

2025 Regular Session Legislative Testimony

Date	February 17, 2025
To	Senator Kayse Jama, Chair, and the Senate Rules Committee
From	Valerie Harmon, Executive Director, Oregon Patient Safety Commission
Subject	Senate Bill 47: Repeals the Task Force on Resolution of Adverse Healthcare Incidents, Whose Role is Also Fulfilled by Another Entity

Chair Jama, Vice-Chair Bonham, and members of the committee:

I'm Valerie Harmon, and I'm representing the Oregon Patient Safety Commission, a non-regulatory, semi-independent state agency. Thank you for the opportunity to provide testimony on Senate Bill (SB) 47. This bill would repeal a number of public bodies that are either no longer active or that have responsibilities also being fulfilled by another entity, which is the case for the Task Force on Resolution of Adverse Healthcare Incidents ("Task Force").

The Task Force was established in 2013 to evaluate the implementation and effects of Early Discussion and Resolution (EDR), a program created to encourage open, transparent communication between patients and families and their healthcare providers about medical harm. The evaluative structure for EDR was created prior to the program being placed within the Oregon Patient Safety Commission, which had its own governance structure.

The Task Force played a key role in providing guidance to help successfully get EDR off the ground, and it ensured EDR's long-term availability for Oregonians by recommending that the Legislature repeal the sunset date for the program in 2021. Now, EDR is out of its start-up phase; the program is solidly embedded into the operations of the Patient Safety Commission under the leadership and guidance of our Board of Directors, which is responsible for the implementation, evaluation, and oversight of all of our programs. The Task Force's evaluative role for EDR is also being fulfilled by the Patient Safety Commission's Board.

SB 47 addresses these overlapping responsibilities, ensuring stewardship of Oregon's public resources by minimizing duplication where appropriate; additionally, SB 47 maintains a mechanism for accountability through an annual EDR report to the Legislature by transitioning this responsibility to the Patient Safety Commission Board of Directors. It is important to note that the Patient Safety Commission provides staff support to both bodies. So, SB 47 would not add to our workload or have a fiscal impact.

An important consideration, should SB 47 pass, is that the expertise represented in Task Force positions should continue to inform the EDR program. While most positions on the Task Force have a comparable seat on our Board of Directors (e.g., physician, hospital industry representative, public member), the seats that are not represented are trial lawyers.

The Board has the ability to appoint an advisory group to inform its work (ORS 442.830 (7)), which could be used to retain essential Task Force voices. An advisory group could also include supplementary expertise not currently found on either the Board or the Task Force (e.g., liability insurers). This structure would allow flexibility to adapt membership to the changing needs and priorities of the program.

I'd like to express my deep appreciation for the Task Force. The EDR program would not be where it is today had it not been for the dedication, hard work, and expertise of its members.

Thank you,



Valerie Harmon
Executive Director