

Chair Patterson and members of the Senate Committee on Health Care, I am writing today to express my support for SB-716.

As a former state representative and member of the House Behavioral Health/Healthcare Committee, I've engaged in numerous discussions regarding how to improve health care access to rural communities.

Defining Urgent Care is a sensible step as it grounds the healthcare accessibility conversation in a common term with an understanding of what services are provided. For many of us in rural communities, operating hours and available services varies between clinics, some of which advertise themselves as Urgent Care. Does that mean I can go there for primary care? Do they have an x-ray machine to examine my son's hand which he just injured in a football game at 8:00PM on a Friday (true story)? Should I try to go there first or just go straight to the ER 45 minutes away? Where will I need to go for a follow-up visit? These are just a few of the questions we seek answers to.

Our healthcare system is dynamic – in Lane County we have clinics and hospitals opening, closing, and merging constantly. For example, the Pleasant Hill clinic re-opened about six months ago in its newest iteration after two previous closures over the past few years, with at least one previous version being as an Urgent Care. People want clarity and to know what to expect so they can make their healthcare decisions, decisions which are oftentimes made in stressful circumstances and with pressing needs.

Going back to my son's injury, turned out to be a broken thumb, if we were the traveling team in another rural community – how would I know where the hours or services provided by the local clinic? Seeing an "Urgent Care" sign would provide that information. Having a common definition is a simple, tangible action which helps people.

Additionally, rural communities and counties would benefit as they undertake healthcare delivery analyses through improvement in identifying service gaps, which they could then try and fill through targeted provider recruitment.

For example, transportation to and from clinics is a key limiting factor for many in their health care decisions, particularly as it relates to receiving regular and preventative care. Fortunately, Lane Transit District is currently working to improve transportation options for rural residents and Lane County is working to improve mobile healthcare – knowing what services are available and where, helps coordinate implementing these efforts.

Emergency management is a lens I always look through. As we've all seen, our healthcare system quickly becomes stressed during emergencies which negatively impacts accessibility and availability for people when they need it most. For my community in particular, this is crucial because our long, narrow valleys are prone to downed trees and power lines cutting off and segmenting communities until they can be removed, the ice melts, or the fire threat has abated.

A common understanding of medical and healthcare services will aid in emergency management planning and response by identifying pinch points and figuring out how to overcome them. Last year's ice storm certainly highlighted the significant negative impact closed clinics and other healthcare facilities can have on emergency rooms, particularly in the immediate aftermath when people are trying to get help all at once. Improved contingency planning by residents, communities, and the county may help avert, or at least mitigate, these disasters by helping people when they need it. This all begins with a shared understanding of what we are talking about.

The ability for Urgent Care centers to be reimbursed at a higher rate has multiple benefits. As I mentioned, the Pleasant Hill clinic closed twice because financially they weren't sustainable. Increased reimbursement rates improve the likelihood that a clinic will remain open. Patient volume limits the services rural clinics provide because businesses operating on narrow margins require a minimum number of patients to support overhead and operating costs. The comparatively low patient volume limit clinics to providing the least operationally expensive healthcare services with higher volumes. Including higher reimbursement rates helps alleviate some of these issues and has the added benefit that improved job security helps recruiting and retaining staff, which enables providers to build relationships with patients and the community.

To close, improving healthcare accessibility in our rural communities begins with having a common understanding of what basic services are provided by facilities so people and communities know and can plan ahead.

Thank you for the opportunity to submit testimony.

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