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STATE REPRESENTATIVE
District 34



HOUSE OF REPRESENTATIVES

Written Testimony | SB 1547 | 2/16/24

As a pediatrician, I believe we need every tool possible to help a youth in need. And so, I was intrigued by SB 1547, which allows parents to admit youth to treatment centers for Substance Use Disorders, even when those youth do not consent to treatment.

And so, I discussed the concept with fellow pediatricians, child psychiatrists, parents, and treatment providers (among others). And I conclude that SB 1547 should not proceed.

First, when we compel treatment for an unwilling youth in a system with too few youth residential treatment beds, we take up a bed that could be for a youth seeking and ready for treatment.

Second, the facilities are not set up for youth who resist treatment. These must be locked facilities. Staff is not prepared for the possible dysregulation that comes with forced admission.

Third, compelling treatment when one is not ready for it may not be fruitful (at best) and can even be damaging (at worst). Instead, we need to work with families and youth to help them come to the decision to seek treatment. We can help guide these discussions through an evidence-proven method called "motivational interviewing".

Specific to SB 1547: We must put the decision for accepting an uncooperative youth in the hands of medical personnel, not program directors (Section 1 (2) of the bill). And, we cannot allow parents access to the youth's medical records without the consent of the youth (Section 1 (4)).

I will say that I have spoken with some child psychiatrists who think we do need some version of this tool (civil commitment of youth for substance youth disorder). The underdeveloped brains of youth, further impaired by substance use disorder, may make it difficult for youth to consciously choose treatment and recovery. To implement civil commitment to a treatment facility for youth with substance youth disorder, we would need more residential treatment beds, specifically designed for a reticent patient. I would be interested in looking into this with advocates.

To a person, everyone I spoke to on this topic feels strongly that we need a more robust youth behavioral health system in order to help youth cope with depression and anxiety when they first experience symptoms of those mental illnesses. Prevention is the key strategy here, even as we seek to improve treatment options for youth with substance youth disorders.

I urge a NO vote on SB 1547.

Sincerely,

Lisa Reynolds, MD
State Representative Oregon HD 34