



February 12, 2025

Senate Committee on Health Care
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Re: SB 296

Dear Chair Patterson, Vice-Chair Hayden, members of the committee,

Providence has been a committed partner in Oregon's ongoing efforts to find feasible solutions to address the challenges of long lengths of stay in hospital. In 2022, we collaborated with the Oregon Department of Human Services Adult and People with Disabilities office to identify barriers to timely patient discharge and develop effective solutions. As a member of the Joint Task Force on Hospital Discharge Challenges, I was honored to work with partners from across the state to develop recommendations to support timely discharge from the hospital.

Providence's own analysis of barriers to patient discharge revealed four key areas that led to delays: the assessment process, cross-system communication, hospice patient escalation, and rates. We assessed recommendations based on feasibility, cost, and the impact on the patient and community. We believe the following recommendations from the Joint Task Force on Hospital Discharge will significantly enhance the discharge process and improve outcomes for our patients and communities.

Post-hospital extended care benefit: Providence strongly supports extending the post-hospital extended care benefit from 20 to 100 days. OHA's modeling estimates the small cost of extending the benefit would be offset by LTSS savings. Extending to 100 days would provide sufficient time to cover most common clinical needs as well as cover the LTSS eligibility process. Lastly, extending to 100 days also aligns with Medicare.

Streamlining the eligibility process: Providence supports a timely eligibility process. Today, patients are awaiting discharge while they are assessed for Medicaid eligibility. This means a patient that is ready to discharge to a more appropriate setting is "stuck" in the hospital while the state makes an eligibility determination.

Asset Testing: Providence supports increasing the asset limit, or, preferably, eliminating asset testing. Far too often we see patient's applications delayed while awaiting asset testing completion. In many cases, the patients qualify for Medicaid but have assets they either do not have current access to or will not have access to for many years, such as shared property with other family members. This leaves the patient in the hospital rather than the ideal care setting based on their need.

Reimbursement for adult foster homes: Our population is aging and experiencing more complex medical conditions, yet the adult foster home rates have remained stagnant. We

continue to see over 50% of our referrals going through the exception rate process, which adds an additional 20 days for the patient in the hospital. For two months in 2022 in partnership with state agencies, adult foster homes were provided with additional compensation. Across Providence we were able to place 70 patients with an average length of stay of 41 days. In terms of through-put, this created room for our hospitals to care for an additional 168 patients.

Providence appreciates our legislative champions, partners in post-acute and long-term care, and leadership at the Oregon Health Authority and the Oregon Department of Human Services for continuing to be innovative and solution oriented. We remain committed to working alongside partners statewide to address these barriers, ensuring patients receive the right care in the appropriate setting.

Thank you for the opportunity to provide comment.

Respectfully,

A handwritten signature in black ink, appearing to read 'RM', is positioned below the word 'Respectfully,'.

Raymond Moreno, MD
Chief executive, Providence St. Vincent Medical Center
Providence Health & Systems