



600 Ranch Road Reedsport, OR 97467

(541)271-2171

February 6, 2023

Attn: Senate Committee on Health Care  
RE: Senate Bill 486 - Testimony

Dear Chairperson Patterson,

My name is John Chivers and I'm the CEO of Lower Umpqua Hospital (LUH) in Reedsport, Oregon. We are a 20-bed, Critical Access Hospital (CAH) and while we refer patients to other nearby facilities including Peace Harbor Hospital, another CAH 25 miles to the North, and Bay Area Hospital 25 miles to the South, the majority of our referrals for medical patients are to Riverbend in Eugene and OHSU.

We constantly find ourselves holding medical patients requiring a higher level of care than we can offer due to the unavailability of accepting facilities. In addition, we are also holding increasing numbers of patients that require behavioral health, memory care, or long-term care for the same reason. As a CAH, we can provide some skilled care services in our swing beds when available; however, many of these patients don't need skilled care and therefore don't qualify.

During the month of December 2022, we provided approximately 260 days of in-patient, swing, or observation services. These patients were approved for approximately 160 days of care. That left us with about 100 days of care (or about 38% of the total days provided) where we had to foot the bill. Mind you, these patients weren't just lying in these beds leisurely waiting to be transferred. More often than not their needs put a greater burden on staff than patients meeting our hospital's admission criteria – and frankly my staff is quickly approaching complete burn-out.

We have staffing shortages, and we are very grateful for the Oregon Health Authority Crisis Workers provided and subsidized by the state; however, we find ourselves unable to admit patients that come to our emergency room requiring services that we can actually provide. There is simply no safe way to admit these patients. So, they languish in our emergency room, sometimes for days while we spend a great deal of time and resources attempting to find facilities that provide the necessary care and have beds available for these patients.

I could spend a significant amount of time outlining things that I believe could be done to help facilitate these needed transfers and I could give you truly frightening specifics about many of these cases that are simply falling through the cracks in our healthcare delivery system. I know that's not what this bill is about, so I won't do that.

As I mentioned earlier, LUH is a small, CAH in a very rural, isolated area. The 8,000 individuals that reside in our service area are very dependent on us to provide access to basic healthcare starting with primary care, EMS, emergency, inpatient and outpatient services. Demographic data shows that our residents are significantly older and poorer than statewide averages. Nevertheless, they pay significant property taxes that support us, and they would endure significant hardships seeking basic care elsewhere. I'm preparing to submit a community benefit spending report for our last fiscal year. It will show that LUH provided nearly \$8 million in unreimbursed services - services that would not have been available had we not been here.

Until the healthcare delivery issues I alluded to above are resolved, excessive lengths of unreimbursed stays are not going away. I urge you all to wholeheartedly support SB 486.

Sincerely,

A handwritten signature in black ink that reads "John Chivers" followed by "SM" in a smaller, cursive script.

John Chivers  
Chief Executive Officer