

March 18, 2019

Re: Senate Bill 763 – OAHHS Supports with Amendment

Chair Prozanski and Members of the Senate Committee on Judiciary:

Thank you for the opportunity to testify on Senate Bill 763. OAHHS appreciates the work done by stakeholders on this legislation but are concerned that hospitals were not an active stakeholder in the development of this legislation until after submission. On behalf of Oregon's 62 hospitals and health care systems, and the patients and communities they serve, if amendments are accepted we support Senate Bill 763.

OAHHS does support defining “dangerous to self or others” and understands the intent of wanting the definition to be less subjective and not allow for varying interpretation. OAHHS is proposing that the subjectivity would be better left to clinical providers through evidence-based risk assessments as opposed to an arbitrary amount of time. There is no time frame to know if and or when someone may take their own life, but clinical providers and the tools they use help guide them to make the most clinically appropriate plans for intervention and treatment.

- Proposed definition: “Dangerous to self or others” means likely to inflict serious physical harm upon self or another person (~~within the next 30 days~~) as indicated by evidence-based risk assessment.

Current research and practice supports, and the Joint Commission mandates the use of evidence based risk assessments for suicidality in acute care settings. Including an arbitrary metric of 30-days within the definition of dangerous to self or others may dramatically increase mental health holds, civil commitments and length of stay in higher levels of care. Additionally, this does not support evidence based treatment of chronic suicidality, and may impede treatment for many. Additionally, this will further the emergency department psychiatric boarding problem that hospitals are trying to solve.

Recent changes to the health care system through HB 3090 of 2017 have put into place requirements for follow-up care and caring contacts as a means to support behavioral health patients upon release and to reduce suicide overall. We have yet to see the impacts of this legislation, but it seems premature to impose further restrictive practices while we are still studying outcomes from the last intervention.

We urge the committee to not undermine clinical decision making and rather look to seek clarity from those decision makers. We urge this committee to adopt our proposed suggestion for an amendment. Thank you for your consideration. Please let me know if you have any further questions.

Sincerely,

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