

Dear Members of the Oregon Legislature,

Upon seeing the effectiveness of preventative measures such as *peer-run warm lines* in Oregon, I urge you to oppose HB2467. House Bill 2467 seeks to expand the legal definitions of “dangerous to self,” “dangerous to others,” and “serious physical harm” for civil commitment proceedings. While addressing mental health concerns is vital, this bill raises serious risks of government overreach, erosion of civil liberties, and misuse of limited mental health resources. Additionally, it raises concerns regarding potential **violations of the Health Insurance Portability and Accountability Act (HIPAA)** and other legal protections related to privacy, due process, and equal protection under the law. For these reasons, I strongly urge the Legislature to reject HB 2467.

## 1. It Weakens Civil Liberties and Due Process Protections

Involuntary commitment is a severe action that strips individuals of their freedom. HB 2467’s broad and vague definitions increase the risk of wrongful or unnecessary commitments based on subjective or speculative concerns rather than immediate, clear danger. Expanding state power to detain individuals without strong due process protections sets a dangerous precedent and could disproportionately impact vulnerable populations, including those experiencing homelessness and individuals with disabilities.

### Relevant Legal Precedents & Laws:

- **Addington v. Texas (1979)** – The Supreme Court ruled that involuntary commitment requires “clear and convincing evidence” of danger, reinforcing due process protections. HB 2467 threatens to lower this standard.
- **O’Connor v. Donaldson (1975)** – Established that a state cannot confine a non-dangerous individual who can survive safely outside an institution with help from others. HB 2467’s vague expansion of commitment criteria conflicts with this ruling.
- **Foucha v. Louisiana (1992)** – Determined that mental illness alone is not enough to justify indefinite detention without evidence of dangerousness. HB 2467 risks violating this principle.
- **42 U.S.C. § 1983** – Protects individuals from government actions that violate constitutional rights, including unlawful involuntary confinement.

## 2. It Prioritizes Institutionalization Over Effective Community-Based Care

Rather than addressing the root causes of mental health crises, HB 2467 would push more individuals into involuntary hospitalization—a costly, temporary, and often traumatic measure—without addressing Oregon’s severe lack of long-term mental health services. Instead of expanding involuntary commitment, the Legislature should focus on funding outpatient treatment programs, crisis intervention teams, and supportive housing to provide sustainable solutions.

### Relevant Legal Precedents & Laws:

- **Olmstead v. L.C. (1999)** – The Supreme Court held that unjustified institutionalization of individuals with mental illness violates the Americans with Disabilities Act (ADA). HB 2467 risks non-compliance with this ruling by encouraging unnecessary hospitalization over community-based care.
- **Americans with Disabilities Act (ADA) (1990) (42 U.S.C. § 12101 et seq.)** – Prohibits discrimination against individuals with disabilities, including mental illness. Forced institutionalization without exploring less restrictive alternatives could violate this federal law.

### 3. It Risks Worsening Oregon’s Overburdened Mental Health System

Oregon already faces critical shortages in psychiatric beds, mental health professionals, and crisis services. Increasing the number of individuals subject to involuntary commitment will only exacerbate delays in treatment, overcrowd facilities, and strain an already failing system. Without significant new investments in mental health infrastructure, this bill will lead to worse outcomes, not better care.

#### Relevant Legal Precedents & Laws:

- **Wyatt v. Stickney (1971)** – Established the right to adequate mental health treatment if individuals are institutionalized. Overcrowding and lack of resources in Oregon’s mental health system suggest the state may be unable to meet this legal standard.
- **Civil Rights of Institutionalized Persons Act (CRIPA) (1980) (42 U.S.C. § 1997a et seq.)** – Allows the Department of Justice to investigate conditions in mental health facilities. If Oregon expands involuntary commitments without proper infrastructure, it could face federal scrutiny for civil rights violations.

### 4. It Violates Privacy Rights Under HIPAA and Other Federal Laws

HB 2467 raises serious concerns about **violations of medical privacy** and the **confidentiality of mental health records**. Expanding civil commitment criteria may lead to **increased sharing of private health information** among government agencies, courts, and law enforcement, raising potential HIPAA compliance issues.

#### Relevant Legal Precedents & Laws:

- **Health Insurance Portability and Accountability Act (HIPAA) (1996) (45 CFR Parts 160, 162, and 164)** – Protects the privacy of individuals’ medical records. Expanding involuntary commitment could increase inappropriate disclosures of protected health information.
- **Jaffee v. Redmond (1996)** – Recognized the psychotherapist-patient privilege, reinforcing the right to confidentiality in mental health care. HB 2467 risks undermining this legal precedent by broadening the state’s authority to access and use mental health records in commitment proceedings.

- **42 U.S.C. § 290dd-2 (Confidentiality of Substance Use Disorder Patient Records)**  
– Federal law protects the confidentiality of individuals receiving mental health and substance use disorder treatment. Expanding civil commitment criteria without strict safeguards may lead to unauthorized disclosures.
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Instead of expanding involuntary commitment, the Legislature should:

- **Increase funding for voluntary outpatient mental health care** to prevent crises before they escalate.
  - **Expand mobile crisis response teams** to de-escalate situations without unnecessary hospitalization.
  - **Improve housing and social support services** for individuals with mental illness, addressing the root causes of crisis situations.
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HB 2467 is **not the solution** Oregon needs. It **threatens civil liberties, diverts resources away from effective care**, and **risks further overloading a broken system**. Expanding involuntary commitment without sufficient safeguards, infrastructure, or funding for alternative care **violates legal precedents, constitutional rights**, and **privacy laws such as HIPAA**.

I urge you to **vote NO on HB 2467** and instead prioritize policies that genuinely improve mental health care in Oregon **without resorting to unnecessary and unjustified involuntary commitments**.

Sincerely,

Anya Baroff