House Bill 2470

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of House Interim Committee on Judiciary for Oregon District Attorneys Association)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.** The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act changes laws about mental health findings. The Act takes effect on the 91st day after sine die. (Flesch Readability Score: 81.4).

Directs the Oregon Health Authority to expand the capacity of the Oregon State Hospital.

Requires certain updates and reports when a defendant has been ordered to engage in community restoration services due to lacking fitness to proceed. Authorizes the release of the defendant's fitness to proceed records upon request in specified circumstances. Authorizes the court to order the defendant to participate in an in-custody jail-based restoration treatment program when the defendant lacks fitness to proceed.

ant lacks fitness to proceed.

Authorizes the Oregon Public Guardian and Conservator to establish a program for persons found to lack fitness to proceed and to receive records concerning the defendant.

Modifies the criteria for the commitment of an extremely dangerous person with mental illness. Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to mental health; creating new provisions; amending ORS 125.683, 161.355, 161.362, 161.367, 161.370, 161.371 and 426.701; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

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OREGON STATE HOSPITAL CAPACITY

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SECTION 1. (1) The Oregon Health Authority shall, as soon as practicable, expand the capacity at Oregon State Hospital for inpatient psychiatric patients, including state and community hospital beds. The additional capacity shall at least meet the projected additional capacity needed as identified in the Oregon Health Authority Behavioral Health Residential+Facility Study of June 2024, projecting the need for 486 new beds.

(2) Beginning no later than December 31, 2025, and annually thereafter, the Oregon Health Authority shall submit a report to the appropriate interim committees of the Legislative Assembly, in the manner described in ORS 192.245, concerning the current capacity of Oregon State Hospital and the projected additional capacity needed in the following year.

SECTION 2. Section 1 of this 2025 Act is amended to read:

- Sec. 1. [(1) The Oregon Health Authority shall, as soon as practicable, expand the capacity at Oregon State Hospital for inpatient psychiatric patients, including state and community hospital beds. The additional capacity shall at least meet the projected additional capacity needed as identified in the Oregon Health Authority Behavioral Health Residential+ Facility Study of June 2024, projecting the need for 486 new beds.]
- [(2) Beginning no later than December 31, 2025, and annually thereafter,] The Oregon Health Authority shall annually submit a report to the appropriate interim committees of the Legislative

Assembly, in the manner described in ORS 192.245, concerning the current capacity of Oregon State Hospital and the projected additional capacity needed in the following year.

SECTION 3. The amendments to section 1 of this 2025 Act by section 2 of this 2025 Act become operative on January 2, 2028.

FITNESS TO PROCEED

SECTION 4. ORS 161.355 is amended to read:

161.355. As used in ORS 161.355 to 161.371:

- (1) "Certified evaluator" has the meaning given that term in ORS 161.309.
- (2) "Community restoration services" means services and treatment necessary to safely allow a defendant to gain or regain fitness to proceed in the community, which may include supervision by pretrial services.
- (3) "Hospital level of care" means that a defendant requires the type of care provided by an inpatient hospital or an in-custody jail-based restoration treatment program in order to gain or regain fitness to proceed.
- (4) "Public safety concerns" means that the defendant presents a risk to self or to the public if not hospitalized or in custody.

SECTION 5. ORS 161.367 is amended to read:

161.367. (1) If at any time the court determines that the defendant lacks fitness to proceed, the court shall further determine whether there is a substantial probability that the defendant, in the foreseeable future, will gain or regain fitness to proceed. If the court determines that there is no substantial probability that the defendant, in the foreseeable future, will gain or regain fitness to proceed, the court shall dismiss, without prejudice and in accordance with subsection (6) of this section, all charges against the defendant and:

- (a) Order that the defendant be discharged; or
- (b) Initiate commitment proceedings under ORS 426.070, 426.701 or 427.235 to 427.292.
- (2)(a) The superintendent of the hospital or director of the facility in which the defendant is committed under ORS 161.370, the director of the facility providing the in-custody jail-based restoration treatment program or a person examining the defendant as a condition of release to community restoration services shall notify the court if the defendant gains or regains fitness to proceed.
- (b) A party to the case may notify the court if the defendant has gained or regained fitness to proceed.
- (c) The court may, upon its own motion or the request of either party, hold a hearing to determine whether the defendant has gained or regained fitness to proceed. If the court determines that the defendant has gained or regained fitness to proceed, the court shall resume the criminal proceeding unless the court determines that so much time has elapsed since the commitment or release of the defendant to community restoration services that it would be unjust to resume the criminal proceeding. If the court determines that it would be unjust to resume the criminal proceeding, the court, on motion of either party, may dismiss the charge in accordance with subsection (6) of this section, and may order the defendant to be discharged or cause a proceeding to be commenced forthwith under ORS 426.070 to 426.170, 426.701 or 427.235 to 427.292.
- (3) If the defendant gains or regains fitness to proceed, the defendant shall be given credit against each charge alleged in the accusatory instrument for each day the defendant was **in custody**

or committed under ORS 161.370 to the custody of a state mental hospital, or to the custody of a secure intensive community inpatient facility designated by the Oregon Health Authority.

- (4) Notwithstanding the suspension of the criminal proceeding under ORS 161.370 (2), the fact that the defendant is unfit to proceed does not preclude any objection through counsel and without the personal participation of the defendant on the grounds that the indictment is insufficient, that the statute of limitations has run, that double jeopardy principles apply or upon any other ground at the discretion of the court which the court deems susceptible of fair determination prior to trial.
- (5) At the time that the court determines that the defendant lacks fitness to proceed under ORS 161.370 (2), the court shall notify the defendant in writing that federal law prohibits the defendant from purchasing or possessing a firearm unless the person obtains relief from the prohibition under federal law. The court shall again notify the defendant in writing of the prohibition if the court finds that the defendant has gained or regained fitness to proceed under subsection (2) of this section.
- (6) If the court intends to dismiss all charges involving orders of commitment against a defendant who is committed to and currently located at a state mental hospital or other facility, the court shall order that the defendant be immediately transported back to the jurisdiction in which the charges were initiated, and the dismissal shall take effect only upon the defendant's arrival in that jurisdiction.

SECTION 6. ORS 161.370 is amended to read:

161.370. (1)(a) When the defendant's fitness to proceed is drawn in question, the issue shall be determined by the court.

- (b) If neither the prosecuting attorney nor counsel for the defendant contests the finding of the report filed under ORS 161.365, the court may make the determination on the basis of the report. If the finding is contested, the court shall hold a hearing on the issue. If the report is received in evidence in the hearing, the party who contests the finding has the right to summon and to cross-examine any certified evaluator who submitted the report and to offer evidence upon the issue. Other evidence regarding the defendant's fitness to proceed may be introduced by either party.
- (2)(a) If the court determines that the defendant lacks fitness to proceed, the criminal proceeding against the defendant shall be suspended and the court shall proceed in accordance with this subsection.
- (b) After making the determination under paragraph (a) of this subsection, the court shall receive a recommendation from a community mental health program director or the director's designee, and from any local entity **or agency** that would be responsible for treating the defendant if the defendant were to be released in the community, concerning whether appropriate community restoration services are present and available in the community.
- (c) If the parties agree as to the appropriate action under this section, the court may, after making all findings required by law, enter any order authorized by this section. If the parties do not agree as to the appropriate action, the court and the parties shall, at a hearing, consider an appropriate action in the case, and the court shall make a determination and enter an order necessary to implement the action. In determining the appropriate action, the court shall consider the primary and secondary release criteria as defined in ORS 135.230, the least restrictive option appropriate for the defendant, the needs of the defendant and the interests of justice. Actions may include but are not limited to:
- (A) Commitment or an order to participate in an in-custody jail-based restoration treatment program for the defendant to gain or regain fitness to proceed under subsection (3) or (4) of this section;

- (B) An order to engage in community restoration services, as recommended by the community mental health program director or designee, under subsection (6) of this section;
- (C) Commencement of a civil commitment proceeding under ORS 426.070 to 426.170, 426.701 or 427.235 to 427.292;
 - (D) Commencement of protective proceedings under ORS chapter 125; or

- (E) Dismissal of the charges pursuant to ORS 135.755 and in accordance with ORS 161.367 (6).
- (d) If the court, while considering or ordering an appropriate action under this subsection, does not order the defendant committed to a state mental hospital or other facility, or ordered to participate in an in-custody jail-based restoration treatment program, but finds that appropriate community restoration services are not present and available in the community, for any defendant remaining in custody after such determination, the court shall set a review hearing seven days from the date of the determination under paragraph (a) of this subsection. At the review hearing, the court shall consider all relevant information and determine if commitment to the state mental hospital or other facility, or an order to participate in an in-custody jail-based restoration treatment program, is appropriate under subsection (3) or (4) of this section, or if another action described in paragraph (c) of this subsection is appropriate. At the conclusion of the hearing the court shall enter an order in accordance with the defendant's constitutional rights to due process.
- (e) If the court determines that the appropriate action in the case is an order for the defendant to engage in community restoration services, but the defendant has a pending criminal case, warrant or hold in one or more other jurisdictions, the other jurisdictions shall, within two judicial days of becoming aware of the proceeding under this section, communicate with the court and the other jurisdictions, if applicable, to develop a plan to address the interests of all jurisdictions in the defendant in a timely manner.
- (f) If the court determines that the appropriate action in the case is the commencement of protective proceedings under ORS chapter 125, the court may, in accordance with ORS 125.600 and 125.605, appoint a temporary fiduciary for the defendant to exercise the powers of a guardian, until a guardian can be appointed.
- (3)(a) If the most serious offense in the charging instrument is a felony, the court shall commit the defendant to the custody of the superintendent of a state mental hospital or director of a facility designated by the Oregon Health Authority, or order the defendant to participate in an incustody jail-based restoration treatment program, if the defendant is at least 18 years of age, or commit the defendant to the custody of the director of a secure intensive community inpatient facility designated by the authority if the defendant is under 18 years of age, if the court makes the following findings:
- (A) The defendant requires a hospital level of care due to public safety concerns if the defendant is not hospitalized or in custody or the acuity of symptoms of the defendant's qualifying mental disorder; and
- (B) Based on the findings resulting from a consultation described in ORS 161.365 (1), if applicable, from any information provided by community-based mental health providers or any other sources, and primary and secondary release criteria as defined in ORS 135.230, the appropriate community restoration services are not present and available in the community.
- (b) If the defendant is committed or ordered to participate in an in-custody jail-based restoration treatment program under this subsection, the community mental health program director, or director's designee, shall at regular intervals, during any period of commitment or while the defendant is subject to the order, review available community restoration services and maintain

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communication with the defendant and the superintendent of the state mental hospital or director of the facility in order to facilitate an efficient transition to treatment in the community when ordered.

- (c) If the court does not order the commitment of the defendant or order the defendant to participate in an in-custody jail-based restoration treatment program under this subsection, the court shall proceed in accordance with subsection (2)(c) of this section to determine and order an appropriate action other than commitment or an order to participate in an in-custody jail-based restoration treatment program.
- (4)(a) If the most serious offense in the charging instrument is a misdemeanor, the court may not commit the defendant to the custody of the superintendent of a state mental hospital or director of a facility designated by the Oregon Health Authority, or order the defendant to participate in an in-custody jail-based restoration treatment program, if the defendant is at least 18 years of age, or commit the defendant to the custody of the director of a secure intensive community inpatient facility designated by the authority if the defendant is under 18 years of age, unless the court:
- (A)(i) Receives a recommendation from a certified evaluator that the defendant requires a hospital level of care due to the acuity of symptoms of the defendant's qualifying mental disorder; and
- (ii) Receives a recommendation from a community mental health program director, or director's designee, that the appropriate community restoration services are not present and available in the community; or
- (B) Determines that the defendant requires a hospital level of care after making all of the following written findings:
- (i) The defendant needs a hospital level of care due to the acuity of the symptoms of the defendant's qualifying mental disorder;
 - (ii) There are public safety concerns; and

- (iii) The appropriate community restoration services are not present and available in the community.
- (b) If at the time of determining the appropriate action for the case, the court is considering commitment or an order to participate in an in-custody jail-based restoration treatment program under paragraph (a)(A) of this subsection and:
- (A) Has not received a recommendation from a certified evaluator as to whether the defendant requires a hospital level of care due to the acuity of symptoms of the defendant's qualifying mental disorder, the court shall order a certified evaluator to make such a recommendation.
- (B) Has not received a recommendation from the community mental health program director or designee concerning whether appropriate community restoration services are present and available in the community, the court shall order the director or designee to make such a recommendation.
- (c) If the court does not order the commitment of the defendant or order the defendant to participate in an in-custody jail-based restoration treatment program under this subsection, the court shall proceed in accordance with subsection (2)(c) of this section to determine and order an appropriate action other than commitment or an order to participate in an in-custody jail-based restoration treatment program.
- (d) If the defendant is committed or ordered to participate in an in-custody jail-based restoration treatment program under this subsection, the community mental health program director, or director's designee, shall at regular intervals, during any period of commitment or while the defendant is subject to the order, review available community restoration services and maintain

communication with the defendant and the superintendent of the state mental hospital or director of the facility in order to facilitate an efficient transition to treatment in the community when ordered.

(5) If the most serious offense in the charging instrument is a violation, the court may not commit the defendant to the custody of the superintendent of a state mental hospital or director of a facility designated by the Oregon Health Authority, or order the defendant to participate in an in-custody jail-based restoration treatment program, if the defendant is at least 18 years of age, or commit the defendant to the custody of the director of a secure intensive community inpatient facility designated by the authority if the defendant is under 18 years of age.

(6)(a) If the court does not order the commitment of the defendant or order the defendant to participate in an in-custody jail-based restoration treatment program under subsection (3) or (4) of this section, if commitment or an order to participate in an in-custody jail-based restoration treatment program is precluded under subsection (5) of this section or if the court determines that care other than commitment or an order to participate in an in-custody jail-based restoration treatment program would better serve the defendant and the community, the court shall release the defendant, pursuant to an order that the defendant engage in community restoration services, until the defendant has gained or regained fitness to proceed, or until the court finds there is no substantial probability that the defendant will, within the foreseeable future, gain or regain fitness to proceed. The court may not order the defendant to engage in community restoration services in another county without permission from the other county.

- (b) When a defendant is ordered to engage in community restoration services under this subsection, the court may place conditions that the court deems appropriate on the release, including the requirement that the defendant regularly report to a state mental hospital or a certified evaluator for examination to determine if the defendant has gained or regained fitness to proceed.
- (c) The superintendent of the state mental hospital or the certified evaluator to which the defendant is ordered to report under this subsection, or the community mental health program director coordinating the defendant's treatment in the community, shall cause the defendant to be evaluated within 60 days from the date the defendant was ordered to engage in community restoration services under this subsection for the purpose of determining whether there is a substantial probability that, in the foreseeable future, the defendant will have fitness to proceed, and provide the court with the results of the evaluation within 30 days. In addition, the superintendent, evaluator or director shall:
- (A) Immediately notify the court if the defendant, at any time, gains or regains fitness to proceed or if there is no substantial probability that, within the foreseeable future, the defendant will gain or regain fitness to proceed.
- (B) Within 90 days from the date the defendant was ordered to engage in community restoration services under this subsection, notify the court that:
 - (i) The defendant has present fitness to proceed;
- (ii) There is no substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed; or
- (iii) There is a substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed. If the probability exists, the superintendent, evaluator or director shall give the court an estimate of the time in which the defendant, with appropriate treatment, is expected to gain or regain fitness to proceed.

- (C) For the duration of the time period during which the defendant is ordered to engage in community restoration services, submit a progress report to the court, concerning the defendant's fitness to proceed, at least once every 180 days as measured from the date the defendant was ordered to engage in community restoration services under this subsection.
- [(b)] (d) The court may order a community mental health program director coordinating the defendant's treatment in the community to provide the court with status reports on the defendant's progress in gaining or regaining fitness to proceed in addition to any reports required by paragraph (c) of this subsection. The director shall provide a status report if the defendant is not complying with court-ordered restoration services. The status report must be provided to the court within 48 hours if the conduct constituting the noncompliance consists of missed appointments, missed treatment sessions, a positive urine test for unauthorized substances, new law enforcement contact or a refusal to take prescribed medications.
- [(c)] (e) [A community mental health program director coordinating the defendant's treatment in the community shall notify the court if the defendant gains or regains fitness to proceed. The notice] The notification described in paragraph (c)(A) of this subsection shall be filed with the court and may be filed electronically. The clerk of the court shall cause copies of the notice to be delivered to both the district attorney and the counsel for the defendant.
- [(d) When a defendant is ordered to engage in community restoration services under this subsection, the court may place conditions that the court deems appropriate on the release, including the requirement that the defendant regularly report to a state mental hospital or a certified evaluator for examination to determine if the defendant has gained or regained fitness to proceed.]
- (f) If the court determines that there is a substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed, unless the court otherwise orders, the defendant shall continue to engage in community restoration services and receive treatment designed for the purpose of enabling the defendant to gain or regain fitness to proceed.
- (7) The Oregon Health Authority shall establish by rule standards for the recommendation provided to the court described in subsection (2) of this section.

SECTION 7. ORS 161.371 is amended to read:

- 161.371. (1) The superintendent of a state mental hospital or director of a facility to which the defendant is committed under ORS 161.370, or the director of the facility providing the incustody jail-based restoration treatment program, shall cause the defendant to be evaluated within 60 days from the defendant's delivery into the superintendent's or director's custody, for the purpose of determining whether there is a substantial probability that, in the foreseeable future, the defendant will have fitness to proceed. In addition, the superintendent or director shall:
- (a) Immediately notify the [committing] court if the defendant, at any time, gains or regains fitness to proceed or if there is no substantial probability that, within the foreseeable future, the defendant will gain or regain fitness to proceed.
- (b) Within 90 days of the defendant's delivery into the superintendent's or director's custody, notify the [committing] court that:
 - (A) The defendant has present fitness to proceed;
- (B) There is no substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed; or
- (C) There is a substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed. If the probability exists, the superintendent or director shall give the court

an estimate of the time in which the defendant, with appropriate treatment, is expected to gain or regain fitness to proceed.

- (c) Notify the court if court-ordered involuntary medication is necessary for the defendant to gain or regain fitness to proceed and, if appropriate, submit a report to the court under ORS 161.372.
- (d)(A) Provide the defendant's records to the court, district attorney or attorney for the defendant within 10 days of receipt of an electronically submitted records request. A request for records under this paragraph must be either accompanied by an authorization for the release signed by the defendant or made in accordance with 45 C.F.R. 164.512(e).
- (B) As used in this paragraph, "records" includes but is not limited to the following as they relate to the defendant:
 - (i) Electronic or paper medical records.
 - (ii) The master patient index.
- (iii) Medical, psychological and psychiatric notes including history, physicals, progress notes and discharge summaries.
 - (iv) Nursing notes.

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- (v) Educational materials.
- (vi) Records from legal skills classes.
- (vii) Raw data from any administered psychiatric or psychology testing.
- (viii) Audio or video recordings of any evaluation or testing.
- (ix) Evaluation reports.
 - (x) Any other written or recorded statement concerning the defendant's fitness to proceed.

(2)(a) If the superintendent of the state mental hospital or director of the facility to which the defendant is committed, or the director of the facility providing the in-custody jail-based restoration treatment program, determines that there is a substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed, unless the court otherwise orders, the defendant shall remain in the superintendent's or director's custody where the defendant shall receive treatment designed for the purpose of enabling the defendant to gain or regain fitness to proceed. In keeping with the notice requirement under subsection (1)(b) of this section, the superintendent or director shall, for the duration of the defendant's period of commitment or treatment, submit a progress report to the [committing] court, concerning the defendant's fitness to proceed, at least once every 180 days as measured from the date of the defendant's delivery into the superintendent's or director's custody.

- (b) A progress report described in paragraph (a) of this subsection may consist of an update to:
- (A) The original examination report conducted under ORS 161.365; or
- (B) An evaluation conducted under subsection (1) of this section, if the defendant did not receive an examination under ORS 161.365.

(3)(a) Notwithstanding subsection (2) of this section, if the most serious offense in the charging instrument is a felony, and the superintendent of the state mental hospital or director of the facility to which the defendant is committed, or the director of the facility providing the in-custody jail-based restoration treatment program, determines that a hospital level of care is no longer necessary due to present public safety concerns and the acuity of symptoms of the defendant's qualifying mental disorder, the superintendent or director may file notice of the determination with the court. Upon receipt of the notice, the court shall order that a community mental health program director or the director's designee, within five judicial days:

- (A) Consult with the defendant and with any local entity that would be responsible for providing community restoration services, if the defendant were to be released in the community, to determine whether community restoration services are present and available in the community; and
 - (B) Provide the court and the parties with recommendations from the consultation.
- (b) Notwithstanding subsection (2) of this section, if the most serious offense in the charging instrument is a felony, and the community mental health program director determines that community restoration services that would mitigate any risk posed by the defendant are present and available in the community, the community mental health program director may file notice of the determination with the court. Upon receipt of the notice, the court shall order that the superintendent of the state mental hospital or director of the facility to which the defendant is committed, or the director of the facility providing the in-custody jail-based restoration treatment program, within five judicial days:
- (A) Evaluate the defendant to determine whether a hospital level of care is no longer necessary due to present public safety concerns, or no longer necessary due to the acuity of symptoms of the defendant's qualifying mental disorder; and
 - (B) Provide the court and the parties with recommendations from the evaluation.
- (c) Within 10 judicial days of receiving the recommendations described in paragraph (a) or (b) of this subsection, the court shall hold a hearing to determine an appropriate action in accordance with ORS 161.370 (2)(c) as follows:
- (A) If, after consideration of the factors and possible actions described in ORS 161.370 (2)(c) and any recommendations received under paragraph (a) or (b) of this subsection, the court determines that a hospital level of care is necessary due to public safety concerns or the acuity of symptoms of the defendant's qualifying mental disorder, and that based on the consultation or evaluation described in paragraph (a) or (b) of this subsection, any information provided by community-based mental health providers or any other sources, primary and secondary release criteria as defined in ORS 135.230, and any other information the court finds to be trustworthy and reliable, the appropriate community restoration services are not present and available in the community, the court may continue the commitment [of the defendant] or participation in an in-custody jail-based restoration treatment program.
- (B) If the court does not make the determination described in subparagraph (A) of this paragraph, the court shall terminate the commitment or participation in an in-custody jail-based restoration treatment program and shall set a review hearing seven days from the date of the [commitment] termination for any defendant remaining in custody. At the review hearing, the court shall consider all relevant information, determine an appropriate action in the case as described in ORS 161.370 (2)(c) and enter an order in accordance with the defendant's constitutional rights to due process.
- (4)(a) Notwithstanding subsection (2) of this section, if the most serious offense in the charging instrument is a misdemeanor, and the superintendent of the state mental hospital or director of the facility to which the defendant is committed, or the director of the facility providing the incustody jail-based restoration treatment program, determines that the defendant no longer needs a hospital level of care due to the acuity of symptoms of the defendant's qualifying mental disorder or there are not present public safety concerns, the superintendent or director shall file notice of the determination with the court, along with recommendations regarding the necessary community restoration services that would mitigate any risk presented by the defendant. Upon receipt of the notice, the court shall order that a community mental health program director or the

director's designee, within five judicial days:

- (A) Consult with the defendant and with any local entity that would be responsible for providing community restoration services, if the defendant were to be released in the community, to determine whether appropriate community restoration services are present and available in the community; and
 - (B) Provide the court and the parties with recommendations from the consultation.
- (b) Notwithstanding subsection (2) of this section, if the most serious offense in the charging instrument is a misdemeanor, and the community mental health program director determines that the community restoration services that would mitigate any risk posed by the defendant are present and available in the community, the community mental health program director may file notice of the determination with the court. Upon receipt of the notice, the court shall order that the superintendent of the state mental hospital or director of the facility to which the defendant is committed, or the director of the facility providing the in-custody jail-based restoration treatment program, within five judicial days:
- (A) Evaluate the defendant to determine whether a hospital level of care is no longer necessary due to present public safety concerns, or no longer necessary due to the acuity of symptoms of the defendant's qualifying mental disorder; and
 - (B) Provide the court and the parties with recommendations from the evaluation.
- (c) Within 10 judicial days of receiving the recommendations described in paragraph (a) or (b) of this subsection, the court shall hold a hearing to determine an appropriate action in accordance with ORS 161.370 (2)(c) as follows:
- (A) After consideration of the factors and possible actions described in ORS 161.370 (2)(c), the consultation or evaluation and any recommendations described in paragraph (a) or (b) of this subsection, and any other information the court finds to be trustworthy and reliable, the court may continue the commitment **or treatment** of the defendant if the court makes written findings that a hospital level of care is necessary due to public safety concerns and the acuity of symptoms of the defendant's qualifying mental disorder, and that appropriate community restoration services are not present and available in the community.
- (B) If the court does not make the findings described in subparagraph (A) of this paragraph, the court shall terminate the commitment **or treatment** and shall set a review hearing seven days from the date of the [commitment] termination for any defendant remaining in custody. At the review hearing, the court shall consider all relevant information, determine an appropriate action in the case as described in ORS 161.370 (2)(c) and enter an order in accordance with the defendant's constitutional rights to due process.
- (5)(a) If a defendant remains committed or ordered to participate in an in-custody jail-based restoration treatment program under this section, the court shall determine within a reasonable period of time whether there is a substantial probability that, in the foreseeable future, the defendant will gain or regain fitness to proceed. However, regardless of the number of charges with which the defendant is accused, in no event shall the defendant be committed or held in custody for longer than whichever of the following, measured from the defendant's initial custody date, is shorter:
 - (A) Three years; or
- (B) A period of time equal to the maximum sentence the court could have imposed if the defendant had been convicted.
 - (b) For purposes of calculating the maximum period of commitment or custody described in

paragraph (a) of this subsection:

- (A) The initial custody date is the date on which the defendant is first committed **or taken into custody** under this section on any charge alleged in the accusatory instrument; and
- (B) The defendant shall be given credit against each charge alleged in the accusatory instrument:
- (i) For each day the defendant is committed **or held in custody** under this section, whether the days are consecutive or are interrupted by a period of time during which the defendant has gained or regained fitness to proceed; and
- (ii) Unless the defendant is charged on any charging instrument with aggravated murder or a crime listed in ORS 137.700 (2), for each day the defendant is held in jail before and after the date the defendant is first committed **or taken into custody**, whether the days are consecutive or are interrupted by a period of time during which the defendant lacks fitness to proceed.
- (c) The superintendent of the state mental hospital or director of the facility to which the defendant is committed, or the director of the facility providing the in-custody jail-based restoration treatment program, shall notify the [committing] court of the defendant's impending discharge or release 30 days before the date on which the superintendent or director is required to discharge or release the defendant under this subsection.
- (6)(a) All notices required under this section shall be filed with the court and may be filed electronically. The clerk of the court shall cause copies of the notices to be delivered to both the district attorney and the counsel for the defendant.
- (b) When the [committing] court receives a notice from the superintendent or director under subsection (1) of this section concerning the defendant's progress or lack thereof, or under subsection (5) of this section concerning the defendant's impending discharge, the [committing] court shall determine, after a hearing if a hearing is requested, whether the defendant presently has fitness to proceed.
- (7) If at any time the court determines that the defendant lacks fitness to proceed, the court shall further determine whether the defendant is entitled to discharge under subsection (5) of this section. If the court determines that the defendant is entitled to discharge under subsection (5) of this section, the court shall dismiss, without prejudice and in accordance with ORS 161.367 (6), all charges against the defendant and:
 - (a) Order that the defendant be discharged; or
 - (b) Initiate commitment proceedings under ORS 426.070, 426.701 or 427.235 to 427.292.
- SECTION 8. Section 9 of this 2025 Act is added to and made a part of ORS 125.675 to 125.691.
- SECTION 9. (1) The Oregon Public Guardian and Conservator shall develop and administer a program to provide guardianship services to defendants whose criminal cases have been suspended or dismissed pursuant to ORS 161.370 due to the defendant lacking fitness to proceed.
- (2) Participants in the program must meet the criteria described in ORS 125.680 (2) to receive public guardian and conservator services under this section.
- (3) The Oregon Public Guardian and Conservator may provide services under this section at any time after the defendant's fitness to proceed is drawn into question.
- (4) A defendant's eligibility to participate in the program may be determined at any time after a defendant's fitness to proceed is drawn into question or, if the court finds that there is no substantial probability that the defendant will, in the foreseeable future, gain or regain

the fitness to proceed, no later than one year following the date on which the defendant's case is dismissed.

(5) In administering the program described in this section, the Oregon Public Guardian and Conservator shall collaborate and coordinate with district attorneys, community mental health programs and facilities in which defendants are housed, including the Oregon State Hospital.

SECTION 10. ORS 125.683 is amended to read:

125.683. (1) In providing public guardian and conservator services, the Oregon Public Guardian and Conservator shall conduct a needs assessment for a person who claims or is claimed not to have relatives or friends willing or able to assume the duties of guardianship or conservatorship and who claims or is claimed to lack the financial resources to obtain a private guardian or conservator. The purpose of the needs assessment is to determine the person's eligibility to receive public guardian and conservator services and to determine the appropriateness of filing a petition for the appointment of a fiduciary or other pleading on behalf of the person in a court having probate jurisdiction. The needs assessment shall, at a minimum:

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 - (a) Assess the person's capacity to:(A) Care for the person's own safety;
- (B) Manage the person's own financial affairs; and
- (C) Attend to and provide for necessities such as food, shelter, clothing and medical care;
 - (b) Assess the person's financial resources;
 - (c) Determine whether information that is available about the person is sufficient to support a finding that the person is incapacitated or financially incapable and the entry of a court order for the appointment of a fiduciary under ORS 125.010;
 - (d) Determine whether any other person may be willing and able to serve as the person's guardian or conservator and, if appropriate, locate and contact that other person;
 - (e) Determine the type of fiduciary, if any, to request in a petition filed under ORS 125.055, giving preference to the least intrusive form of fiduciary relationship consistent with the best interests of the person; and
 - (f) Determine how best to provide public guardian and conservator services to the person that are least restrictive to the person's liberty, that are least intrusive to the person and that provide for the greatest degree of independence that the person is capable of exercising.
 - (2)(a) If the person is a resident of a nursing home as defined in ORS 678.710 or a residential facility as defined in ORS [441.402] 443.400, the nursing home or residential facility shall provide the Oregon Public Guardian and Conservator access to the person's records as is necessary to conduct the needs assessment required under this section.
 - (b) Any other public agency that has provided or is providing care or services to the person shall disclose to the Oregon Public Guardian and Conservator, upon request, a minimum amount of information about the person for whom the needs assessment is being conducted, including protected health information as defined in ORS 192.556 and financial information, as is reasonably necessary to prevent or lessen a serious and imminent threat to the health or safety of the person who is the subject of the needs assessment. For purposes of this paragraph, a request from the Oregon Public Guardian and Conservator for the purpose of conducting a needs assessment is presumed to be a situation that will prevent or lessen a serious and imminent threat to the health or safety of the person.
 - (c) Any health care provider not identified in either paragraph (a) or (b) of this subsection may

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- disclose protected health information to the Oregon Public Guardian and Conservator in accordance with 45 C.F.R. 164.512 (j) to prevent or lessen a serious or imminent threat to the health or safety of a person if the health care provider, in good faith, believes the disclosure is necessary to prevent or lessen the threat. For purposes of this paragraph, a request from the Oregon Public Guardian and Conservator for disclosure under this paragraph for the purposes of conducting a needs assessment, or the good faith belief and disclosure of the health care provider under this paragraph, are presumed to be situations that will prevent or lessen a serious and imminent threat to the health or safety of the person.
- (d) If the person is currently or was previously a defendant in a criminal case subject to ORS 161.370, and to the extent authorized by federal law, the Oregon Public Guardian and Conservator shall have access to any reports resulting from examinations or evaluations of the defendant, documents containing recommendation of or resulting from consultations with a community mental health program, documents submitted to the court by a state mental hospital related to the proceedings under ORS 161.370 and any other court records relating to the defendant.
- (3) For each person determined to be eligible for public guardian and conservator services under this section, the Oregon Public Guardian and Conservator shall develop a written plan setting forth the type and duration of services to be provided by the Oregon Public Guardian and Conservator. The plan shall be included in any nonemergency petition or pleading filed with the court.

SECTION 11. ORS 161.362 is amended to read:

- 161.362. (1) A recommendation provided by a certified evaluator, pursuant to ORS 161.355 to 161.371, that a defendant requires a hospital level of care due to the acuity of the defendant's symptoms must be based upon the defendant's current diagnosis and symptomology, the defendant's current ability to engage in treatment, present safety concerns relating to the defendant and any other pertinent information known to the evaluator. If the defendant is in a placement in a facility, the evaluator may defer to the treatment provider's recommendation regarding whether a hospital level of care is needed.
- (2) A determination by a community mental health program director, or the director's designee, pursuant to ORS 161.355 to 161.371, that appropriate community restoration services are not present and available in the community must include information concerning the specific services necessary to safely allow the defendant to gain or regain fitness to proceed in the community and must specify the necessary services that are not present and available in the community.
- (3)(a) Reports resulting from examinations performed by a certified evaluator, and documents containing the recommendations of or resulting from consultations with a community mental health program director or the director's designee, prepared under ORS 161.355 to 161.371, and any document submitted to the court by a state mental hospital related to the proceedings under ORS 161.355 to 161.371, are confidential and may be made available only:
- (A) To the court, prosecuting attorney, defense attorney, agent of the prosecuting or defense attorney, defendant, community mental health program director or designee, state mental hospital, **Oregon Public Guardian and Conservator** and any facility in which the defendant is housed; or
 - (B) As ordered by a court.
- (b) Any facility in which a defendant is housed may not use a report or document described in paragraph (a) of this subsection to support a disciplinary action against the defendant.
- (c) Nothing in this subsection prohibits the prosecuting attorney, defense attorney or agent of the prosecuting or defense attorney from discussing the contents of a report or document described

- in paragraph (a) of this subsection with witnesses or victims as otherwise permitted by law.
 - (4) The court shall ensure that an order entered under ORS 161.355 to 161.371 is provided, by the end of the next judicial day, to any entity ordered to provide restoration services.
 - (5) Unless the court orders otherwise or either party objects, a defendant committed to a state mental hospital or other facility, or a certified evaluator or other expert witness, may attend hearings held under ORS 161.355 to 161.371 via simultaneous electronic transmission.

COMMITMENT OF EXTREMELY DANGEROUS PERSON WITH MENTAL ILLNESS

- SECTION 12. ORS 426.701 is amended to read:
- 426.701. (1) For the purposes of this section and ORS 426.702:
- (a) A person is "extremely dangerous" if the person:
- (A) Is at least 18 years of age;
- (B) Is exhibiting symptoms or behaviors of a qualifying mental disorder substantially similar to those that preceded the act described in subsection (3)(a)(C) of this section; and
 - (C) Because of a qualifying mental disorder:
- (i) Presents a serious danger to the safety of other persons by reason of an extreme risk that the person will inflict grave or potentially lethal physical injury on other persons; and
- (ii) Unless committed, will continue to represent an extreme risk to the safety of other persons in the foreseeable future.
 - (b)(A) "Qualifying mental disorder" means:
- (i) A developmental or intellectual disability, traumatic brain injury, brain damage or other biological dysfunction that is associated with distress or disability, causing symptoms or impairment in at least one important area of an individual's functioning and that is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
- (ii) Any diagnosis of a psychiatric condition that is a significant behavioral or psychological syndrome or pattern that is associated with distress or disability, causing symptoms or impairment in at least one important area of an individual's functioning and that is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
 - [(b)] (B) "Qualifying mental disorder" does not include:
 - [(A)] (i) A disorder manifested solely by repeated criminal or otherwise antisocial conduct; or
 - [(B)] (ii) A disorder constituting solely a personality disorder.
- (c) A qualifying mental disorder is "resistant to treatment" if, after receiving care from a licensed psychiatrist and exhausting all reasonable psychiatric treatment, or after refusing psychiatric treatment, the person continues to be significantly impaired in the person's ability to make competent decisions and to be aware of and control extremely dangerous behavior.
- (2)(a) A district attorney may petition the court to initiate commitment proceedings described in this section if there is reason to believe a person is an extremely dangerous person with mental illness. Venue is proper in the county in which the person is alleged to have committed the qualifying act or the county in which the person lives. The petition shall immediately be served upon the person.
- (b) If a person is committed to a state hospital under ORS 161.365 or 161.370 and the state hospital intends to discharge the person, the district attorney may provide notice to the superintendent of the state hospital indicating an intent to file a petition under this section. Upon receipt of the notice, the superintendent may delay discharge of the person for up to seven judicial days to

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allow for the petition to be filed and for the court to make findings under paragraph (f) of this subsection.

(c) The person shall be advised in writing of:

- (A) The allegation that the person is an extremely dangerous person with mental illness and may be committed to the jurisdiction of the Psychiatric Security Review Board for a maximum period of 24 months; and
- (B) The right to a hearing to determine whether the person is an extremely dangerous person with mental illness, unless the person consents to the commitment by waiving the right to a hearing in writing after consultation with legal counsel.
- (d) A person against whom a petition described in this subsection is filed shall have the following:
- (A) The right to obtain suitable legal counsel possessing skills and experience commensurate with the nature of the allegations and complexity of the case and, if the person is without funds to retain legal counsel, the right to have the court appoint legal counsel;
 - (B) The right to subpoena witnesses and to offer evidence on behalf of the person at the hearing;
 - (C) The right to cross-examine any witnesses who appear at the hearing; and
- (D) The right to examine all reports, documents and information that the court considers, including the right to examine the reports, documents and information prior to the hearing, if available.
- (e) Upon receipt of the petition, the court shall schedule a hearing and shall appoint an examiner as described in ORS 426.110 to evaluate the person. If the person is in custody or committed while the hearing is pending, the hearing must commence within 30 days of filing the petition unless good cause is found by the court. If the court finds good cause, the hearing must commence no later than 60 days after the filing of the petition or, if the district attorney provided notice under paragraph (b) of this subsection, the date of the notice, whichever occurs first. As used in this paragraph, "good cause" means:
- (A) The person who would be considered the victim of the act described in subsection (3)(a)(C) of this section if the act were criminally prosecuted, or an essential witness for either the state or the person, is unable to testify within the 30-day period.
- (B) The attorney for the person cannot reasonably be expected to participate in the hearing within the 30-day period, cannot be adequately prepared to represent the person at the hearing within the 30-day period, or has a schedule conflict that cannot be resolved in a manner that allows the attorney to represent the person at a hearing within the 30-day period.
- (C) An examiner cannot be appointed to conduct the examination, or conduct the examination and prepare a report, within the 30-day period.
- (D) If a guardian ad litem is appointed on the case, the guardian ad litem cannot be prepared for a hearing within the 30-day period.
- (f)(A) The court may order that the person be committed to the custody of the superintendent of a state hospital or the director of a secure mental health facility while the petition is pending if the court finds probable cause that:
 - (i) The person is at least 18 years of age;
 - (ii) The person has a qualifying mental disorder that is resistant to treatment;
 - (iii) The person committed an act described in subsection (3)(a)(C) of this section; and
- (iv) Failure to commit the person while the hearing is pending would pose serious harm or danger to the person or others.

- (B) If a person committed under this paragraph is held in a secure facility other than a state hospital or secure mental health facility, including but not limited to a jail or prison, at the time the petition is filed, the court may further order that the person remain at that placement for sufficient time to allow the superintendent or director to safely admit the person. Any order of the court concerning the placement of a person under this subparagraph must be in accordance with the person's constitutional right to due process. If the person remains in a secure facility under this subparagraph, the superintendent, director or designee may consult with the facility to ensure continuity of care for the person.
- (C) Commitment to the custody of the superintendent of a state hospital or the director of a secure mental health facility under this paragraph may not exceed 60 days. If the hearing does not occur within 60 days, if the district attorney dismisses the petition, or if the court holds the hearing but does not commit the person, the person shall be returned to the county in which the petition was filed and the court shall hold a disposition hearing within five judicial days to determine how to proceed on the petition and any outstanding criminal charges. A person who is returned to a secure facility other than a state hospital or secure mental health facility, including but not limited to a jail or prison, under this paragraph may remain at the placement until the disposition hearing.
- (g) If the hearing is not commenced within the time period required by paragraph (e) of this subsection, the court shall either dismiss the petition or release the person on personal recognizance, to the custody of a third party or upon any additional reasonable terms and conditions the court deems appropriate.
- (3)(a) At the hearing on the petition, the court shall order the person committed as an extremely dangerous person with mental illness under the jurisdiction of the Psychiatric Security Review Board for a maximum of 24 months if the court finds, by clear and convincing evidence, that:
 - (A) The person is extremely dangerous;

- (B) The person suffers from a qualifying mental disorder that is resistant to treatment; and
- (C) Because of the qualifying mental disorder that is resistant to treatment, the person committed one of the following acts:
 - (i) Caused **or attempted to cause** the death of another person;
- (ii) Caused **or attempted to cause** serious physical injury to another person by means of a dangerous weapon;
- (iii) Caused **or attempted to cause** physical injury to another person by means of a firearm as defined in ORS 166.210 or an explosive as defined in ORS 164.055;
 - (iv) Engaged or attempted to engage in oral-genital contact with a child under 14 years of age;
- [(v) Forcibly compelled sexual intercourse, oral-genital contact or the penetration of another person's anus or vagina; or]
- (v) Engaged in or attempted to engage in sexual contact or sexual intercourse by means of forcible compulsion against another person or against another person who was mentally incapacitated, physically helpless or incapable of appraising the nature of the other person's conduct;
- (vi) Caused **or attempted to cause** a fire or explosion that damaged the protected property of another, as those terms are defined in ORS 164.305, or placed another person in danger of physical injury, and the fire or explosion was not the incidental result of normal and usual daily activities; **or**
- (vii) Any other act that constitutes an extreme danger to the person, another person or the public.

- (b) The court shall further commit the person to a state hospital for custody, care and treatment if the court finds, by clear and convincing evidence, that the person cannot be controlled in the community with proper care, medication, supervision and treatment on conditional release.
- (c) The court shall specify in the order whether any person who would be considered a victim as defined in ORS 131.007 of the act described in paragraph (a)(C) of this subsection, if the act had been criminally prosecuted, requests notification of any order or hearing, conditional release, discharge or escape of the person committed under this section.
- (d) The court shall be fully advised of all drugs and other treatment known to have been administered to the alleged extremely dangerous person with mental illness that may substantially affect the ability of the person to prepare for, or to function effectively at, the hearing.
- (e) The provisions of ORS 40.230, 40.235, 40.240, 40.250 and 179.505 do not apply to the use of the examiner's report and the court may consider the report as evidence.
- (4) The findings of the court that a person committed an act described in subsection (3)(a)(C) of this section may not be admitted in a criminal prosecution.
- (5)(a) If the court commits a person under this section and the person has pending criminal charges at the time of the hearing, the court shall dismiss the criminal charges without prejudice, and if the person is further committed to a state hospital under this section, the dismissal shall not take effect until the person's transportation to the state hospital.
 - (b) If the court commits a person to the state hospital under this section and:
- (A) The person is in a setting other than a state hospital, the court may additionally order that the person remain in that placement until the person can be safely transported to a state hospital pursuant to the order. Any order of the court concerning the placement of the person under this subparagraph must be in accordance with the person's constitutional right to due process.
- (B) The person is at a state hospital at the time of the hearing, the person may remain at the state hospital under the commitment.
- (c) A person committed under this section shall remain under the jurisdiction of the board for a maximum of 24 months unless the board conducts a hearing and makes the findings described in subsection (6)(d) of this section.
- (6)(a) The board shall hold a hearing six months after the initial commitment described in subsection (3) of this section, and thereafter six months after a further commitment described in ORS 426.702, to determine the placement of the person and whether the person is eligible for conditional release or early discharge. The board shall provide written notice of the hearing to the person, the person's legal counsel and the office of the district attorney who filed the initial petition under subsection (2) of this section within a reasonable time prior to the hearing. The board shall further notify the person of the following:
 - (A) The nature of the hearing and possible outcomes;
 - (B) The right to appear at the hearing and present evidence;
- (C) The right to be represented by legal counsel and, if the person is without funds to retain legal counsel, the right to have the court appoint legal counsel;
 - (D) The right to subpoena witnesses;
 - (E) The right to cross-examine witnesses who appear at the hearing; and
- (F) The right to examine all reports, documents and information that the board considers, including the right to examine the reports, documents and information prior to the hearing if available.
 - (b) If the board determines at the hearing that the person still suffers from a qualifying mental

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disorder that is resistant to treatment and continues to be extremely dangerous, and that the person cannot be controlled in the community with proper care, medication, supervision and treatment if conditionally released, the person shall remain committed to a state hospital.

- (c) If the board determines at the hearing that the person still suffers from a qualifying mental disorder that is resistant to treatment and continues to be extremely dangerous, but finds that the person can be controlled in the community with proper care, medication, supervision and treatment if conditionally released, the board shall conditionally release the person.
- (d) If the board determines at the hearing that the person no longer suffers from a qualifying mental disorder that is resistant to treatment or is no longer extremely dangerous, the board shall discharge the person. The discharge of a person committed under this section does not preclude commitment of the person pursuant to ORS 426.005 to 426.390.
- (7)(a) At any time during the commitment to a state hospital, the superintendent of the state hospital may request a hearing to determine the status of the person's commitment under the jurisdiction of the board. The request shall be accompanied by a report setting forth the facts supporting the request. If the request is for conditional release, the request shall be accompanied by a verified conditional release plan. The hearing shall be conducted as described in subsection (6) of this section.
- (b) The board may make the findings described in subsection (6)(c) of this section and conditionally release the person without a hearing if the office of the district attorney who filed the initial petition under subsection (2) of this section does not object to the conditional release.
- (c) At any time during conditional release, a state or local mental health facility providing treatment to the person may request a hearing to determine the status of the person's commitment under the jurisdiction of the board. The hearing shall be conducted as described in subsection (6) of this section.
- (8)(a) If the board orders the conditional release of a person under subsection (6)(c) of this section, the board shall order conditions of release that may include a requirement to report to any state or local mental health facility for evaluation. The board may further require cooperation with, and acceptance of, psychiatric or psychological treatment from the facility. Conditions of release may be modified by the board from time to time.
- (b) When a person is referred to a state or local mental health facility for an evaluation under this subsection, the facility shall perform the evaluation and submit a written report of its findings to the board. If the facility finds that treatment of the person is appropriate, the facility shall include its recommendations for treatment in the report to the board.
- (c) Whenever treatment is provided to the person by a state or local mental health facility under this subsection, the facility shall furnish reports to the board on a regular basis concerning the progress of the person.
- (d) Copies of all reports submitted to the board pursuant to this subsection shall be furnished to the person and to the person's legal counsel, if applicable. The confidentiality of these reports is determined pursuant to ORS 192.338, 192.345 and 192.355.
- (e) The state or local mental health facility providing treatment to the person under this subsection shall comply with the conditional release order and any modifications of the conditions ordered by the board.
- (9)(a) If at any time while the person is conditionally released it appears that the person has violated the terms of the conditional release, the board may order the person returned to a state hospital for evaluation or treatment. A written order of the board is sufficient warrant for any law

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 enforcement officer to take the person into custody. A sheriff, municipal police officer, parole or probation officer or other peace officer shall execute the order, and the person shall be returned to the state hospital as soon as practicable.

- (b) The director of a state or local mental health facility providing treatment to a person under subsection (8) of this section may request that the board issue a written order for a person on conditional release to be taken into custody if there is reason to believe that the person can no longer be controlled in the community with proper care, medication, supervision and treatment.
- (c) Within 30 days following the return of the person to a state hospital, the board shall conduct a hearing to determine if, by a preponderance of the evidence, the person is no longer fit for conditional release. The board shall provide written notice of the hearing to the person, the person's legal counsel and the office of the district attorney who filed the initial petition under subsection (2) of this section within a reasonable time prior to the hearing. The notice shall advise the person of the nature of the hearing, the right to have the court appoint legal counsel and the right to subpoena witnesses, examine documents considered by the board and cross-examine all witnesses who appear at the hearing.

(10)(a) If the person had unadjudicated criminal charges at the time of the filing of the petition for the person's initial commitment under this section and the state hospital or the state or local mental health facility providing treatment to the person intends to recommend discharge of the person at an upcoming hearing, the superintendent of the state hospital or the director of the facility shall provide written notice to the board and the district attorney of the county where the criminal charges were initiated of the discharge recommendation at least 45 days before the hearing. The notice shall be accompanied by a report describing the person's diagnosis and the treatment the person has received.

- (b) Upon receiving the notice described in this subsection, the district attorney may request an order from the court in the county where the criminal charges were initiated for an evaluation to determine if the person is fit to proceed in the criminal proceeding. The court may order the state hospital or the state or local mental health facility providing treatment to the person to perform the evaluation. The hospital or facility shall provide copies of the evaluation to the district attorney, the person and the person's legal counsel, if applicable.
- (c) The person committed under this section may not waive an evaluation ordered by the court to determine if the person is fit to proceed with the criminal proceeding as described in this subsection.
- (11) The board shall make reasonable efforts to notify any person described in subsection (3)(c) of this section of any order or hearing, conditional release, discharge or escape of the person committed under this section.
- (12) Unless the court orders otherwise or either party objects, any party or witness may attend a hearing held under this section via simultaneous electronic transmission.
 - (13) The board shall adopt rules to carry out the provisions of this section and ORS 426.702.
- (14) Any time limitation described in ORS 131.125 to 131.155 does not run during a commitment described in this section or a further commitment described in ORS 426.702.

CAPTIONS

44 <u>SECTION 13.</u> The unit captions used in this 2025 Act are provided only for the conven-45 ience of the reader and do not become part of the statutory law of this state or express any

1	legislative intent in the enactment of this 2025 Act.
2	
3	EFFECTIVE DATE
4	
5	SECTION 14. This 2025 Act takes effect on the 91st day after the date on which the 2025
6	regular session of the Eighty-third Legislative Assembly adjourns sine die.
7	