

Testimony in Support of HB 4139

House Committee on Behavioral Health and Health Care

February 12, 2024

Chair Nosse and Members of the Committee,

Our hospitals are not equipped to provide the high intensity care required to adequately rehabilitate individuals recovering from traumatic brain injury, cerebrovascular accidents, or spinal cord injuries in the same way that inpatient rehabilitation facilities (IRFs) are. When patients are medically ready for discharge it is important for them to be quickly transitioned to the next level of care. [While there is an abundance of skilled nursing beds in comparison to inpatient rehab ones, they do not provide the same level of care.](#)

My role as an acute care Physical Therapist is to complete a comprehensive evaluation of the patient's mobility to determine the most appropriate disposition for them upon discharge. After the evaluation, I establish a plan of care and provide therapeutic intervention accordingly. Patients who are appropriate for IRF level care commonly remain in the hospital for several days (or in rare circumstances over a week) after they have been cleared medically ready for discharge as they wait for an open bed. In these instances, I strive to continue providing high quality and evidence-based care. However, I am unable to match the level of care provided by an IRF due to the limited time, equipment, and resources I have in the acute care setting. If I had a family member or loved one in this situation, [I would pursue options for care beyond Oregon, which is what many other families opt for.](#)

Through my participation in daily interdisciplinary rounds, I have also noted the distressing discharge trends of patients requiring inpatient psychiatric, alcohol withdrawal, and substance abused beds. All too often, patients who require this level of care are sent home due to the lack of inpatient beds. When they are deemed medically ready for discharge, the hospital is unable to house them overnight. As a result, these individuals are sent home, where they are at high risk to relapse, to wait for an opening at an inpatient facility.

As a healthcare provider, it discourages me to see patients struggling to access lifesaving care in a timely manner. Oregon needs more inpatient beds. I have witnessed the negative impact of these trends for over a year with no improvement. I urge you to take the necessary steps this Legislative Session to address this deficit before you or a loved one find yourselves at the mercy of our current system.

Thank you for your consideration,

Jillian Studer PT, DPT