

RE: Testimony in Support of SB686

Dear Chair Gelser and Members of the Senate Committee on Human Services, Mental Health and Recovery:

I am a strong advocate of choice in healthcare, including the option of telehealth.
I am writing today to request your consideration for support of SB686 "Telehealth Choice".

The SB686 "Telehealth Choice" bill would solidify, codify, the choice and option for an individual to receive services in person (and not by remote telehealth), particularly for patients receiving inpatient mental health care.

We know that psychiatric medications prescribed can have many serious side effects which can have significant risks and lead to serious complications, even death. I personally know a number of Oregonians in our communities and networks who have suffered loss of kidney and/or liver function, necessitating discontinuation, withdrawal, and/or transplants, who had been taking psychiatric medications for a number of years. In another scenario, when there is a delay accessing prescription(s) after a discharge, as can occur if there is a prior authorization requirement that takes days or weeks to satisfy or resolve, the result of such an abrupt "cold turkey" hard stop of the psychiatric medication can have a life-threatening impact necessitating costly emergent care. This has happened to multiple members of our community after receiving inpatient psychiatric care for "crisis stabilization". Serious side effects with such medications can occur as well, such as tachycardia - a fast heart rate - which left untreated can lead to complications such as a heart failure or stroke, or, tardive dyskinesia - a very unpleasant experience where one's body has uncontrollable jerky movements, twisting, shaking of the body, trunk, limbs, face, jaw, lips, tongue, etc. Imagine trying to drive, learn in school, or seeing your child with these symptoms. Understandably, people have great concern for the quality of care and the potential for misdiagnoses, overmedication, and/or overlooked diagnoses, side effects, withdrawal effects, and/or other risks when seeking mental health services for themselves or their loved ones.

We want our behavioral system in Oregon to be effective, trauma-informed, trauma-responsive and trauma-free. Feeling safe is a primal, fundamental human need for learning and development. What it takes for someone to feel safe, especially in the midst of a behavioral health crisis, can vary tremendously. Person-centered care is individualized. Depending on the nature of an individual's trauma history and/or other factors, some may feel safer not being in proximity to an individual they do not know or trust -- yet some may feel unsafe communicating through remote technology for a number of reasons. Empowering an individual with choice is also an affirming step towards autonomy, responsibility, and shared ownership of outcomes - an important step for many in their healing journey.

An underlying concern of healthcare equity is also of concern which this bill addresses.

If there is a true emergency or disaster preventing any other option within a reasonable time frame, an exceptions process seems feasible to document and report.

Thus, I request your consideration of supporting SB686 as-is or amended if/as necessary.

Thank you for your time and consideration.

Laura Misaras