

Testimony of Mona J. McArdle, MD
Senate Committee on Health Care
Oregon State Legislature
March 20, 2025
Re: Support of SB 716

Chair Patterson, Vice-Chair Hayden, and Members of the Committee,

My name is Mona McArdle, MD. I have been an Oregon physician for over 30 years with the last 22 in Southern Oregon. I am the Medical Director/Chief Medical Officer of Valley Immediate Care, an independent, physician owned, urgent care organization with 6 urgent care sites spreading across Jackson and Josephine County.

I would like to share with you why my experience and why I think it's important to support, encourage, and provide incentives to keep and to grow robust full service urgent cares in all areas of our state. Full Service Urgent care is vital to providing access to healthcare for all Oregonians

Full service urgent care is available seven days a week/ 365 days a year. We are available when PCP's are not available or don't have appointments to see their patients or people don't have a PCP at all.

This type of care is critical for when patients need care, and when ER level care is not needed, appropriate, cost-effective or time efficient, as many ERs have wait times up to 8 hours just to be seen.

A true urgent care needs to be equipped to give medical care that, I like to call "ER lite" they need to:

- be able to clean and stitch up significant wounds, (which require having a number of different size suture material and instruments always available and sterilized along with the professional competence and experience to perform that suturing)
- be able to take, and interpret x-rays to evaluate for broken bones or sprains, and treat those broken bones on site with splinting or casting. (Requires installing and maintaining x-ray machines as well as having staff with special licenses to use those x-ray machines and stocking splinting and casting material)
- be able to diagnose pneumonia with on site x-ray & on site labs and treat with injection antibiotics if needed.((Requires having a number of tech high maintenance laboratory machinery at each site to be able to perform a multitude of tests including PCR testing, but are critical to having immediate answers for appropriate treatment.) Lab and x-ray are not a profit center for any urgent care but mostly a break even necessity to provide appropriate care)
- be able to treat someone with IV fluids that's dehydrated from vomiting from the stomach flu.(Requires maintaining and stocking I.V. fluids, in addition to having staff that are capable of performing those procedures safely and frequently)

- be able to evaluate patients with eye complaints from injuries like weed-whacking with a slit lamp and be able to remove that twig particle or grass from the eye. (Requires having and maintaining specialized equipment and having providers that are capable and skilled with removing foreign bodies from eyes)
- be able to have the ability and tools to open and drain skin abscesses
- as well as evaluate, test, diagnosis and treat people **while they're waiting** for a multitude of illnesses including flu, Covid, strep, RSV, and test and treat for urinary tract infections, prostate infections, kidney infections,
- be able to react to someone with an allergic reaction both mild and severe such as anaphylaxis.

We need more Urgent Care's that are equipped to provide full service care when ER care is not needed, thus decreasing that burden and wait time in the ER. In addition to significantly decreasing cost.

The cost of a visit to urgent care is up to 80% less than the cost of a visit to the ER to treat a patient with the same problem/diagnosis codes.

Urgent care is the middle ground (fills the gap) between the amazing care the PCP's can, and do give, and the emergency room (more expensive) which provides life-saving care for the severely ill or injured.

This bill supports public transparency, by defining what should be classified an urgent care thus helping Oregonians know the type of care they will receive when they go to the urgent care, similar to knowing the level of care that one can expect to receive at a location that is identified as an emergency room.

This bill supports access care for all individuals Including those with Medicare and Medicaid.

This bill is to help save all of us money, whether someone is cash pay, public health plan paid or private insurance paid, as patients will know they can get the care they need at an urgent care for those nonlife threatening illnesses rather than having to spend the extra money for that care in an emergency room.

The more full service urgent cares that can be encouraged to exist and flourished by slightly increasing the amount of reimbursement those full service Urgent Cares (those with lab and x-ray, extended hours, & who agree to see Medicare and Medicaid), will benefit us all, *including the Health Insurance Companies* by having their insured members seek care at an urgent care rather than clogging up the ER waiting rooms with medical illnesses that do not need ER level care or ER level expense.

This bill supports the increased level of care, equipment, staffing, and hours that are needed to provide our public access to care that is cost effective and efficient.

Thank you.

I am happy to answer questions at any time.

Mona J. McArdle, M.D.

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