



Disability Rights Oregon

TO: Joint Committee On Addiction and Community Safety Response
FROM: Disability Rights Oregon
DATE: February 7, 2024
RE: Testimony on HB 4002, HB 4036, and SB 1555

Co-Chair Lieber, Co-Chair Kropf, and Members of the Committee,

Thank you for the opportunity to submit testimony on HB 4002, HB 4036, and SB 1555.

Expanding Hold Time to 72 Hours of Acutely Intoxicated People Risks Medical Neglect and May Lead to Death

The legislation proposes to expand the time frame for sobering and treatment of people perceived as acutely intoxicated for up to 72 hours. Without any hearings or due process, this would violate the rights of people experiencing addictions as well as risk the rights of people with other disabilities. At the same time, the proposed changes would threaten the health of people going through withdrawal.

Sobering and treatment detention is permitted only for acute intoxication. Few drugs in any dosage amount result in acute intoxication that lasts more than 24 hours, and essentially no drug usage results in acute intoxication for more than 48 hours. In fact, between 48 and 72 hours after a person's last drug usage, withdrawal symptoms begin to set in. These symptoms are not acute intoxication but can be very dangerous or fatal. That's why a person experiencing withdrawal must be managed appropriately in a setting trained and prepared for that purpose—which sobering centers are not. Holding people for 72 hours will mean many will be released just as they experience the worst and most dangerous symptoms of withdrawal. By expanding these holds to 72 hours under HB 2002, an acutely intoxicated person will be put on the street at the worst possible time, thereby increasing the likelihood of serious and potentially fatal consequences. The answer to acute intoxication is not expanding hold times, it is matching the right service with the right person.

Americans with Disabilities Act and the Expansion of Sobering and Treatment Holds

Increasing detention times to 72 hours also runs the risk that people with serious disabilities that can mimic symptoms of inebriation or drug intoxication, such as certain stages of diabetic ketoacidosis, will be wrongly detained for three days. Such detention would violate their due

process rights and endanger their lives. This would constitute a violation the Americans with Disabilities Act.

Increasing Transparency and Accountability between the Oregon Health Authority and the Coordinated Care Organizations

Disability Rights Oregon is pleased to see expanded access to substance use disorder medications through insurers, Coordinated Care Organizations, and the Oregon Health Authority. Yet insurers continue to operate with behavioral health rates that are too low to create a robust behavioral health system. Further, the Coordinated Care Organizations and the Oregon Health Authority have failed to administer funds, establish programs, and monitor contract enforcement to ensure the promise of expanded access to behavioral health becomes reality to all eligible Oregonians.

Biannually, Oregon spends billions for an addiction and behavioral health system that is one of the worst in the nation. The suite of bills from this Committee continues to rely on the Coordinated Care Organizations and the Oregon Health Authority to improve this system. While more funding is needed to fix Oregon’s broken behavioral health system, we also need increased transparency and accountability from both the Oregon Health Authority and the Coordinated Care Organizations. In 2023, for example, the Oregon Secretary of State’s Audit Division questioned whether a whopping 18% of the Substance Abuse Block Grant—\$2,793,693—from the Federal government were appropriately spent.¹ Another recent internal agency audit found the Oregon Health Authority lacked sufficient authority to provide oversight of contractors—resulting in wasted money and Oregonians with mental illness being placed in overly restrictive settings.²

As the Committee continues its work on HB 4002, HB 4036, and SB 1555, we encourage you to provide the Oregon Health Authority with authority to exercise robust contract enforcement and to modify insurance reimbursement to ensure sufficient supply of behavioral health and substance abuse treatment. Without an agency that can make grants, execute contracts, and enforce those agreements in a timely manner, Oregon’s behavioral health system will remain uncoordinated and continue to flounder. As a result, people with disabilities are struggling and will continue to do so.

About Disability Rights Oregon

Since 1977 Disability Rights Oregon has been the State's Protection and Advocacy System.³ We are authorized by Congress to protect, advocate, and enforce the rights of people with disabilities under the U.S. Constitution and Federal and State laws, investigate abuse and neglect of people with disabilities, and “pursue administrative, legal, and other appropriate

¹ Keeping Oregon Accountable: Summarizing Statewide Financial Audits for Fiscal Year 2022 (Sept. 2023).

² Lund Report, Audit Faults the State’s ‘Poor’ Monitoring of Oregon Health Plan Contractor (Sept. 9, 2023).

³ See ORS 192.517.

remedies”.⁴ We are also mandated to “educate policymakers” on matters related to people with disabilities.⁵

If you have any questions regarding DRO’s position on this legislation, please call Meghan Moyer at 503-432-5777 or email her at mmoyer@droregon.org.

⁴ See 42 U.S.C. § 15041 et seq; 42 U.S.C. § 10801 et seq.

⁵ See 42 U.S. Code § 15043(a)(2)(L).