

February 5, 2019

Oregon State Legislature
House Committee on Health Care
900 Court St. NE
Salem Oregon 97301

Re: House Bill 2624 – Emergency Department Boarding Prevention

Chair Greenlick and Members of the House Health Care Committee:

On behalf of the Oregon Association of Hospitals and Health Systems (OAHHS), Oregon’s 62 community hospitals and the patients they serve, we respectfully request your support for HB 2624. The bill encourages communities to come together to develop local solutions to the growing problem of psychiatric emergency department boarding. It would also convene a task force that would highlight areas of concern and provide a safe table to produce recommendations for regional and statewide solutions. Addressing behavioral health access in a meaningful way is a priority to hospitals and this bill is an important step forward toward building a sustainable delivery system in this critical area.

In 2015, the Oregon Legislature, with support of hospitals, directed the Oregon Health Authority (OHA) to commission a study on the boarding of patients with mental illness in hospital emergency departments while they wait for a bed in an appropriate setting. In 2017, Oregon State University released their report, “Psychiatric Emergency Department Boarding Report” (ED Boarding Study) on the boarding of patients with mental illness in hospital emergency departments while they wait for a bed in an appropriate setting.

Emergency Department Boarding of Mental Health Patients (2017) by the numbers¹

- 17,841 boarders stayed between 2-5 days
- 639 boarders stayed between 6-9 days
- 302 boarders stayed for 10 or more days

The ED Boarding Study provided a literature review on the national causes, impacts and suggestions currently available in relevant research today. It provides the extent and recent trends for psychiatric emergency department boarding in Oregon with data comparison and costs. The ED Boarding Study also provided a quantitative analysis of stakeholder interviews and quantitative analysis of emergency department utilization data. It shows that Oregon’s incidence of psychiatric boarding is similar to other states across the nation, with 2.1 percent of all hospital ED visits represented by psychiatric boarding episodes.

Psychiatric emergency department boarding is a serious issue that is greater than hospitals alone and has interplay with many other stakeholders and agencies including but not limited to insurers, adequate and available placement, workforce, the Oregon State Hospital, funding, and regulations. Hospitals cannot solve this difficult problem alone and our collaborative efforts may not get traction from stakeholders and agencies if they were to convene a separate workgroup. HB2624 proposes the creation of a task force to begin to address both the short-term needs as well as focus on the long-term recommendations.

¹ Data from Apprise Health Insights

Governor Kate Brown's proposed budget for the 2019-2021 biennium includes proposals for a stronger behavioral health system. The Governor's Recommended Budget also funds OHA policy proposals that would expand services for families, strengthen behavioral health services, and modernize systems that protect and improve the health of all Oregonians. Hospitals believe that HB 2624 supports the Governor's behavioral health objectives.

Hospitals feel strongly that without the option for innovative thinking we cannot begin to fix the boarding of patients. Hospitals are poised to bring thoughtful community partners together to develop local solutions to alleviate emergency department boarding. Our two-pronged approach will reduce and ultimately prevent emergency department boarding through community partnerships.

First, HB 2624 proposes funding for community-focused pilot projects whose to improve access to appropriate treatment for people boarding in an emergency department. These pilot projects would need to demonstrate collaboration with community resources; development of community-wide strategies for collaboration on patient placements; utilization of data for analysis of outcomes for reporting effectiveness; and encouragement of immediate and appropriate placement outside of the emergency department.

The second prong of the bill is the development of long-term policy recommendations to reduce the incidence of emergency department boarding through the creation of a task force. The task force would be made up of at a minimum the following: legislators, hospitals, county mental health, department of human services, corrections, developmental disabilities, mental health professionals, a family representative and other stakeholders. Recommendations may include regional pilot projects, best practices, legislation, and budget proposals. The Emergency Department Boarding Prevention Task Force would begin spring of 2019 and provide initial recommendations to the 2020 Legislature; with final recommendations before the 2021 Legislative Session.

OAHS is proposing an additional amendment to HB 2624 that would further clarify the scope and composition of the taskforce.

Respectfully,



Andi Easton
Vice President of Government Affairs
Oregon Association of Hospitals and Health Systems