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Boquist excoriates OHA for holding hostage veterans and their families

Calls OHA's Certificate of Need process "bureaucratic malpractice"

SALEM, Ore.-Republican state Sen. Brian Boquist, of Dallas, is renewing his calls for "intensive" legislative action to address Oregon's mental health crisis.

"The Oregon Health Authority is holding hostage our veterans and their families, and OHA is requesting ransom payments from providers," charged Boquist. "OHA's Certificate of Need process is a form of bureaucratic malpractice."

Yesterday, *Portland Mercury* [reported](#) on the Unity Center for Behavioral Health's failure to address Oregon's unmet need for inpatient psychiatric beds

and its perpetuated problems with patient boarding. The Unity Center refused to release data to the Mercury showing how long people in need are waiting in hospitals before being transferred to the facility.

Boquist says that the 300,000 veterans living in Oregon, and their families, are being used as pawns by bureaucrats. Nearly 30,000 of the veterans in Oregon fought in Iraq or Afghanistan. Hundreds are homeless, and while veterans make up 8.7 percent of Oregon's population, they account for over 20 percent of suicides. Nearly one in four active duty members show signs of a mental health condition. Twenty percent of veterans who served in Iraq or Afghanistan suffer from post-traumatic stress and/or depression and 50 percent of post-traumatic stress is not treated. Yet, according to the a handout , in Oregon there is only one program for military mental health to serve veterans, active duty service members and their families.

In [committee](#), Dr. Dana Selover, manager of the Health Care Regulation and Quality Improvement Section for the Center for Health Protection, shocked Boquist when she said that increasing the number of specialty hospitals that are "faster, cheaper and easier to build," would not be as "cost effective and beneficial."

"Selover is putting profits ahead of patients, and is using patients as a prop to make those profits," asserted Boquist. "This type of theater is disgusting."

Selover testified against [Senate Bill 1054](#), introduced in April, that would temporarily waive certain requirements for facilities providing psychiatric services to veterans and military families. The committee bill would remove the lengthy, time-consuming, and patient-harming, Oregon Health Authority (OHA) process. That process requires facilities to prove there is sufficient demand for mental health services. Boquist says this process is "ludicrous" and "dangerous."

Dr. George Keepers, the Oregon Health and Science University (OHSU) psychiatry chair, told the Portland Mercury that the problem could be partly helped if the state fully staffed the hospital system, which is frequently criticized for its high costs.

"If it were to be fully opened, that would take quite a bit of pressure off the system," said Keeper.

Instead, *Portland Mercury* reported, Oregon appears ready to go the opposite direction. Gov. Kate Brown proposed shutting down the newly opened 174-bed Junction City facility in her efforts to pay for other interests in the state budget.

On Oct. 28, 2016, the College of Public Health and Human Services at Oregon State University released a report commissioned for the Oregon Health Authority that found nearly one out of every four severe psychiatric visits to emergency departments (ED) in Oregon resulted in psychiatric boarding. That report estimated that 2.1 percent of all hospital ED visits or nearly 30,000 visits, from Oct. 2014 to Sep. 2015, were psychiatric ED boarding episodes. The definition of an ED boarding is a stay longer than six hours.

State Rep. Cedric Hayden, R-Fall Creek, [testified](#) in support of SB 1054, that the

study showed one of the solutions to this problem would be an increase in inpatient psychiatric care capacity. Instead, Hayden said, the number of available inpatient psychiatric beds were reduced. Medford Republican state Rep. Sal Esquivel noted in his support of SB 1054, that Oregon needs more inpatient beds for veterans and service members because of the shortage of beds available and the astronomical cost and burden on hospitals applying for a Certificate of Need. A Certificate of Need is the go-ahead hospitals need from the government before they can build new facilities.

Esquivel [said](#) that the Certificate of Need process is "burdensome, costly, and discourages hospitals from providing new inpatient psychiatric care." In fact, the application fee alone for a facility is tens of thousands of dollars. For a \$1.5 million facility that fee nears \$35,000. And for a larger facility it could be over \$70,000. In addition to the application fee, though, a facility must own the property where it will build the new psychiatric unit, hire architects and others to complete the application and then go through an often years-long approval process with OHA to obtain the right to build.

Elizabeth Hutter, chief executive officer at Cedar Hills Hospital and Outpatient Services, a free-standing psychiatric facility and outpatient service center in Portland, [said](#) that when there are not adequate inpatient services that their clients get caught in the legal system. Cedar Hills opened with just 36 beds and has grown to 89 beds over the last seven years. During this period, the hospital consistently ran at 90 to 95 percent capacity.

"We are continuously overwhelmed by the number of veterans and community members seeking treatment," said Hutter. "There needs to be a mechanism for quality treatment programs to be open at all times for veterans who are seeking emergency inpatient mental health and substance use treatment."

"Due to Cedar Hills being at capacity most of the year, we are unable to treat an average of 128 Oregonians per month who are sitting in emergency departments across the State of Oregon," Hutter said. Hutter underscored "how important it is for our state to allow more inpatient psychiatric programs to open without the barrier of the certificate of need process."

Boquist concluded:

"We have people in need, we have people who can provide care, but the state is getting in between them for some strange reason. Oregonians should ask: Why?"

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