

Submitter: Troy Howington

On Behalf Of:

Committee: House Committee On Business and Labor

Measure: HB4126

Chair Holvey, Vice Chairs Bonham and Grayber and members of the committee,

My name is Troy Howington. I currently Emergency Department Nurse who specializes in the care of behavioral health patients at a Portland hospital. I formerly worked as a Registered Nurse at a local residential behavioral health facility. I am here today to voice my support for HB 4126.

Oregon itself in the midst of a behavioral health workforce crisis. Over the last year, we have lost 383 residential beds due to inadequate staffing.[i] During my prior experience in the residential setting, I witnessed the poor labor conditions that contribute to this crisis. Now, in my current role as an ED nurse, I see daily one of the dangerous downstream effects: unsafe and unprecedented boarding times. I have cared for a countless number of patients who have languished in the ED for usually at least 3 days but I have had people stuck there for up to 2 weeks, awaiting residential treatment. On multiple occasions, when calling report after the patient is finally accepted, I have been told that there is simply no staff available at the facilities and the patient will have to wait.

Emergency departments are not designed to house behavioral health patients. It is loud, unpredictable, and activity is heavily restricted for their own safety, which puts patients at higher risk of self-harm, aggressive behaviors, and elopement.[ii] To give an example, I was caring for a patient who had been boarded for about 72 hours, they had been calm and safe all throughout their stay. While on the way to the bathroom they witnessed another patient vomiting blood. Terrified, they ran back down the hallway pushing myself to the ground and attempting to get away from what they just witnessed. Additional staff were gathered and we were able to verbally de-escalate them without injury to the patient. Unfortunately I had to miss time from work due to a knee injury from this event.

Not only are boarded patients at increased risk of self-harm, but subsequent overcrowding puts everyone who is hospitalized at risk. A study from the Institute of Medicine found that a patient is 5% more likely to die if the emergency department is overcrowded.[iii] If you were to walk through one of these overcrowded EDs, you would see stretchers lining the halls, elevators converted into procedure rooms, and a third of the beds occupied by behavioral patients.

These stories are reflective of emergency departments across Oregon; a state with disproportionately high rates of mental health disorders and lower rates of access to

care when compared with the rest of the country.[iv]

HB 4126 would improve labor conditions, thereby increasing staff retention and helping attract workers to the non-hospital setting. In turn, this would allow behavioral health patients to access care in the appropriate setting and help reduce overcrowding in Oregon's emergency departments.

I urge you to vote yes on HB 4126. I want to thank you for your time. I am happy to answer any questions you may have.

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[i] Baden, D. (2022). HB 4004: Fiscal and Policy Information [PowerPoint Presentation]. Oregon Health Authority. Retrieved from <https://olis.oregonlegislature.gov/liz/2022R1/Downloads/CommitteeMeetingDocument/252099>

[ii] Schmidt, M. and Uman, T. (2020). Experiences of acute care by persons with mental health problems: An integrative literature review. *Journal of Psychiatric Mental Health Nursing*, 27(6), 789-806. Doi: 10.1111/jpm.12624

[iii] Mathur, H. (2015). Behavioral health boarding in the ED [Report]. International Association for Healthcare Security and Safety (IAHSS). Retrieved from <https://iahssf.org/assets/foundationbhpatientboarding.pdf>

[iv] Mental Health America. (2020). Ranking the States. Retrieved from <https://www.mhanational.org/issues/ranking-states#>