

Submitter: John Turner
On Behalf Of:
Committee: Senate Committee On Health Care
Measure: SB1076

Chair Patterson & Members of the Committee:

I speak as a board-certified Emergency and EMS Physician from my experience providing care to patients often on the worst day or days of their life. We see, treat and care for the most vulnerable of our population, the uninsured, the undocumented, the migrant population, victims of violence, asylum seekers, those with less means than many others who can afford and access primary care, those with mental illness and substance use disorders, the critically ill, and the homeless. Most of my patients don't have a primary care physician. For them we are emergency primary care.

The Oregon and American healthcare infrastructure (most namely the staff) has been critically injured during the last 3 years. We have less staff and less resources to handle our even previously challenging jobs, and the job is harder than ever before. Burnout, career change, and retirements are higher than ever.

In the ED we have seen more critically ill patients boarding (awaiting a bed in the hospital) or for transfer to another hospital for a higher level of care. Intubated patients awaiting an ICU bed. Patients needing an emergent surgery. Newly diagnosed cancer patients. In my experience, sometimes these patients have waited for days. Sometimes over a week. Some have left the ED because they have grown tired of waiting. Some have gotten sicker because of it. Some have even died. The moral injury inflicted on the staff having to watch this with hands tied has been only second to the harm to our patients.

This bill confuses the medical safety net with the social safety net. The social safety net needs significantly more resources, money and staff. So does the medical safety net. As someone who spends my life in the hospital and the ED and with our EMS professionals, we are NOT the answer.

If this bill were to pass, it will make both the medical infrastructure and social safety WORSE. It will increase boarding, delay definitive medical treatment, and sadly it will make the legislature feel like you have done something to help and protect those that need it, when in fact you will be harming many others.

I would encourage you to reach out to the physicians and nurses working in the EDs and primary clinics who care for our vulnerable populations to understand the overwhelming challenges we face and ask how you and the legislature can help us recover and continue to serve all Oregonians. Now is NOT the time to ask us to do

more with less, particularly when there are so many other better solutions.

Most sincerely,

John Turner MD
Emergency and EMS Physician