

Submitter: Lisa Ledson
On Behalf Of:
Committee: House Committee On Judiciary
Measure: HB4088

Good morning Esteemed Committee Members of House Judiciary,

I am writing to express my strong opposition to the proposed amendments to House Bill 4088 as outlined in document HB 4088-2, dated February 12, 2024, and requested by Representative Nelson. I have been an Emergency Department Registered Nurse in the Portland Metro area for 16 years, and having been injured by patients throughout my career, there is NEVER a moment where it would be okay for me to be allowed to press charges against patients who experience a disability. I am also the proud mother of an 11-year-old daughter, Hannah, who experiences significant intellectual and developmental disabilities. My professional and personal experience within the disability and medical communities should speak to my subject matter expertise.

While the bill aims to address hospital safety requirements, signage for public and employee awareness, assault penalties, and the establishment of a grant program for hospital workplace violence prevention, it glaringly omits specific protections and considerations for people with intellectual and developmental disabilities (IDD).

People with IDD are among the most vulnerable populations in our society, often facing barriers to accessing quality healthcare, understanding complex health information, and communicating their needs effectively within hospital settings. The lack of language addressing the unique needs and protections of individuals with IDD in HB 4088-2 is a significant oversight that undermines the equity and safety of healthcare delivery.

Firstly, the bill's provisions on signage and communication need to account for the diverse ways individuals with IDD comprehend and interact with information. The assumption that standard signage will serve all individuals equally ignores the necessity for adaptive communication strategies for the safety and understanding of those with IDD.

Secondly, the amendments under consideration do not explicitly require training for hospital staff on recognizing and appropriately responding to patients with IDD. This training is critical for preventing misunderstandings and ensuring that individuals with IDD are treated with dignity and respect, reducing the risk of inadvertent harm or escalation of situations due to a lack of staff awareness and sensitivity.

Moreover, the proposed grant program for workplace violence prevention efforts,

while commendable, misses the opportunity to fund initiatives specifically designed to create safer, more inclusive environments for patients with IDD. Investments in specialized training, environmental adaptations, and support services are necessary to truly address the safety concerns that individuals with IDD face in hospital settings.

In conclusion, I urge the committee and its supporters to reconsider the current language of HB 4088-2. It is imperative to include explicit provisions that address the safety, communication needs, and rights of people with intellectual and developmental disabilities. By doing so, we can ensure that the legislation promotes a safe, inclusive, and equitable healthcare environment for all Oregonians.

Sincerely,

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