



OREGON PSYCHIATRIC
PHYSICIANS ASSOCIATION



Oregon Council of
Child & Adolescent
Psychiatry

Date: May 12, 2025

To: Rep. Ben Bowman, Chair
Rep. Christine Drazen, Vice-Chair
Rep. Hai Pham, Vice-Chair
Members of the House Committee on Rules

From: Daniel Nicoli, DO
Oregon Psychiatric Physicians Association (OPPA)
Oregon Council of Child & Adolescent Psychiatry (OCCAP)

RE: HB 3835, Seclusion and Restraint Reform

Chair Bowman, Vice-Chairs Drazen and Pham and members of the committee:

My name is Dr. Daniel Nicoli. I'm a child and adolescent psychiatrist. I'm here on behalf of OPPA and OCCAP to testify in support of HB 3835. This bill addresses the critical issues arising from SB 710 (2021) and SB 1515 (2016). As a child-serving professional working in an emergency department in Oregon, I've personally observed the unintended consequences stemming from current laws that label necessary interventions by staff as potential abuse.

Since the passage of SB 710 and SB 1515, Oregon has experienced a drastic reduction in psychiatric beds available for youth. Psychiatric facilities that remain operational have become increasingly hesitant to admit youth who exhibit aggressive or unsafe behaviors due to fears of regulatory consequences. Consequently, the children with the highest risks and greatest needs now find fewer resources available. This has directly contributed to more than double the number of youths entering the emergency department where I work, overwhelming our capacity to safely and effectively serve children in crisis.

Current statutes have inadvertently created an environment where staff who must physically intervene to protect youth, peers, or themselves are regularly reported for potential abuse. Staff face investigations and often career-ending consequences—even when the intervention is both necessary and justified. The stress of these investigations, along with the associated administrative burden, staffing shortages, and increased turnover, has driven many dedicated professionals away from careers serving youth, further exacerbating staffing shortages and cost burdens for child-caring facilities across Oregon.

Oregon Psychiatric Physicians Association

PO Box 21571, Keizer OR 97307

info@oregonpsychiatric.org

www.oregonpsychiatric.org

The consequences are not only operational but deeply personal and harmful: dedicated professionals lose their livelihoods, and vulnerable youth lose critical support. Facilities are now hesitant or unwilling to serve youth with aggressive behaviors due to liability fears, thus depriving our most at-risk children of desperately needed services. I've witnessed firsthand how these policies have directly reduced available psychiatric beds, decreased care accessibility, and placed additional, unnecessary burdens on our already-strained healthcare system. In one case, I work with a youth in the intensive care unit of a hospital following a serious medication overdose. The staff of his facility watched him break open a medication lockbox and take multiple bottles of medication without physically intervening due to fear of being charged with child abuse for doing so.

House Bill 3835 will correct these issues by clarifying what constitutes appropriate intervention, reducing unintended penalties against staff who act responsibly, and reinstating a balanced approach that allows child-caring agencies, including psychiatric facilities, to safely care for children while ensuring accountability and best practices.

For the safety and wellbeing of Oregon's youth and the dedicated professionals who support them, I urge you to support House Bill 3835. Thank you for the opportunity to provide our perspective on this bill.