



**EMS SECTION – OREGON FIRE CHIEFS ASSOCIATION
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To: Honorable Laurie Monnes Anderson, Chair - Senate Committee on Healthcare,
Human Services and Health Policy
Members of the Committee

From: Will Bauscher, Director, EMS Section, Oregon Fire Chiefs Association;
Member, Oregon Emergency Health Care Task Force
Mark Stevens, President, EMS Section, Oregon Fire Chiefs Association

Regarding: Testimony regarding SB234

Date: March 28, 2011

Chair Monnes Anderson, members of the committee, my name is Will Bauscher, I am a director for the EMS Section of the Oregon Fire Chiefs Association and a member of the Oregon Emergency Health Care Task Force. I am here today with Mark Stevens, President of the EMS Section to speak to you about SB234.

Recent reports from the Institutes of Medicine, American College of Emergency Physicians, and the National Highway Traffic Safety Administration all demonstrated a need for revision to Oregon's emergency health care approach. The provision of emergency health care encompasses a multitude of events and factors, working in concert in order to provide the best positive patient outcomes. In the context of pre-hospital EMS care, this effort can best be describes as getting our patients to the right facility, in the right way, and within the right time frame. According to a recent study conducted through the Center for Policy and Research in Emergency Medicine at Oregon Health Sciences University, this effort occurs an estimated 380,000 times per year,¹ and is likely an under-estimation of actual pre-hospital EMS call volume.

SB234 in broad terms provides and bolsters the foundational framework needed to organize and coordinate efforts to provide a full range of emergency health care services to Oregonians, and those visiting Oregon, who are suffering from serious illness and/or injury. The bill capitalizes upon much strength already present within local, regional, and statewide efforts by:

- Retaining (in essence) the State Emergency Medical Services Committee
- Retaining (in essence) the State Trauma Advisory Board
- Retaining (in essence) the State EMS for Children Committee
- Expanding upon the committee and stakeholder concepts to areas such as STEMI and Stroke
- Recognizing and allowing local & regional efforts in Trauma, STEMI, Stroke, and Pediatric care to continue.

¹ Newgard, Craig D, OHSU Center for Policy & Research in Emergency Medicine, 2010.

- Affording opportunities for greater collaborate and coordination with county fire defense boards and other emergency response stakeholders.
- Recognizing and accommodating local, and regional needs, resource constraints, and other considerations.

With Oregon's fire service deploying a majority of the state's emergency medical responders, volunteer and paid - covering regions of our state from urban to frontier, our interest in SB234 is strong. As members of the fire service community, we support the direction and framework being undertaken including amendment efforts to increase equity within third party reimbursement schedules for the provision of these emergency health care services.

In closing, I would like express our support for any efforts which results in improved legitimacy and accountability within Oregon's emergency health care services. From the dedicated community members in Silver Lake, Fossil, and other rural/frontier communities to those career firefighters/EMTs serving more urban areas, any increases in coordination, collaboration, and level of representation are welcomed. Through these efforts, accountability and input on policy matters within the Oregon Health Authority would be enhanced – specifically to those essential programs serving the emergency health care needs of all Oregonians and those visiting our beautiful state.

Thank you for the opportunity to speak to you today. We would be happy to answer any questions you may have.

Respectfully submitted,

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Member, Oregon Emergency Health Care Task Force

Mark Stevens, President
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