

DRAFT LEGISLATION PROPOSAL FOR MEDICAL PROVIDERS

1 PROBLEM (describe the problem; attach any additional information)

Suicide is the second leading cause of death in Oregon of young people ages 10 to 24, the third leading cause of death for those 35 to 44 and the eighth leading cause of death overall. Suicide cost Oregon over \$740,356,000 in lifetime medical and lost work costs in 2010.

Most medical providers will work with patients that are struggling with this life-threatening mental health issue in their career. For example: the American Association of Pediatricians, 80% of pediatricians have had a patient attempt suicide or die by suicide; yet many pediatricians and other medical providers have no or very little training in how to address and treat suicide. According to SB 48 (2017) report, in Oregon only 6.1% to 34.5% of professionals completed a training in suicide intervention. The completion rates depend on the specific licensing board with 6.1% representing chiropractic physicians and 34.5% representing nurses. This bill would require OHA to ensure that appropriate and accessible suicide assessment and treatment training is available to Oregon's healthcare professionals.

PROPOSED SOLUTION TO THE PROBLEM

Medical providers need continuing medical education in suicide assessment, treatment and management so that patients who have contact with a medical provider will have someone who is competent in screening and assessing for suicide; working with a patient on safety planning and reducing access to lethal means; and connect to community resources and support. This is not intended to change the scope of practice rather it is to equip the workforce to respond to an unmet need and save lives. This bill is intended to ensure that medical providers have access to effective trainings with a goal of increasing the number of practitioners that take this training as measured in SB 48 (2017).

Require the Oregon Health Authority to:

- 1) Adopt and apply standards for suicide assessment, treatment and management continuing education for doctors, nurses and other medical providers in consultation with suicide prevention bodies and subject matter experts. Included professions are: a) Certified registered nurse anesthetist, as defined in ORS 678.245; b) Chiropractic physician, as defined in ORS 684.010; c) Clinical nurse specialist, as defined in ORS 678.010; d) Naturopathic physician, as defined in ORS 685.010 e) Nurse practitioner, as defined in ORS 678.010; (f) Physician, as defined in ORS 677.010 (g) Physician assistant, as defined in ORS 677.495; (g) Physical therapist as defined in ORS 688.010, and (h) Physical therapy assistant as defined in ORS 688.010 (i) Acupuncturist
- 2) The training must be approved by the relevant licensing/credentialing authority and must include the following elements: suicide assessment, including screening and referral, suicide treatment, and suicide management. A licensing/credentialing 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. A licensing/credentialing authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement.
- 3) Scan and develop a model list of training programs in suicide assessment, treatment, and management that meet minimum standards.

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- 4) If existing courses do not meet minimum standards, OHA develops Oregon specific 6-hour training. The training required must be at least six hours in length, unless a disciplining authority has determined that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length. Consult with the affected disciplining authorities, public and private institutions of higher education, educators, experts in suicide assessment, treatment, and management to contract for training development should OHA not have the capacity to develop training.
 - 5) By January 2024, the department shall adopt rules establishing minimum standards for the training programs included on the model list. The minimum standards must require that six-hour trainings include content specific to higher risk populations and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors.
 - 6) Beginning July 1, 2025, the model list must include advanced training and training in treatment modalities shown to be effective in working with people who are suicidal. The list will be updated at least every two years.
 - 7) Develop centralized website with a training registry of existing and approved suicide assessment, treatment and management continuing education options
 - 8) Provide funding to support licensing board implementation of suicide assessment, treatment and management continuing education for licensing and re-licensure
 - 9) Establish infrastructure to support and monitor licensee engagement in suicide assessment, treatment and management education.
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Workforce Committee

Current assigned YSIPP Initiatives

1. HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for relicensure.

Workforce Committee

YSIPP Initiatives to consider being responsible for during the 2023 calendar year:

Strategic Pillar 1: Healthy and Empowered Individuals, Families and Communities (Universal)
New Strategic Initiative for 21/22: Organize the people/staff/infrastructure of suicide prevention across the state.

YSIPP Initiative #	YSIPP Initiatives Lead Organization and Partner	Alliance YSIPP Responsibilities	Alliance Committee and/or Advisory Group Responsible for Monitoring Implementation and Advising OHA (RASCI)	Alliance Staff Responsibilities (RASCI)
<p style="text-align: center;">1.1.1.2</p> <p style="text-align: center;">Marked achieved</p>	<p>Big River statewide coordinators meet monthly to align work, give program updates, connect and learn. LEAD: OHA; PARTNER; LINES FOR LIFE; AOCMHP AND MATCHSTICK</p>	<p>Monitor. (consult)</p>	<p>Workforce Committee Monitor implementation (informed).</p>	<p>Staff will attend Big River meetings. Stay apprised of implementation status of Big River activities and share information via website and ongoing email communications as indicated (consult)</p>
<p style="text-align: center;">1.1.1.3</p> <p style="text-align: center;">Marked in progress</p>	<p>Big River statewide coordinators are equipped to bridge interested organizations and people to related suicide prevention work including other Big River programs and statewide suicide prevention efforts. LEAD OHA</p>	<p>Alliance will monitor and advises OHA re: statewide youth suicide prevention. (consult)</p>	<p>Workforce Committee Monitor implementation (informed).</p> <p>Coalition Leaders Will provide feedback on implementation. (consult)</p>	<p>Staff will stay informed of OHA activities re: statewide youth suicide prevention and share related information with Alliance committees and advisory groups as indicated. (informed)</p>

Workforce Committee

Strategic Pillar 2: Clinical and Community Prevention Services (Selected)

YSIPP Initiative #	YSIPP Initiatives OHA Responsibilities and Lead Organizations/Partner (if not OHA)	Alliance YSIPP Responsibilities	Alliance Committee Responsibility and/or Advisory Group for Monitoring Implementation and Advising OHA (RASCI)	Alliance Staff Responsibilities (RASCI)
<p style="text-align: center;">2.1.1.3</p> <p style="text-align: center;">Marked in progress</p>	<p>New: HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for re-licensure. LEAD: OHA</p>	<p>Participate in rule making process. (consult)</p>	<p>Executive Committee Will appoint individuals to rule making process, review and approve recommendations from committees and support staff in moving recommendations forward. (responsible)</p> <p>Workforce and Transitions of Care Committees Will monitor, provide feedback and coordinate with staff to draft recommendations. (responsible)</p>	<p>Staff will participate in rule making process, work with Workforce Committee and TOC to develop recommendations, and move recommendations forward to OHA. (responsible)</p>
<p style="text-align: center;">2.1.3.1</p> <p style="text-align: center;">Marked early action</p>	<p>All Big River statewide coordinators will continue to assess the gaps in availability of culturally and linguistically diverse trainers and trainings and will recruit accordingly and in collaboration with other Big River statewide coordinators. LEAD: OHA</p>	<p>Stay informed. (informed)</p>	<p>Data & Evaluation Workforce Committee Equity Workgroup Will monitor implementation and provide feedback. (consult)</p>	<p>Staff will stay informed. (informed)</p>
<p style="text-align: center;">2.3.2.2</p> <p style="text-align: center;">Marked in progress</p>	<p>OHA will support the development of YouthSAVE for transitional aged youth (ages 18-24). LEAD: OHA. PARTNERS: AOCMHP/OPS</p>	<p>Stay informed. (informed)</p>	<p>Workforce Committee Monitor. (informed)</p>	<p>Staff will stay informed. (informed)</p>

Workforce Committee

YSIPP Strategic Pillar 3: Treatment and Support Services (indicated)

YSIPP Initiative #	YSIPP Initiatives Lead Organization/Partner	Alliance YSIPP Responsibilities	Alliance Committee and/or Advisory Group Responsible for Monitoring Implementation and Advising OHA (RASCI)	Alliance Staff Responsibilities (RASCI)
3.3.1.1 Marked achieved	Behavioral health providers (including Peer Support workforce) in Oregon have access to low or no cost courses in evidence-based treatment of suicidality that address various levels of risk of suicide and teach interventions accordingly. LEAD: OHA	Advocate for low or no cost training. (support)	Workforce Committee Will provide recommendations and monitor implementation (consulted)	Staff will stay informed. (informed)
3.3.1.2 Marked achieved	Oregon Pediatric Society with OHA funding develops and delivers custom behavioral health and suicide prevention trainings for pediatricians and clinics. LEAD: OHA/OPS	Stay informed. (informed)	Workforce Committee Will provide feedback and monitor implementation (informed) Data and Evaluation Committee Will monitor implementation progress. (informed)	Staff will stay informed of implementation status. (informed)
3.3.1.3 Marked achieved	Enhanced training options in Big River programming menu available statewide—Youth SAVE, Collaborative Assessment and Management of Suicidality (CAMS), Assessing and Managing Suicide Risk (AMSR). LEAD: OHA; PARTNERS: UO, AOCMHP, MATCHSTICK	Stay informed and disseminate information. (informed)	Workforce, Schools, Transitions to Care Committees Will provide guidance and monitor implementation (consult)	Staff will stay informed of implementation status. (informed) status. (informed)
3.3.1.4 Marked achieved	Advanced training options in Big River programming menu available statewide—Cognitive Behavioral Therapy—Suicide Prevention (CBT-SP), Dialectical Behavioral Therapy—Skills and Suicide Prevention modules (DBT) LEAD: OHA; PARTNERS: UO, AOCMHP, MATCHSTICK	Stay informed and disseminate information. (informed)	Workforce, Schools, and Transitions to Care Committees Will provide guidance and monitor implementation (informed)	Staff will stay informed and disseminate. (informed)