

A large, solid pink silhouette of the state of Oregon occupies the left half of the image. The right half is white, and the text is positioned in the center of this white area.

# OREGON PHYSICAL HEALTH BOARDS

# *Oregon Medical Board*

The Board licenses the following healthcare professionals

Oversight by OHA

1. Medical Doctors (MD)
2. Doctors of Osteopathic Medicine (DO)
3. Doctors of Podiatric Medicine (DPM)
4. Physician Assistants (PA)
5. Acupuncturists (LAc)

## Administrative Rule Making Process



### Items to Note:

- After first review by the Board, the rule is filed with the Secretary of State and interested parties are notified of the proposed rulemaking.
- Members of the public are invited to provide comment on proposed rules and administrative topics. Public comments are accepted for 21 days after the notice is published in the Secretary of State Bulletin.
- If the Board or Committee makes significant changes to the rule at any point in the process, it will be sent back to the Committee as a first review to start the process again.
- Temporary rules follow the same process as regular rules, but are adopted after the Board's first review and approval of the rule.
- Sign up as an interested party by going to [Subscriber Lists](#) and selecting the link for Administrative Rules.

# ***Definitions of Medical Professions***

## 1. Physicians: Full Licenses

1. **MD License – Medical Doctor:** A doctor of medicine (allopathic) is licensed to practice medicine, prescribe medications, perform surgery, and utilize any of a number of recognized modalities of therapy in the prevention, diagnosis, and treatment of disease, illness, injury, and physical conditions. Medical doctors utilize knowledge gained in the western tradition of scientific study, observation, and experimentation, including anatomy, cellular biology, chemistry, and other areas. In Oregon, an MD's scope of practice also includes the practice of acupuncture.
2. **DO License – Doctor of Osteopathic Medicine:** A doctor of medicine (osteopathic) is licensed to practice medicine, prescribe medications, perform surgery, and utilize any of a number of recognized modalities of therapy in the prevention, diagnosis, and treatment of disease, illness, injury, and physical conditions, including the use of manipulative therapy. Osteopathic medicine emphasizes the relationship between the body's nerves, muscles, bones, and organs. The osteopathic philosophy of treating the whole person is applied to the prevention, diagnosis, and treatment of illness, disease, and injury. In Oregon, a DO's scope of practice also includes the practice of acupuncture.
3. **DPM License – Doctor of Podiatric Medicine:** A podiatric physician is licensed to diagnose and perform medical, physical or surgical treatments related strictly to ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle. Podiatrists may apply for an endorsement on their license to perform ankle surgery in a certified hospital or ambulatory surgical center in Oregon.
4. **MD/DO Volunteer Emeritus License:** Physicians who have retired from active practice and are planning on moving to Oregon may want to apply for a Volunteer Emeritus license if they wish to volunteer medical service for no compensation in a health clinic. Practice is limited to public health clinics or health clinics operated by a charitable corporation that mainly provide primary health, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient. Application fee is waived.

# ***Definitions of Medical Professions***

## 3. Physician Assistants

3. **PA License:** A physician assistant is licensed to provide medical services under the direction and supervision of a licensed physician (MD/DO). Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. The clinical role of physician assistants includes primary and specialty care in medical and surgical practice settings in both urban and rural areas.

## 4. Acupuncturists

4. **AC License:** An acupuncturist is licensed to provide health care using acupuncture and other forms of Traditional Oriental Medicine. Acupuncture treats neurological, organic or functional disorders by stimulation of specific points on the surface of the body by insertion of needles. Under Oregon law, the practice of acupuncture also includes traditional and modern techniques of Oriental diagnosis and evaluation; Oriental massage, exercise and related therapeutic methods; use of Oriental herbs, vitamins, minerals, and dietary advice.

# ***Additional Licenses***

## 1. Physician Limited Licenses

2. Postgraduate
3. Fellow
4. Medical Faculty
5. Visiting Professor
6. SPEX/COMVEX
7. Visiting Physician (Courtesy Privileges)

## 2. Physician Assistant Limited Licenses

2. Pending Examination
3. Preceptorship
4. Visiting Physician Assistant (Courtesy Privileges)

## 3. Acupuncturist Limited Licenses

2. AC Pending Examination
3. AC Visiting Professor

# *Oregon State Board of Nursing*

## Nursing Occupations Licensed/Certified in Oregon

Oversight by OHA

1. Registered nurses (RN)
2. Licensed practical nurses (LPN)
3. Clinical nurse specialist (CNS)
4. Certified registered nurse anesthetist (CRNA)
5. Nurse practitioner
6. Certified nursing assistant (CNA)
7. Certified medication aide (CMA)

# *Definitions of Nursing Professions*

## Nursing Occupations Licensed/Certified in Oregon

1. **Registered nurses (RN)** – The RN license grants the licensee the scope of practice authority to independently engage in nursing practice. Nursing practice is the diagnosis and treatment of human responses to actual or potential health problems. The RN engages in nursing practice with individuals, families, communities and populations within the parameters of their educational preparedness and practice competencies. The RN license holder has completed a nursing education program receiving either a diploma, associate's degree, baccalaureate degree or a master's degree. The scope and standards of practice for the RN are located in Oregon Administrative Rule Chapter 851, Division 45, of the Nurse Practice Act.
2. **Licensed practical nurses (LPN)** – The LPN license grants the holder the scope of practice authority to engage in nursing practice under the clinical direction and supervision of an RN, NP, physician or dentist. LPN practice occurs within an established plan of care that has been written by an RN or NP, or within an established treatment plan written by a physician or dentist. The LPN carries out assigned interventions that are consistent with their educational preparedness and practice competencies. The LPN license holder has completed a nine to 18-month practical nursing education program receiving a certificate of completion or trade diploma. The scope and standards of practice for the LPN are located in Oregon Administrative Rule Chapter 861, Division 045, of the Nurse Practice Act.
3. **Clinical nurse specialist (CNS)** – The CNS license grants the licensee the scope of practice authority to independently provide evidence-based advanced nursing care to clients. The CNS holds an active RN license and has completed a graduate degree nursing program or a post-master's degree certificate with evidence of CNS theory and clinical concentration. The CNS may apply for prescriptive authority. The scope and standards of practice for the CNS are found in Oregon Administrative Rule Chapter 851, Division 54, of the Nurse Practice Act.
4. **Certified registered nurse anesthetist (CRNA)** – The CRNA license grants the licensee the scope of practice authority to perform anesthesia care that is consistent with their educational preparedness and practice competencies. The CRNA holds an active RN license and has met CRNA licensure requirements that include completion of a post-baccalaureate nurse anesthetist education program. The CRNA holds prescriptive authority. The scope and standards of practice for the CRNA are found in Oregon Administrative Rule Chapter 851, Division 52, of the Nurse Practice Act.
5. **Nurse practitioner** – The NP license grants the licensee the scope of practice authority to independently diagnose illness and independently prescribe treatment within the parameters of their specific license type, educational preparedness, and practice competencies. The NP holds an active RN license and has completed a master's degree in nursing or a doctorate in nursing education program. There are 12 NP license types: Acute Care Nurse Practitioner (ACNP), Adult Nurse Practitioner (ANP), Adult-Gerontology Acute Care Nurse Practitioner (AGACNP), Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP), Certified Nurse Midwife (CNM), Family Nurse Practitioner (FNP), Geriatric Nurse Practitioner (GNP), Neonatal Nurse Practitioner (NNP), Pediatric Nurse Practitioner (PNP), Pediatric Nurse Practitioner Acute Care (PNP-AC), Psychiatric/Mental Health Nurse Practitioner (PMHNP), Women's Health Care Nurse Practitioner (WHCNP). The scope and standards of practice for the NP are found in Oregon Administrative Rule Chapter 851, Division 50, of the Nurse Practice Act.
6. **Certified nursing assistant (CNA)** – The CNA certificate allows the holder to assist the RN, and the LPN care team member, in the implementation of the RN's plan of care. The CNA has completed a Board approved 150 hour nursing assistant training program and passed a Board-administered examination qualifying them to obtain certification as a nursing assistant. The specific list of duties that may be performed by the CNA are listed in Oregon Administrative Rule Chapter 851, Division 63, of the Nurse Practice Act.
7. **Certified medication aide (CMA)** – The CMA is an actively certified nursing assistant who has completed additional training through a Board-approved medication aide training program and who has passed a Board-administered CMA examination. The list of duties that a CMA may perform are listed in Oregon Administrative Rule Chapter 851, Division 63, of the Nurse Practice Act.



# *Oregon Board of Physical Therapy*

Oversight by OHA

1. Physical Therapist
2. Physical Therapist Assistant

# ***ORS and OARs by Board***

## **Oregon Medical Board**

- Statutes (Medical Practice Act) Oregon Revised Statutes, chapter 677 — Regulation of Medicine, Podiatry and Acupuncture
- Administrative Rules - Oregon Administrative Rules (OARs), chapter 847

## **Oregon State Board of Nursing**

- Oregon Revised Statutes, Chapter 678.010 to 678.410
- Oregon Administrative Rules, Chapter 851

## **Oregon Board of Physical Therapy**

- Oregon Revised Statutes Chapter 688 - Therapeutic and Technical Services: Physical Therapists
- Oregon Administrative Rules Chapter 848 - Physical Therapist Licensing Board

# *Continuing Education by Board*

## Oregon Medical Board

Licensee Types	Hours Required
<b>Physician (Medical, Osteopathic, and Podiatric):</b>	
<ul style="list-style-type: none"><li>Status: Active, Administrative Medicine Active, Locum Tenens, Telemedicine Active, Telemonitoring Active, Teleradiology Active (MD/DO only)</li></ul>	30 hours/year
<ul style="list-style-type: none"><li>Status: Emeritus</li></ul>	15 hours/year
<b>Physician Assistant</b>	
<ul style="list-style-type: none"><li>Status: Active or Locum Tenens</li></ul>	30 hours/year
<ul style="list-style-type: none"><li>Status: Emeritus</li></ul>	15 hours/year
<b>Acupuncture</b>	
<ul style="list-style-type: none"><li>Status: Active or Locum Tenens</li></ul>	15 hours/year
<ul style="list-style-type: none"><li>Status: Emeritus</li></ul>	8 hours/year

# *Continuing Education by Board*

## Oregon Medical Board

### Relevancy Requirement

Continuing education hours must be relevant to your current practice. The following continuing education topics are considered relevant for all licensees, regardless of specialty:

- [Pain Management](#) and [Required Pain Management Course](#)
- [Cultural Competency](#)
- [Suicide Risk Assessment, Treatment, and Management](#)
- [Alzheimer's Disease](#) (physician and physician assistant licensees only)

### Pain Management Requirements

As of January 1, 2022, HB 2078 (2021) requires pain management continuing education on an ongoing basis. Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, [OAR 847-008-0075](#) requires all actively licensed Board licensees to complete the Oregon Pain Management Commission's (OPMC) continuing education course "[Changing the Conversation About Pain](#)," at initial licensure and every two years. OPMC provides the one-hour [education program](#) through a free online course updated every two years. More information is available on our [pain management](#) webpage.

### Cultural Competency Requirements

As of July 1, 2021, HB 2011 (2019), requires cultural competency continuing education for health care professionals. Oregon Medical Board licensees must complete an average of at least one hour of cultural competency education per year during an audit period a condition of licensure as required in [OAR 847-008-0077](#). The cultural competency continuing education may, but does not have to, be accredited continuing medical education (CME). The law was written to allow a wide array of courses or experiences. More information is available on our [cultural competency](#) webpage.

# ***Continuing Education by Board***

**Oregon State Board of Nursing**

Difficult to find requirements on website

# *Continuing Education by Board*

## Oregon Board of Physical Therapy

How many units of Continuing Competence (CC) do I need to complete?



How many units of CC you need to complete depends on the effective date of your current license. This date is printed on your license, or you can look up your record via the [license lookup](#) tool. Then, just determine where your **effective date** falls in the table below to determine how many units you will need to complete.

Effective Date	Total CC Units Required
Between April 1 <sup>st</sup> , 2020 and March 31 <sup>st</sup> , 2021	24 Hours
Between April 1 <sup>st</sup> , 2021 and December 31 <sup>st</sup> , 2021	12 Hours
Between January 1, 2022 and March 31, 2022	0 Hours

Are there any mandatory continuing competence courses I need to take?



There are two mandatory continuing competency courses.

**Pain Management.** This is a new requirement based on changes made by the legislature in 2021. Licensees **MUST** take the Oregon Pain Management Commission's Pain Management Module at every renewal. [Click here to take the free course.](#)

**Cultural Competence.** Licensees **MUST** take a course in cultural competency. Licensees may choose from a variety of courses. The course must be a minimum of one hour. Additional details can be found at the bottom of this page.

Is there a minimum course duration?

Courses must be a minimum of half an hour to qualify for CC credit. Courses less than 0.5 CC cannot be accepted.

# *Continuing Education by Board*

## Oregon Board of Physical Therapy

### Which Pain Management Course am I required to take?



The Oregon Pain Management Commission's Pain Management Module is required to be taken at every renewal. The course is free and worth 1.5 CC.

[Click here to take the course.](#)

This is a new requirement for most health professions beginning in 2021 with the passage of HB 2078. With this bill, the legislature modified the requirements related to the Oregon Pain Management Commission's Pain Management Module.

Previously, this module was only required at initial licensure, but is now required for every renewal.

*PLEASE NOTE: If your initial licensure date was on or after April 1st, 2021, completion of the pain management module at initial licensure will count toward this renewal requirement; you do not need to complete the module again at renewal. You WILL need to add a continuing competency activity during renewal and upload the course certificate, as it will not transfer from your application automatically.*

### What courses meet the Cultural Competency Requirements?



A list of courses that are either approved by the Oregon Health Authority or have already been reviewed by Board staff can be found at the bottom of this page.

Please note, this is not an exhaustive list- other courses not on the list MAY meet the cultural competency requirement if the course content meets OHA's criteria for approval. [Click here to review OHA's criteria for approval.](#)

A large, stylized pink map of Washington State serves as the background for the slide. The map is positioned on the right side, with its western edge on the left, and it extends towards the right edge of the frame. The text is overlaid on the left side of the map.

# *Washington State Suicide Prevention Legislation*



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## Overview

- Legislation first introduced in 2012 and initially required Certain Mental Health Professionals
  - Trainings must come from the best practices registry of the [AFSP](#) (or [this](#) page) and the [SPRC](#) and must include the following elements:
    - suicide assessment, including screening and referral, suicide treatment, and suicide management.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
- In 2014, they added additional health professions to complete training in suicide assessment, treatment, and management. These additional professions were only being asked to complete a one-time training in this area.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
  - A list of trainings can be found [here](#)

A large, horizontal, pink brushstroke graphic with a textured, hand-painted appearance. The word "Overview" is written in a white, cursive script font across the middle of the brushstroke.

## Overview

- In 2020, additional requirements were added:
  - Specific requirements were added around advanced trainings for certain mental health professionals.
  - Additional professions were added to the one-time training requirement.
  - Population Specific Requirements were added for veterinarians and the construction industry.

A large, irregular pink brushstroke graphic with a rough, hand-painted edge, serving as a background for the word 'Overview'.

# Overview

- Available trainings are maintained on the [Washington State Department of Health website](#) including:
  - Six-hour training for suicide assessment, treatment and management (required for social workers, licensed mental health professionals, nurses, marriage and family therapists, naturopaths, osteopathic physicians/surgeons/physician assistants, physicians and physician assistants, psychologists, and retired active licensees of the above professions).
  - Three-hour training for suicide screening and referral
  - Three-hour training for pharmacists and dentists (suicide screening, referral and imminent harm via lethal means) (Pharmacists and dentists can choose from the three-hour trainings in this section or any of the six-hour trainings).

A large, irregular pink brushstroke graphic with a rough, hand-painted edge, containing the word "Overview" in white script.

## Overview

- Available trainings are maintained on the [Washington State Department of Health website](#) including:
  - The [training program application is available here \(PDF\)](#). There is no deadline to apply. Please submit an application and materials for evaluation.
  - This [evaluation form \(PDF\)](#) will be used to review training program applications.
  - Six-hour training programs must include 30 minutes of content on veterans. You can use the [Veterans Module \(PDF\)](#) developed by the Washington State Department of Veteran Affairs or a resource with comparable content.
  - Approved trainings will be added to the Model List.

## *Current List of Professions*

Ongoing Training Requirement (every 6 years)	HB 2315 added health professionals:
certified counselors and certified advisors	chiropractors
certified chemical dependency professionals	naturopaths
licensed marriage and family therapists, mental health counselors, and social workers	licensed practical nurses, registered nurses, and advanced registered nurse practitioners
licensed occupational therapy practitioners	physicians and physician assistants
licensed psychologists	osteopathic physicians and osteopathic physician assistants
persons holding a retired active license in any of the affected professions	physical therapists and physical therapist assistants
	optometrists
	acupuncture

# *Training Specific Suicide Prevention Legislation*

- [HB 2366](#) (2012) - Requiring certain health professionals to complete education in suicide assessment, treatment, and management.
- [HB 2315](#) (2014) – Adjustments to the training legislation HB 2366.
- [HB 1424](#) (2015) - Adjustments to the training legislation HB 2366.
- [HB 2411](#) (2020) - Adjustments to the training legislation HB 2366.

# Other Suicide Prevention Legislation

- [HB 1336](#) (2013) - Increasing the capacity of school districts to recognize and respond to troubled youth.
- [HB 1138](#) (2015) - Creating a task force on mental health and suicide prevention in higher education.
- [HB 2793](#) (2016) - Providing for suicide awareness and prevention education for safer homes. (Safe Homes: Safe Homes Task Force (Task Force) is created to raise public awareness and increase suicide prevention education among partners in key positions to prevent suicides.)
- [HB 1612](#) (2017) - Creating a suicide-safer homes project account to support prevention efforts and develop strategies for reducing access to lethal means.
- [HB 6514](#) (2018) - Concerning suicide prevention and behavioral health in higher education, with enhanced services to student veterans.
- [HB 1109](#) (2019) - Making 2019-2021 biennium operating appropriations and 2017-2019 biennium second supplemental operating appropriations.
- [HB 6570](#) (2020) - Concerning law enforcement officer mental health and wellness; a task force on law enforcement officer health and wellness.

# *Timeline*

HB 2366 passes; initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

2012



# HB 2366 (2012)

- They built on their existing state requirement for 'Certain Mental Health Professionals' which states, "All health professions are subject to at **least four hours** of Acquired Immune Deficiency Syndrome (AIDS) education *prior to licensure and have varying requirements for continuing education.*"
- Total requirements for certain Washington state mental health professionals:

Certain Mental Health Professionals	CEU requirements	Frequency
Certified counselors and certified advisors	36 hours	2 years
Certified chemical dependency professionals	28 hours	2 years
Licensed marriage and family therapists, mental health counselors, and social workers	36 hours	2 years

# HB 2366 (2012) Elements

- Beginning January 1, 2014, the following *health professions* must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements:
  - certified counselors and certified advisors;
  - certified chemical dependency professionals;
  - licensed marriage and family therapists, mental health counselors, and social workers;
  - licensed occupational therapy practitioners;
  - licensed psychologists; and
  - persons holding a retired active license in any of the affected professions.

# HB 2366 (2012) Elements

- Training Specific Requirements:
  - They require people take a training that comes from the best practices registry of the [AFSP](#) (or [this](#) page) and the [SPRC](#).
  - The training must be approved by the relevant disciplining authority and must include the following elements:
    - suicide assessment, including screening and referral, suicide treatment, and suicide management.
  - A disciplining authority may approve a training program that does not include all of the elements if the element is inappropriate for the profession in question based on the profession's scope of practice.
  - *A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.*

# HB 2366 (2012) Elements

- Training Specific Exceptions:
  - A disciplining authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement.
  - The Board of Occupational Therapy may exempt its licensees from the requirements by specialty if the specialty in question does not practice primary care and has only brief or limited patient contact.
  - A state or local government employee, or an employee of a community mental health agency or a chemical dependency program, is exempt from the training requirements if he or she has at least six hours of training in suicide assessment, treatment, and management from his or her employer; the training may be provided in one six-hour block or in shorter segments at the employer's discretion.

# HB 2366 (2012) Elements

- Additional bill requirements:
  - The relevant disciplining authorities must work collaboratively to develop a model list of training programs to be reported to the Legislature by December 15, 2013. When developing the list, the disciplining authorities must:
    - consider suicide assessment, treatment, and management training programs on the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center; and
    - consult with public and private institutions of higher education, experts on suicide assessment, treatment, and management, and affected professional associations.
  - The Secretary of Health must conduct a study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of a licensed health care professional to identify, refer, treat, and manage patients with suicidal ideation. The study must, at a minimum:
    - review available research and literature regarding the relationship between completion of the training and patient suicide rates;
    - assess which licensed health care professionals are best situated to positively influence the mental health behavior of individuals with suicidal ideation;
    - evaluate the impact of suicide assessment, treatment, and management training on veterans with suicidal ideation; and
    - review curricula of health profession programs offered at state educational institutions regarding suicide prevention.

# Timeline

HB 2366 - initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

2012

2014

HB 2315 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

# HB 2315 (2014)

- They added additional health professions to complete training in suicide assessment, treatment, and management. These additional professions were only being asked to complete a one-time training in this area.

HB 2366 “Certain Mental Health Provider”:	HB 2315 added health professionals:
certified counselors and certified advisors	chiropractors
certified chemical dependency professionals	naturopaths
licensed marriage and family therapists, mental health counselors, and social workers	licensed practical nurses, registered nurses, and advanced registered nurse practitioners
licensed occupational therapy practitioners	Physicians and physician assistants
licensed psychologists	osteopathic physicians and osteopathic physician assistants
persons holding a retired active license in any of the affected professions	physical therapists and physical therapist assistants

# HB 2315 (2014) Elements

- Training Specific Requirements:
  - The training must be *at least six hours in length*, unless the relevant disciplining authority determines that *only screening and referral elements are appropriate*, in which case the training must be *at least three hours in length*.
  - The model list of training programs must be updated at least once every two years. When updating the list, the disciplining authorities must, to the extent practicable, endeavor to include training that includes content specific to veterans. The disciplining authorities must consult with the Washington State Department of Veterans Affairs (WDVA) when identifying content specific to veterans.
- Training Specific Exceptions:
  - Any disciplining authority, instead of just the Board of Occupational Therapy Practice, may exempt a professional from the training requirement if the professional only has brief or limited patient contact.
  - *Previously, per HB 2366, only the Board of Occupational Therapy Practice was allowed this exemption.*



# HB 2315 (2014) Elements

- Additional bill requirements:
  - The Secretary must update the study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of a licensed health care professional to identify, refer, treat, and manage patients with suicidal ideation. The study must be updated twice, once in 2018 and once in 2022, and must be reported to the Governor and the appropriate committees of the Legislature
  - *Psychiatric Consultation Pilot Program*
    - The DSHS and the Health Care Authority (HCA) must develop a plan for a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of individuals with mental or other behavioral health disorders and track outcomes of the program. The program must include two pilot sites, one in an urban setting and one in a rural setting, and must include timely case consultation between primary care providers and psychiatric specialists.

# Timeline

HB 2366 - initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

HB 1424 – delayed the start date that HB 2315 would take effect by.

2014

2012

2015

HB 2315 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

# HB 1424 (2015) Elements

- Training Specific Requirements:
  - The minimum standards must require that six-hour trainings include content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors. When adopting the rules, the DOH must:
    - consult with the affected disciplining authorities, public and private institutions of higher education, experts in suicide assessment, treatment, and management, the WDVA, and affected professional associations; and
    - consider standards related to the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.
  - The DOH must provide the training standards to the PESB and may provide technical assistance in the review and evaluation of education training programs.
- Training Specific Exceptions:
  - Certified registered nurse anesthetists and medical school graduates with limited training licenses are exempt from the training requirement.
  - A disciplining authority may not grant a blanket exemption to broad categories or specialties within a profession based on training and experience.

# *HB 1424 (2015) Elements*

- Additional bill requirements:
  - Beginning July 1, 2017, the model list must contain only trainings that meet the minimum standards and any three-hour trainings that met the training requirements on or before July 26, 2015. The trainings on the list must include six-hour trainings in suicide assessment, treatment, and management and three-hour trainings that include only screening and referral elements. A person or entity providing the training may petition the DOH for inclusion on the model list; the DOH must add trainings to the list that meet the minimum standards. Approved educator training programs may also be included on the model list.

# Timeline

HB 2366 - initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

HB 1424 – delayed the start date that HB 2315 would take effect by.

2014

2020

2012

2015

HB 2315 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

HB 2411 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

# HB 2411 (2020) Elements

- Training Specific Requirements:
  - Advanced Training
    - The second training for a psychologist, marriage and family therapist, mental health counselor, advanced social worker, independent clinical social worker, or an associate advanced or independent clinical social worker must either be:
      - an advanced training focused on suicide management, suicide care protocols, or effective treatments; or
      - a training in a treatment modality shown to be effective in working with people who are suicidal, including dialectical behavior therapy, collaborative assessment and management of suicide risk, or cognitive behavior therapy—suicide management.
    - The Department of Health (DOH) must develop minimum standards for this training and include training that meets the minimum standards on the model list. A person is exempt from the training if he or she can demonstrate that the training is not reasonably available.
  - One-Time Training
    - Optometrists and acupuncture and Eastern medicine practitioners are added to the one-time training requirement for suicide assessment, treatment, and management.

# HB 2411 (2020) Elements

- Training Specific Requirements:
  - Population Specific Requirements
    - Veterinarians
      - Beginning July 1, 2022, all veterinarians and veterinary technicians must complete one-time suicide prevention training developed by the Veterinary Board of Governors (VBG). When developing the training, the VBG must consult with the University of Washington's Forefront Suicide Prevention Center of Excellence (FSPCE) and affected professional associations.
      - The training must:
        - recognize that veterinarians treat animal patients and have limited interaction with animal patient owners;
        - focus on mental health and well-being;
        - include general content on suicide risk, prevention, and resources;
        - include specific content on imminent harm by lethal means; and
        - be three hours in length.

# HB 2411 (2020) Elements

- Training Specific Requirements:
  - Population Specific Requirements
    - The Construction Industry
      - Subject to appropriated funds, the FSPCE must develop:
        - an online, interactive training module in suicide prevention; and
        - a series of complementary modules to be delivered by the construction industry, which must include training on available resources, lethal means safety, screening tools, men's mental health, and a refresher on the online training.



A large, irregular pink brushstroke graphic on the left side of the slide, with the word 'Summary' written in white cursive script inside it.

## Summary

- Legislation first introduced in 2012 and initially required Certain Mental Health Professionals
  - Trainings must come from the best practices registry of the [AFSP](#) (or [this](#) page) and the [SPRC](#) and must include the following elements:
    - suicide assessment, including screening and referral, suicide treatment, and suicide management.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
- In 2014, they added additional health professions to complete training in suicide assessment, treatment, and management. These additional professions were only being asked to complete a one-time training in this area.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
  - A list of trainings can be found [here](#)

A large, horizontal pink brushstroke graphic with a rough, textured edge, resembling a paint stroke. The word "Summary" is written in white cursive script across the middle of the stroke.

## *Summary*

- In 2020, additional requirements were added:
  - Specific requirements were added around advanced trainings for certain mental health professionals.
  - Additional professions were added to the one-time training requirement.
  - Population Specific Requirements were added for veterinarians and the construction industry.

## *Current List of Professions*

Ongoing Training Requirement (every 6 years)	HB 2315 added health professionals:
certified counselors and certified advisors	chiropractors
certified chemical dependency professionals	naturopaths
licensed marriage and family therapists, mental health counselors, and social workers	licensed practical nurses, registered nurses, and advanced registered nurse practitioners
licensed occupational therapy practitioners	physicians and physician assistants
licensed psychologists	osteopathic physicians and osteopathic physician assistants
persons holding a retired active license in any of the affected professions	physical therapists and physical therapist assistants
	optometrists
	acupuncture

# Training Specifics

Profession	Hours of Training and Frequency	Core Training Components and Content
<u><a href="#">Social workers</a></u> <ul style="list-style-type: none"> <li>• Advanced social workers</li> <li>• Advanced social worker associates</li> <li>• Independent clinical social workers</li> <li>• Independent clinical social worker associates</li> </ul> <p>* began January 1, 2014</p>	Six hours at least once every six years	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>
<u><a href="#">Certified counselors</a></u>   <u><a href="#">certified advisers</a></u> <p>* began January 1, 2014</p>	Three hours every six years	Suicide screening and referral
<u><a href="#">Chemical dependence professionals</a></u> <p>* began January 1, 2014</p>	Three hours every six years	Suicide screening and referral

# Training Specifics

<a href="#">Chiropractors</a>  * began January 1, 2016	Three hours one time	Suicide screening and referral
<a href="#">Dentists</a>  * beginning August 1, 2020	Three hours one time	<ul style="list-style-type: none"> <li>• Suicide screening and referral</li> </ul> Assessment of issues related to imminent harm via lethal means
<a href="#">Dental hygienists</a>  * beginning August 1, 2020	Three hours one time	<ul style="list-style-type: none"> <li>• Suicide screening and referral</li> </ul>
<a href="#">Licensed mental health professionals</a>  * began January 1, 2014	Six hours at least once every six years	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>

# Training Specifics

<p><a href="#">Licensed practical nurses (LPN), registered nurses (RN) and advanced registered nurse practitioners (ARNP)</a></p> <p>- certified registered nurse anesthetists are exempt</p> <p>* began January 1, 2016</p>	Six hours one time	<ul style="list-style-type: none"><li>• Suicide assessment, treatment and management</li><li>• Imminent harm via lethal means or self-injurious behaviors</li><li>• Content on veterans</li></ul>
<p><a href="#">Marriage and family therapists</a></p> <p>* began January 1, 2014</p>	Six hours at least once every six years	<ul style="list-style-type: none"><li>• Suicide assessment, treatment and management</li><li>• Imminent harm via lethal means or self-injurious behaviors</li><li>• Content on veterans</li></ul>
<p><a href="#">Naturopaths</a></p> <p>* began January 1, 2016</p>	Six hours one time	<ul style="list-style-type: none"><li>• Suicide assessment, treatment and management</li><li>• Imminent harm via lethal means or self-injurious behaviors</li><li>• Content on veterans</li></ul>

# Training Specifics

<a href="#">Occupational therapists and assistants</a> * began January 1, 2014	Three hours at least once every six years	Suicide screening and referral
<a href="#">Osteopathic physicians and surgeons</a> - holders of a postgraduate training license issued under <a href="#">RCW 18.57.035</a> are exempt * began January 1, 2016	Six hours one time	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>
<a href="#">Osteopathic physician assistants</a> * began January 1, 2016	Six hours one time	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>
<a href="#">Pharmacists</a> * began January 1, 2017	Three hours one time	<ul style="list-style-type: none"> <li>• Suicide screening and referral</li> <li>• Assessment of issues related to imminent harm via lethal means</li> </ul>

# Training Specifics

<a href="#">Physicians</a> -residents holding a limited license issued under <a href="#">RCW 18.71.095</a> (3) are exempt * began January 1, 2016	Six hours one time	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>
<a href="#">Physician assistants</a> * began January 1, 2016	Six hours one time	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>
<a href="#">Physical therapists and assistants</a> * began January 1, 2016	Three hours one time	Suicide screening and referral
<a href="#">Psychologists</a> * began January 1, 2014	Six hours at least once every six years	<ul style="list-style-type: none"> <li>• Suicide assessment, treatment and management</li> <li>• Imminent harm via lethal means or self-injurious behaviors</li> <li>• Content on veterans</li> </ul>



# Training Specifics

Retired active licensee for one of these professions:

- Naturopaths
- LPNs, RNs, or ARNPs (certified registered nurse anesthetists are exempt)
- Osteopathic physicians and surgeons (other than a holder of a postgraduate osteopathic medicine and surgery license)
- Osteopathic physician assistants
- Physician assistants
- Physicians (other than a resident holding a limited license)

\* began January 1, 2016

Six hours one time

- Suicide assessment, treatment and management
- Imminent harm via lethal means or self-injurious behaviors
- Content on veterans

Retired active license as a dentist

\* begins August 1, 2020

Three hours one time

Assessment of issues related to imminent harm via lethal means



Suicide Prevention CME for Medical Providers - Oregon Bill						
Notes 4.21.22 Julie						
NAME	ROLE	CONTACT NOTES				
MEDICAL ASSOCIATIONS						
Deborah Rumsey	Exec Director Children's Health Alliance	3/30/21 - Julie spoke about. Offered to get feedback from members. Suggested Metro Peds -- doing universal screening.				
Daniel Nicoli, DO	Child psychiatrist. OPPA Legislative Chair. OCCAP member. HB 3139 Provider Team.	3/31/22 - Julie informed about legislative concept. Supportive (assuming psychiatrists exempt).				
Betsy Boyd-Flynn	Exec Director Oregon Academy of Family Physicians	Julie can contact when time.				
	Oregon chapter American College of Physicians (adult internal medicine)	Julie can contact when time.				
LEGISLATURE						
Sen Sara Gelser Blouin, Lina	Alliance member. Senate MH cmte	March 2022 -Annette. Meeting on 4/26/22				
Rep. Lisa Reynolds, Medha Pulla Chief of Staff	Pediatrician. OPS member. On House BH cmte. Want endorsement.	April 2022 - Annette. Meeting on 4/27/22				
LICENSING BOARDS						
David Farris, MD	Oregon Medical Board Medical Director. Pediatric anesthesiologist	Julie will contact.				
??	Oregon Boad of Nursing					