



**Oregon Chapter
American College of
Emergency Physicians**

Date: Feb 11, 2025

To: Rep. Rob Nosse, Chair
Rep. Travis Nelson, Vice Chair
Rep. Cyrus Javadi, Vice Chair
Members of the House Behavioral Health and Health Care Committee

From: Craig Rudy, MD
Oregon Chapter of the American College of Emergency Physicians

Subject: HB 2943 HIV and Syphilis Testing in the Emergency Department

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the committee, my name is Dr. Craig Rudy and I'm here on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

OR-ACEP has concerns with HB 2943 as written. The bill requires hospital emergency departments to conduct an HIV test and a syphilis test when a person has other blood work tests done at the ED, unless the person opts out. We support the recommendation and the intent of this bill but not as a legal requirement. In general, emergency departments are grappling with the medical and psychiatric boarding crisis and not able to take on new requirements that make emergency departments responsible for screenings that typically happen in outpatient settings. These tests do not typically come back with results while the patient is in the emergency department. This means the test will need follow-up with the patient that we may or may not be able to locate. When we report cases to the local county health departments we often encounter resistance to doing the follow up work as they are already resource constrained. We then spend valuable time attempting to get locate patient when we could instead spend on caring for patients in the ED. this has happened to me.

Furthermore, the time spend counseling every patient who arrives to the ED means increased length of stay for patients in the ED. This could further exacerbate ED overcrowding and therefore limit access to timely emergency care.

Finally, false positive results are possible. Broad non-selective screening increases the risk of false positive results, further adding to the cost of health care and unnecessary worry on the part of the patient.

Chapter President- Craig Rudy, MD, FACEP

Chapter Executive- Sierra Acker

President-Elect- Christian Smith MD, FACEP **Government Relations Director-** Katy King

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We urge the committee to remove the requirement for ED testing from the bill. Physicians should be able to use their medical judgement to determine the most appropriate care for their patients. We also support initiatives to increase communicable disease capacity for state and local county health departments to do this work.

Thank you for your consideration.

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