



**BILL KENNEMER**  
**STATE REPRESENTATIVE**  
DISTRICT 39

April 13, 2017

Senate Committee on Veterans and Emergency Preparedness

Re: SB1054

Dear Chair Boquist and Members of the Veterans and Emergency Preparedness Committee:

My name is Representative Bill Kennemer and I represent the Oregon City and South Clackamas County areas. I am here to ask you to support Senate Bill 1054. This bill attempts to address the severe lack of inpatient psychiatric beds available to veterans and servicemembers in Oregon, part of the critical problem of a lack of mental health services in Oregon for those who served our country. SB1054 would lift the Certificate of Need process for inpatient psychiatric beds for a two-year period as a trial, for any hospital that serves veterans or active duty members of our military. It is a timely, limited bill intended only to alleviate the immediate need for inpatient psychiatric services for veterans.

I was a Clinical Psychologist for over 25 years and I have seen first-hand how our lack of mental health services hurts Oregonians in need.

**Oregon's Poor Track Record in Providing Mental Health Services**

Mental Health America ranks Oregon 49th out of 50 states in providing access to mental health services for those who need it. The Oregon Health Authority estimates there are upwards of 40,000 Oregonians with severe and ongoing mental illness, yet Oregon has fewer than 800 beds available specifically for psychiatric care. The Governor's proposed budget would eliminate another 174 beds in the Junction City hospital. I understand that only one non-VA facility provides inpatient psychiatric beds for veterans and servicemembers.

In the Tri-county Portland metro area, the hospitals that have inpatient psychiatric beds had an average occupancy of over 86% in the most recent data. This means that these hospitals are effectively at capacity, and as a result patients are forced to stay in emergency room departments. This is called Emergency Department (ED) Boarding and the horrors of this practice have been detailed in numerous newspaper articles over the past few years, and criticized by the U.S. Department of Justice.

According to a study that was provided to the Oregon Health Authority by Oregon State University's College of Public Health and Human Services last year, the average boarding stay in Portland was over 18 hours.

For people facing a psychiatric crisis in our communities, ED boarding means that instead of receiving the care they need, they typically are locked in a secure room in a hospital's emergency department, sometimes for days, because there is no available

inpatient psychiatric facility where they can receive the treatment they need to stabilize and safely return to a non-inpatient environment. Their condition deteriorates as a result, it does not improve. It severely affects the other patients and medical providers in the ED who are not equipped to handle those in serious need of mental health services in an inpatient environment.

And, this is not a minor problem in Oregon. According to the Oregon State University study, almost one out of every four severe psychiatric visits to emergency departments in Oregon results in boarding.

Too often this poor care affects our service members and veterans when they face mental health crises here at home. The men and women who have sacrificed so much for our country deserve to be protected from emergency department boarding.

### **Inpatient Treatment is Part of the Continuum of Care**

It is important to make one thing absolutely clear: outpatient mental health care is not an end-all, be-all substitute for inpatient psychiatric treatment for those who need it. There are a number of diagnosis that must be treated in an inpatient psychiatric setting. For patients facing acute psychotic episodes, the fact that there are outpatient resources available simply will not provide the care and treatment that they need. They need a safe, caring inpatient facility. Outpatient care for certain serious mental illnesses simply is not always a viable alternative.

But despite this need we have not seen bed capacity grow over the last two years. Instead it has declined. In part this is because of the cost and heavy administrative burden of the Certificate of Need process. The Certificate of Need process is not a procedure to determine if a facility is safe or is in compliance with licensing requirements. It is simply a process that asks whether there is a need for inpatient psychiatric beds in our community. But everyone already knows that we need more beds. Patients would not be boarded in emergency departments if inpatient psychiatric beds were available.

Instead, the Certificate of Need process recently has served as a barrier that prevents existing hospitals from adding psychiatric units or new hospitals from building new psychiatric units. This bill says that when it comes to our veterans and active duty service men and women, enough is enough. It is not okay for anyone who has served our country to routinely be boarded in an emergency room.

I respectfully ask you to support Senate Bill 1054. Thank you.