

LC 409: Oregon State Hospital Technical Fixes

Several technical fixes relating to the Oregon State Hospital will align statutes and current hospital practices and reduce potential confusion for patients, staff, and the public, without substantive policy changes.

Removing References to Age

ORS 426 refers to two different processes for voluntary admission to Oregon State Hospital (OSH), one for patients 18 years of age and older and one for patients under 18. However, currently no one under 18 years old is allowed to be admitted to OSH. The hospital's children's ward was closed in 2005, as part of a larger state policy conversation about the most appropriate care for young people. Thus, the hospital has not admitted youth in nearly 20 years, but the statutes were never updated. If these statutes are not updated to current standard, OSH will continue to be exposed to occasional pressure to admit a child to an institution that is not equipped to serve them.

This bill removes references in ORS 426 to admitting a person under 18 years old to the Oregon State Hospital and clarifies that the Oregon State Hospital is an inpatient facility for the care and treatment of persons 18 years or older.

Adding Psychiatric Mental Health Nurse Practitioner (PMHNP)

ORS 426.701 acknowledges only treatment received from a licensed psychiatrist. Often at OSH, a patient receives treatment from a psychiatric mental health nurse practitioner (PMHNP), not solely by psychiatrists. If the statute is not updated, the care a patient receives at OSH from a PMHNP would not be considered when determining if a patient qualifies for an extremely dangerous civil commitment under ORS 426.701.

This bill adds psychiatric mental health nurse practitioners to ORS 426.701.

Hiring of Chief Medical Officer

ORS 426.020 requires that, if the hospital superintendent is a licensed physician, the superintendent must also serve as the chief medical officer. OSH needs a separate chief medical officer regardless of whether or not the superintendent is a physician, due to the large workload created by the care environment of the state hospital. If this statute is not updated and OHA hires a new superintendent who is also a licensed physician, OSH would not be able to hire a chief medical officer and the new superintendent would be unable to effectively manage the workload of both extremely busy positions.

This bill amends ORS 426.020 to allow the Oregon State Hospital to hire a chief medical officer regardless of whether or not the superintendent is a physician.

Clarifying Certified Evaluator

ORS 161.365 specifies that a certified evaluator must be used to perform initial evaluations. ORS 161.371 assumes that a certified evaluator must be used but does not specify the certification requirement in statute. If this statute is not updated, it will continue to allow for a vulnerability in the statute in the event that an uncertified evaluator performs an evaluation under ORS 161.371.

This bill amends ORS 161.371 to clarify the requirement that evaluations are to be performed by certified evaluators.

Symptomatology

ORS 161.362 uses the word “symptomology”. However, the term that is actually used by physicians and psychologists for this concept is “symptomatology”. If this statute is not updated it could create confusion among physicians and psychologists who are interpreting the law and providing care to their patients.

This bill amends ORS 161.362 to replace the term “symptomology” with “symptomatology”.

For more information:

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