

Testimony in Support of SB 1113

March 27, 2025

Chair Gelser Blouin, Vice-Chair Robinson, and Members of the Senate Human Services Committee,

My name is Lisa Ledson. I am a registered nurse with over 17 years of experience, including 15 years working in the Emergency Department. I am also the mother of a child with complex disabilities and a member of *Advocates for Disability Supports*. I've worked with countless families impacted by trauma, restraint, and systemic failures—and I've also been in the room during some of the most intense moments of crisis. I've held the responsibility of keeping both patients and staff safe. I've witnessed restraint used appropriately, and I've seen it misused.

I am writing today in **strong support of SB 1113** because I know firsthand the cost of allowing restraint and seclusion to become a default response rather than a last resort.

In my years in emergency medicine, I've been involved in many restraint events with patients experiencing psychiatric or behavioral health crises. What I've learned is this: **restraint is more often used because the provider feels unsafe or overwhelmed—not because the person in crisis poses an actual imminent danger**. Providers restrain because they are untrained, unsupported, dysregulated—or because it is faster and more convenient than building connections. That truth is uncomfortable, but we must face it if we are serious about safety.

SB 1113 confronts that reality with clarity and compassion. It draws critical lines around what restraints are too dangerous to allow—prone holds, mechanical devices, chemical sedation—and clarifies that seclusion is not timeout or support. It is isolation, and it is traumatic. For many children, especially those with disabilities or communication barriers, it is retraumatizing, disorienting, and profoundly harmful.

Just as importantly, **SB 1113 recognizes the role of prevention**. Unlike HB 3835, which still permits harmful practices without requiring meaningful change, SB 1113 shifts the system toward proactive care. It supports training, oversight, and accountability. It demands that providers learn how to co-regulate—not control—that they understand how to identify distress before it escalates, and that they respond with tools, not just tactics.

As a mother, I've sat beside parents in IEP meetings who were blindsided to learn their child had been restrained or secluded—often without adequate documentation, explanation, or any prior conversation about prevention. As an advocate, I've supported families whose children came home with bruises or emotional scars they didn't have that morning. As a nurse, I've cared for children brought to the emergency department in full behavioral crisis—terrified, dysregulated, and misunderstood—because their needs were not met early enough.

This is a systemic failure. And systemic failure demands legislative action.

Please do not choose the path of convenience or compliance. Choose the path of healing.

Pass SB 1113 without weakening amendments. Our children deserve it, our educators and caregivers need it, and our systems will be better because of it.

With deepest gratitude for your leadership and courage,

Sincerely,
Lisa Ledson
West Linn, Oregon

lisaRledson@gmail.com