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Oregon Chapter, American College of Emergency Physicians (O.C.E.P)

Testimony before the House Health Care Committee

February 5, 2019

HB 2339 Sobering Centers

Chair Greenlick and members of the committee, my name is Dr. Sharon Meieran and I'm here today representing OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

OR-ACEP supports HB 2339, which requires the Oregon Health Authority to administer a program to provide matching grants to registered sobering facilities. These facilities provide a safe, supportive environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober. Sobering centers provide services for alcohol-dependent individuals that may also suffer from additional issues, such as substance use disorder, mental illness and/or medical issues.

Emergency care providers can speak with deep understanding about the need for and potential benefit of sobering and detoxification centers because the emergency department is where people show up for care when no other resources are available. And, sadly, far too few resources are available. The American College of Emergency Physicians estimated in 2018 that 9.4 percent of visits to the ED were alcohol or substance-use related. The only other place for them to go is to jail, and their representation in the jails is overwhelming.

Sobering and detoxification centers can play an important role in our continuum of care. In the healthcare system, they can decrease the number of inappropriate ambulance trips and overall ED visits for individuals who are intoxicated. They can hopefully better connect people to services to assist in addressing underlying substance use disorder and other underlying issues such as homelessness. And in the criminal justice system, they can create an alternative to booking and

incarceration for individuals arrested for public intoxication. This is not only a more appropriate medical treatment for people who are intoxicated, but on a larger policy level, it serves to help decriminalize substance use disorder, which we know is a chronic medical condition.

The chapter appreciates the leadership of Rep. Stark and other sponsors, including Vice Chair Nosse, on this issue. Thank you for the opportunity to testify in support of this effort.