



April 3, 2025

Oregon State Legislature  
House Committee on Judiciary  
900 Court Street NE  
Salem, OR 97301

*Submitted electronically via OLIS*

**RE: HB 2467, Relating to infrastructure projects**

Chair Kropf, Vice Chairs Wallan and Chotzen, and Members of the Committee:

Samaritan Health Services (SHS) is a nonprofit regional health system offering care to Oregonians in Benton, Lincoln, Linn and portions of Marion and Polk counties. Driven by its mission of building healthier communities together, it brings together community hospitals, physician clinics and health insurance plans to serve more than 275,000 residents of the mid-Willamette Valley and central Oregon Coast. Samaritan's psychiatry residency program is where approximately one-third new psychiatrists trained in Oregon begin their careers.

Samaritan Health Services supports HB 2467 as part of a package of behavioral health bills that, together work to help individuals with mental health conditions get the care they need sooner. This suite of bills includes removing barriers to adding community residential treatment capacity (HB 2015), investment in building out behavioral health capacity (HB 2059) and investing in Community Mental Health Providers (HB 2056).

As practice lead of inpatient psychiatry at Good Samaritan Regional Medical Center (GSRMC) in Corvallis and a faculty member of Samaritan's psychiatry residency program, I want to express gratitude for those who have worked to bring this bill forward and to all of you for hearing this bill. This issue is important to me because my effectiveness as both a physician treating seriously mentally ill patients and an educator training others to do the same requires a functioning civil commitment system. In my experience, the existing law is vague "dangerous to self or others" language enables dramatic differences in access to care between neighboring counties whose mental health departments interpret the law differently. HB 2467 adds much-needed clarity.

GSRMC is the only inpatient psychiatric unit in Benton, Lincoln and Linn counties and mostly serves patients with schizophrenia or other serious psychotic disorders whose hope of meaningful recovery depends on getting care early in their illness and sustaining each episode of treatment long enough for treatment to start working. There is variance amongst the counties, and it impacts a patient's recovery. For example, I am more able to provide these crucial interventions when patients come from a county which applies broader standards, giving more weight to clinical judgment than when a patient comes from a county, where the standard is almost impossible to meet unless the person has already engaged in recent violence serious enough to warrant criminal charges. HB 2467 with the -3 amendments will lead to better outcomes by helping to ensure that the definitions and criteria are clear and reduce this swing in standards.

I want to share with you the story of one patient who has stayed at the forefront of my mind. She had schizophrenia, which did not involve violent or suicidal threats but rather progressed over several years. If HB 2467 had been in place, her outcomes could have been much improved and she, as well as others, would have experienced less harm and trauma. This woman's, untreated schizophrenia evolved to a chronic catatonic state in which she lost the ability to speak intelligibly or to control her bowels or bladder. Her parents tried repeatedly to get her hospitalized but were told that this was impossible based on a narrow interpretation of current civil commitment statute. Although the catatonia left her immobile much of the time, she had brief bursts of impulsive wandering, which eventually led to her arrest for trespassing and civil commitment from jail. With treatment, she began speaking and moving normally. But because she went untreated for so long, she was left with profound cognitive impairment and may need lifelong caregiving.

If passed, HB 2467 will undoubtedly make a crucial difference in the lives of individual patients who are poorly served by current civil commitment law. However, unless Oregon also builds and staffs the outpatient teams, hospital units, residential treatment facilities, and group homes that we need, the tragedy of delayed care will remain commonplace.

Those of us dedicating our professional lives to the treatment of psychosis face enormous obstacles in our attempts to bring the right people into the hospital at the right times and return them to places in the community where they will be able to continue recovering. I urge you to support HB 2467 with the -3 amendments as well as HB 2015, HB 2059 and HB 2056 that will complement the work and investments to the behavioral health system.

Respectfully,

Susan Spivey, MD  
Samaritan Health Services