on behalf of the Oregon Chapter of the National Association of EMS Physicians. We are in strong support of HB 2076 – the EMS modernization bill. NAEMSP – Oregon has long had as its position that it is supportive of legislation that leads to coordinated and regionalized care. Our goal is that the “right patient gets to the right place in the right time.” Additionally, we know that a county EMS system has many components and that all of them should be acknowledged and accounted for when developing an EMS system. Finally, we know that Oregon’s ability to respond to significant event, such as a wildfire, earthquake, or ice storm can be improved. We believe that HB 2076 accomplishes these goals.

Oregon lags most other states when it comes to providing a coordinated system for time-dependent specialties such as heart attack and stroke. This state was a leader in developing one of the first statewide trauma systems in the country, but it has not followed suit in other areas. Because of strong relationships and leadership, we have created pockets of excellence in heart attack and stroke care but we lack a statewide system. As a result of this, many areas, particularly rural ones, may suffer from lack of coordination and availability of high-quality care.

In response to these concerns, the Oregon Health Authority created the Emergency Healthcare Task Force. Additionally, the EMS Trauma Program also convened the EMS for Future Task Group. I was serving as Oregon EMS and Trauma Medical Director during this time and served as key staff to both

David Lehrfeld, MD, President

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workgroups. These groups had wide participation and created and published a set of recommendations that are the basis for HB 2076.

HB2076 would create the framework for coordination and accountability. It would build upon the success of our trauma system. It would allow our system to include such things as cardiac arrest, heart attack and stroke in our emergency healthcare system. It would allow for developing regional plans specific to pediatric and other special needs populations. It would lead to improved care and provide the data to demonstrate that improvement. Finally, the bill would create a much-needed mobilization and reimbursement plan for EMS that could be implemented during a large-scale emergency.

Thank you for your consideration.

Sincerely,

Ritu Sahni, MD, MPH