Background

On August 22nd, PeaceHealth announced the intended closure of their University District Hospital, the only hospital in Eugene. With 90 days' notice. This hospital serves- *served* - as an entry way for immediate access to medical and behavioral health care, emergency and non-emergency. The closure would leave a gap in the community's access to care. The City of Eugene and Lane County was put right away in crisis mode, to ensure access to care and efficient dispatch of emergency service.

Within days I was communicating with colleagues in the area and with stakeholders. The Governor's Office had already mobilized attention and resources to address what could be an imminent crisis in behavioral health, so with the Governor's Office I determined that our focus would be on everything ***not*** related directly to behavioral health.

Process (how we go from here)

In September key stakeholders met to discuss what the closure would mean, and how we might mitigate the problem. As you can imagine, the discussion was wide-ranging, with the nation's health care system, and how it's funded, at the heart of the problem. But we pressed on, determined to identify specific problems that we could feasibly address at the local and state level. We needed some solutions now. With this bill, we are investing in new innovative approaches that can lower the cost and increase the effectiveness of emergency response and care in a meaningful way.

Over the course of several weeks, I worked closely with Oregon Health Authority (OHA) and the Governor's Office, Lane County Public Health, Eugene's Mayor and city officials, coordinated care organizations, the University of Oregon, Eugene Fire/EMS, several savvy people who did not currently have a personal connection to the system, and local legislators including Senator Prozanski and Representatives Fahey, Conrad, Holvey.

Key points that were called out – and each of these had an impact in what we include in the bill:

- hospital EDs– Emergency Departments – are overwhelmed; patients wait hours, and ambulance crews can wait a half hour or more to simply offload a patient to the ED.

- There is no 24/7 emergency care available other than that provided by hospitals in Springfield.[i] Urgent care is not necessarily available to everyone, and no one knows where all the urgent care facilities are or what services they offer – from band-aids and stiches to imaging and crash carts, it's just not known.

- Staffing shortages exacerbate problems, especially shortage of nurses, with cascading effects including closing hospital beds and backup of patients in the ED.

- Decision-delays at OHA and hospital delay the discharge of patients from hospital, leading to backup in the ED, waiting to send patients to a hospital bed or another facility.

- OHA regulations and CCO contracts constrain flexibility to do something different.

- ***Some*** patients that are transported to the hospital ED could likely be taken care of ***just as well or better*** by a different response. But how do we know which ones, and how do we get them to appropriate care, or get appropriate care sent ***to them***?

We dug into ideas to ensure access to immediate or same day care and ED diversion – that is, diverting non-urgent, not life-threatening events to other care, if appropriate, as not to overwhelm our EMS responders and emergency departments.

Eugene/Springfield Fire EMS has been working on several specific ideas to provide the appropriate response to the need at hand, and our local medical community, as well as the health and human services experts can envision new ways of delivering urgent care as well. Think about everyone having access to a nurse advice line, not just people who have one provided by an insurance plan. Or expanded evaluation at the point of calling 9-1-1, if it's determined the person is not in immediate or life-threatening danger? Or sending a response ***to*** the person? Or transporting them to a clinic or doctor's office if that's appropriate? So many possibilities. We recognize and hope that the creative thinking and work that we do here in Eugene can be treated as a pilot project, where good ideas can then be used in other areas of the state.

Bill Content

The bill has four parts:

1) **Bridge funding**. With the closure of the Eugene hospital and reducing the number of metro area hospital ED's from three to two, Eugene/Springfield EMS anticipates increased transport time, time to transfer care from ambulance to hospital ED, and time for the unit to return to service.

   The request is one-time funding of $1.3 million for staffing an additional ambulance crew for a 12-hour period for two years. This is bridge funding until other solutions are implemented[ii].

2) **An Innovation Fund**. One-time funding to initiate innovative ideas to pilot projects to add access to same-day care while decreasing long-term systems cost. Examples of programs that could be funded include a Nurse call service linked to the 9-1-1 system, a Mobile Nurse Practitioner, a 24/7 nurse call line, alternative transportation to non-hospital ED locations, or flexible EMS community response units. [CR Unit=alternative EMS]

   Local partners believe that 3.2 million dollars will be appropriate for establishing pilot programs that can leverage other funds to stretch the state investment. Learning from this investment is a core component of the pilots, enabling other communities to consider these or similar approaches and expand successes state-wide.

3) **Provisional licensing for nurses.** During the pandemic, Board of Nursing expanded an existing rule about hiring nurses for crisis situations, limited to temporary staffing in four specific settings: coronary care, ICU, ED, or long term care. Now, the nursing shortage is not limited to those few settings, and we need permanent, not just temporary staffing. The bill allows employers to hire nurses who are currently licensed in good standing in another state while their application and credentials are being reviewed for their Oregon license. This provisional license would be valid for 90 days which should be adequate time for the Board to issue the permanent license..[iii]

4) **And finally, make way for innovation.** We've heard that there are specific ways that our system gets in the way of innovation. We should review who's allowed to deliver what services, what billing codes, and what reimbursement to enable delivering immediate care through a variety of approaches. The bill will direct OHA to **review statutes and rules** that could be changed to help improve access to same-day urgent or immediate medical care through value-based care transformation.

---

[i] Hospitals: (PeaceHealth Riverbend and McKenzie Willamette)

[ii] Amendment: We are working on an amendment to clarify technical and administrative aspects of managing the fund.

[iii] ORS 678.031 and 678.034, nurses who are contracted or hired in Oregon to meet a temporary staffing shortage in a coronary care unit, intensive care unit, emergency department, or long-term care facility, and who do not hold a current Oregon license, may be temporarily employed and placed on the work schedule if the employer's chief nursing officer (or equivalent) submits written notification to the Board of Nursing by the day the nurse is placed on staff stating