



Comments on Senate Bill 1054  
From Chris Bouneff, Executive Director, NAMI Oregon  
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Senate Committee on Veterans and Emergency Preparedness

NAMI Oregon opposes Senate Bill 1054, which would obliterate the careful and deliberate process that Oregon has in place to analyze and consider proposals to build new inpatient psychiatric hospitals.

As background, we are the state chapter of the National Alliance on Mental Illness. NAMI Oregon is a grassroots, membership-governed organization with 15 local chapters that provide free education, support and advocacy programs to individuals and families affected by mental illness. Our membership, leadership, and staff are people with lived experience and include veterans and their families. We annually serve about 8,000 Oregonians through our programs and statewide resource Helpline.

As ardently as we support enhanced services for veterans, we cannot support SB 1054 because it would likely destabilize Oregon's behavioral health system. Oregon has a deliberate and detailed certificate of need process in place for a reason. Hospital psychiatric care is our most expensive level of care. It serves the fewest people of any treatment environment but consumes the bulk of our behavioral health spending.

Health care spending is finite. If Oregon over-builds or builds the wrong type of inpatient care in the wrong place, one of two results is guaranteed. First, we will starve funding to less costly and more effective community services that prevent crises. Or second, we will create an economic environment in which we simply relocate beds because current inpatient providers leave the business.

Before legislation such as SB 1054 ever moves forward, detailed questions must be asked and suitably addressed in any legislation:

- Why would we allow any hospital unfettered ability to wreak chaos on the rest of our behavioral health system without the careful analysis that's conducted through the certificate of need process? SB 1054 would allow a hospital blanket permission to build whatever it wants, wherever it wants, to serve whomever it wants, with as many beds as it wants just as long as a single bed is contracted with the Department of Veterans Affairs. There are no guarantees for volume of services, nor the protections that the certificate of need process affords Oregon to maintain the stability of our behavioral health system.

- Why wouldn't we set a minimum expectation for the number of inpatient beds that must be developed? This legislation doesn't guarantee more capacity other than a proposed hospital in Wilsonville that, according to the development proposal, will not exclusively serve veterans. As

drafted, a contract with Veterans Affairs for even a single bed would qualify a new hospital for an exemption.

- Why doesn't SB 1054 address our most pressing needs in terms of behavioral health services for veterans? For example, a large hospital in Wilsonville does not address the communities with a severe shortage of services for veterans, such as Central Oregon, Eastern Oregon, Klamath Falls, and communities along the Oregon Coast. Why wouldn't we mandate that services, both inpatient and community services, be located where they are most needed as part of any blanket exemption?

- Why wouldn't we prohibit any inpatient beds developed under this legislation from serving people other than Veterans Affairs patients without going through Oregon's certificate of need process? This would protect the stability of our current behavioral health system and ensure that if a hospital wishes to serve people more broadly that it must go through critical analysis.

These are just a few of the questions that any legislation should address in detail before we grant any entity a blanket exemption from the careful planning and analysis that is necessary before we build any institution that will provide acute behavioral health inpatient services.

We urge the committee to oppose SB 1054 as drafted. Thank you for this opportunity to provide input.