

Seventy-Eighth Oregon Legislative Assembly - 2015 Regular Session
STAFF MEASURE SUMMARY
House Committee On Health Care

MEASURE: HB 2363
CARRIER: Rep. Greenlick

Fiscal: No Fiscal Impact
Revenue: No Revenue Impact

Action Date: 03/02/15

Action: Do Pass.

Meeting Dates: 02/20, 03/02

Vote:

Yeas: 6 - Clem, Greenlick, Kennemer, Keny-Guyer, Lively, Nosse

Nays: 3 - Buehler, Hayden, Weidner

Prepared By: Sandy Thiele-Cirka, Committee Administrator

WHAT THE MEASURE DOES:

Requires treating physicians to document, in the clinical record, any seclusion or confinement of an individual who is alleged to have a mental illness and who is confined in a hospital or nonhospital facility. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Individuals waiting on civil commitment process
- Availability of inpatient beds for individuals in crisis
- Current “boarding” practices
- Review of current administrative rules

EFFECT OF COMMITTEE AMENDMENT:

No amendment.

BACKGROUND:

According to the George Washington University *Policy Brief Vol. 1, Issue 2, 2014*, psychiatric boarding, or the time spent waiting in a hospital emergency department (ED) for an inpatient hospital bed or a transfer to another inpatient facility by patients with primary mental health conditions, is widely recognized throughout the United States.

Psychiatric care delivery varies across EDs. In some EDs, the emergency medicine physician can decide whether a patient needs to be admitted to a psychiatric hospital, while other EDs may request a psychiatric consultation when a patient presents with mental health issues.

Currently, ORS 426.072 states that people on civil commitment holds are entitled to “the care, custody and treatment required for mental and physical health and safety” and are to receive “usual and customary treatment in accordance with medical standards in the community.” House Bill 2363 adds seclusion to the treatments that are required to be documented.