

**TESTIMONY ON HOUSE BILL 2467  
BEFORE THE HOUSE COMMITTEE ON JUDICIARY  
APRIL 3, 2025**

**PRESENTED BY: CHANNA NEWELL, SENIOR STAFF COUNSEL FOR  
GOVERNMENT RELATIONS  
OREGON JUDICIAL DEPARTMENT**

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

Thank you for the opportunity to provide feedback on House Bill (HB) 2467 with the -3 amendments. The Oregon Judicial Department (OJD) is neutral on the bill and amendments, but we wish to recognize the tremendous effort made by the Oregon chapter of the National Alliance on Mental Illness (NAMI) to develop this concept.

To place a person in a civil commitment is a significant event and one that should not be taken lightly. Judges across Oregon have deliberated and debated on its appropriate use. We have seen different interpretations of the current statutory language in various jurisdictions, resulting in different commitment standards.

While this concept was in development, Oregon courts viewed any modifications to these statutes through a lens of increasing clarity, consistency, and functionality in this sensitive and highly charged area of law.

The -3 amendments to HB 2467 provide clarity into what information courts should consider when determining whether a person is a danger to themselves, a danger to others, or unable to meet their basic needs. The level of detail offered in the amendments to HB 2467 will allow judges to interpret the statutes and apply them to the particular case in front of them in a consistent fashion.

In an effort to provide clarity, consistency, and functionality, OJD offers the following feedback on the –3 amendments:

- The legislative record should make clear how the legislature expects the term “recent” to be used. In several places within section 2a, the court is asked to look at “recent acts” and “recent threats.” Recent can be context-specific, or it can be subject to a firm timeline. One suggestion for clarifying this term is to modify the term “that assists the court in making its determination” as found in Section 2a(1), (2), and (3) to “that is relevant to the court’s determination.”
- In section 2b(1)(g), a definition for “physical harm” is provided. That term uses a new term, “trivial.” This term is not used elsewhere in the civil commitment or criminal law statutes, and it would be beneficial to learn what the legislature intends when it uses the phrase “trivial” in relation to harm. Additionally, within this section, it would be helpful to know whether harm that is “trivial in terms of pain or other bodily impact” is intended to be a subjective or objective standard.

The section also uses “injury,” “pain,” and “impairment” to describe the physical harm, but uses “pain” or “other bodily impact” to describe whether the harm is trivial. These terms are inconsistent and could lead to confusion in practice. One possible reconstruction is to say, “‘Physical harm’ means non-trivial physical injury, physical pain or other physiological impairment.”

- In section 2b(1)(i), a new definition of “serious physical harm” is provided. The structure of the sentence could be construed to mean a number of different conditions would qualify as a serious physical harm. For instance, the sentence could be constructed to mean that a risk of serious and irreversible impairment of health is sufficient for serious physical harm. It could also be interpreted to mean that among the risks that would allow a finding of serious physical harm, that only a risk of death qualifies, and that actual serious and irreversible impairment must have occurred in order to be considered a serious physical harm. Clarity on the intention and structure of this section would be helpful in providing consistent interpretations of the term.
- Section 2a provides parameters of what a court can consider when determining whether a person is a person with a mental illness. Subsection (1)(d) allows consideration of “a clinical perspective” on the likelihood of a person becoming dangerous to self or others or unable to meet basic needs, absent treatment. In subsection (3)(e) of Section 2a, the court may consider information that includes, “the opinion of a licensed independent practitioner that the person is at risk of causing physical harm to another person.” Having two different types of medical perspectives, “clinical perspective” in one section and “opinion of a licensed independent practitioner” in another, creates unnecessary confusion on which entity is responsible for providing information to the court.
- Section 2a(1)(b) provides that a court can consider a person’s insight or lack of insight on how that person may follow a recommended treatment plan. It would be helpful to clarify what this section is intended to target, whether the person’s understanding or the person’s ability to make decisions, or the effect of a person’s mental illness on their ability to follow a recommended treatment plan.
- Additionally, throughout this process, OJD heard from a number of individuals that using the term “person with a mental illness” to describe a person who is dangerous is hurtful and stigmatizing to individuals who experience a vast array of mental illnesses. OJD believes a change from “person with a mental illness” to “person subject to commitment” would help reduce this stigma and bring clarity that individuals who experience mental illness are not, by definition, dangerous.

Finally, OJD also recognizes that commitment is a significant imposition on a person’s liberty and in many instances, a person’s behavior does not reach the current legal criteria necessary for commitment. Current data reflects that 80% of individuals placed on a hold pre-commitment do not result in a commitment hearing or diversion from commitment. This concept may increase the number of commitments, but it will not address the needs of the 80% of individuals who were debilitated enough to be placed on a hold but for whom civil commitment was not an appropriate resolution.

For those individuals, OJD acknowledges the need for continued efforts to develop an effective and well-funded Assisted Outpatient Treatment (AOT) system and supports development of a network of regional crisis stabilization centers to address the needs of those who are experiencing mental health crises but for whom commitment is not appropriate.