

# 2021 Regular Session Legislative Testimony

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<b>Date</b>	April 26, 2021
<b>To</b>	Representative Karin Power, Presiding Chair Representative Kim Wallan, Vice-Chair House Committee on Judiciary House Subcommittee on Civil Law
<b>From</b>	John Moorhead, MD Task Force on the Resolution of Adverse Health Care Incidents, Co-chair  Tina Stupasky, JD Task Force on the Resolution of Adverse Health Care Incidents, Co-chair
<b>Subject</b>	SB 110: Repeals sunset on Early Discussion and Resolution program for resolving adverse health care incidents

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Chair Power, Vice-Chair Wallan, and members of the Committee,,

As the Co-chairs of the Task Force on Resolution of Adverse Health Care Incidents (“Task Force”), we are writing to you on behalf of the Task Force to express our support for SB 110. The Task Force is the evaluative body for Oregon’s Early Discussion and Resolution (EDR) program and reports annually to the Legislature. The Governor-appointed Task Force members include a patient safety advocate, a hospital industry representative, practicing physicians, trial lawyers, and public members. The Task Force also includes non-voting members appointed by Legislative leadership, including Representative Prusak and Representative Noble.

In December of 2020, we submitted our most recent report to the Legislature evaluating the implementation and effects of the innovative EDR program from July 1, 2014 to June 30, 2020: *Early Discussion and Resolution: Public Policy Driving a Culture of Safety in Oregon*. The report satisfied our reporting, evaluation, and recommendation requirements (Oregon Laws 2013, Chapter 5, Section 17(2)).

Our evaluation of EDR—a voluntary process for a patient and health care provider to talk openly about serious medical harm events and work toward resolution—included implementation data collected by the Oregon Patient Safety Commission as well as supporting evidence from patient safety literature. It was also informed by stakeholder input collected in 2019 from community members, health care providers and facilities covered by EDR, liability insurers, and the legal and mediation communities. We concluded that EDR supports the culture of safety that is essential to improve our care delivery system.

By encouraging a transparent approach to patient harm, EDR is a lever for culture change in Oregon. And, as with any transformative change, realizing its full potential will require sustained effort over time. Moreover, the EDR data may in time allow us to learn more about the relationship between patient safety and health equity.

Our evaluation underscored EDR’s value to Oregonians. EDR demonstrates Oregon’s commitment to patients who have been harmed by medical care, their families, and involved health care providers. Repealing the EDR sunset will:

- Ensure Oregonians can continue to seek resolution following medical harm before escalating to a legal action.
  - Instill confidence that the protections EDR affords to conversations initiated under the law will remain intact.
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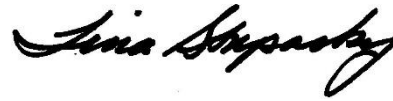
- Maintain the infrastructure for shared learning through the Oregon Patient Safety Commission to ensure we can continue to make progress as a state.
- Cement Oregon's role as a national leader in transparency and accountability after patient harm.

Please allow EDR to continue to benefit Oregonians beyond 2023 by supporting Senate Bill 110. Thank you for your consideration.

Respectfully,



**John Moorhead, MD**  
Task Force Co-Chair



**Tina Stupasky, JD**  
Task Force Co-Chair

## Task Force on Resolution of Adverse Health Care Incidents Members

- Robert Beatty-Walters, trial lawyer
  - Robert Dannenhoffer, physician
  - Jeff Goldenberg, advocate for patient safety
  - Michelle Graham, hospital industry
  - Anthony Jackson, public member
  - Bob Joondeph, public member
  - Richard Lane, trial lawyer
  - Saleen Manternach, physician
  - John Moorhead, physician
  - Tina Stupasky, trial lawyer
  - Rep. Ronald H. Noble, House Republican
  - Rep. Rachel Prusak, House Democrat.
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