

To: House Committee on Rules
From: Sharon Meieran, Multnomah County Commissioner
Date: April 30, 2021
Re: Support for House Bill 2002

Chair Smith Warner, Vice-Chairs Drazen and Holvey, and Members of the Committee,

My name is Sharon Meieran. I am a Multnomah County Commissioner representing District 1, and an emergency physician. I am very pleased to offer this testimony in support of House Bill 2002 with the -4 amendments.

HB 2002 represents a comprehensive effort to reform the continuum of our criminal legal system. The COVID-19 pandemic and the Black Lives Matter movement have brought to the forefront stark disparities in our healthcare and criminal legal systems. In behavioral healthcare, Black, Indigenous and other people of color are less able to access community-based treatment and more likely to be arrested for conduct related to a behavioral health condition. This bill addresses the intersection of inadequate healthcare access, racism, and mass incarceration by tackling the criminalization of people with unmet behavioral healthcare needs. I would like to address two specific components of the bill that aim to prevent the counterproductive and harmful criminalization of people whose arrest is triggered by unmet healthcare needs.

- Section 7 would limit an officer's authority to make a warrantless arrest if the crime charged is a non-person misdemeanor. In those cases, the officer could still seek a warrant to make an arrest or issue a criminal citation. This would prevent jail from serving as a default, short-term intervention to address charges associated with behavioral health needs and homelessness, such as trespass and disorderly conduct.
- Under current law, people who are unconscious may not be admitted to jails. Section 11 broadens that prohibition to prevent jail admission of people who are in acute need of medical or psychiatric care. In those cases, HB 2002 would require that an individual be taken to the nearest appropriate medical facility for medical diagnosis, care and treatment.

There is broad agreement among policy makers, law enforcement, healthcare professionals, and people with lived experience in the criminal legal system that jails are not the appropriate destination for people in acute need of either physical or behavioral healthcare. As evidenced in the [Criminal Justice Commission's recent survey](#), rural jails in particular may have extremely limited medical or mental health staffing. In Multnomah County, our Corrections Health Division works to ensure access to appropriate health care. Despite this



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important work, jails, by definition are not trauma-informed, therapeutic environments designed and equipped to receive patients in crisis. Incarceration can cause lasting fallout in an individual's life - loss of housing or employment, disruption of Medicaid coverage and Social Security benefits, separation from children, loved ones, support people, and pets - the list goes on and on. When people with acute healthcare needs are confined in a setting that cannot meet those needs, it follows that they may suffer physical and psychological harm, or even [death](#).

Despite growing recognition of these harms, jails continue to serve as the de facto healthcare drop-off location in many of our communities. Communities lack alternative resources to meet intensifying physical and behavioral healthcare needs, which drives law enforcement to rely on jails. This status quo, with all its human and economic costs, will persist until Oregon enacts statutory limitations that tip the scales in favor of bringing people with acute healthcare needs to a healthcare setting. HB 2002 does this by limiting the harmful overreliance on jails and directing resources to upstream services that meet rather than criminalize behavioral healthcare needs.

HB 2002 will improve equity, fairness, and accountability in Oregon's criminal legal system and I strongly advocate for your support.

Respectfully submitted,

Sharon Meieran