January 6, 2023

SUICIDE PREVENTION—
Setting Policies to Save Lives

In 2021, for the first time since 2001, Oregon had a three-year decrease in youth suicide fatalities (24 and under). This positive news reflects increased investment and policy development by the state legislature in youth suicide prevention efforts. It also reflects enhanced community engagement lead by a coalition of individuals with lived experience and public private partners that comprise the Alliance. In 2023, it is urgent that we continuum to build on this momentum and work towards the day when OR will no longer have one of the highest suicide rates in the nation.

Across the lifespan Oregon has the 13th highest suicide rate in the nation resulting in 833 deaths in 2020 alone. Suicide is the second leading cause of death for Oregonians ages 10 through 44. It is important to note that some counties in Oregon did not see this overall decrease in youth suicide in 2021 and in 2022 we anticipate seeing a slightly higher rate.

Suicide **is** preventable, but there is no one "magic" solution to combatting this epidemic of despair. It is a complex issue that needs a multi-systemic approach rooted in local community efforts and investments in suicide prevention across the lifespan. This session we need to take bold action to save lives. As Gov. Tina Kotek noted, "When someone is ready to seek help for a mental health concern or substance use, that help should be easy to find and available – no matter where you live or what you can afford".

Our legislative agenda this year seeks to ensure that in Oregon we provide the right help at the right time. The supported legislation will:

- strengthen local supports by funding suicide prevention efforts in every Oregon county for the first time through OHA's policy option package
- fully fund both the youth and adult suicide prevention intervention plans
- invest in the 988 and a more effective mobile crisis response system
- Increased access to accurate and accessible training on suicide assessment and management for health professionals,
- help put time and distance between access to firearms for a person in a suicidal crisis,
- require insurers to pay for gender affirming care, which evidence shows can be life saving
- supporting efforts to get more accurate data about youth well-being to inform our planning and investments

Make a Difference in 2023 by Funding Suicide Prevention Across the Lifespan

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Fund Suicide Prevention Across the Lifespan (OHA POP and LC2630)

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We support OHA's request for $22 million to fund both the youth and adult suicide prevention plans. For the first time, the OHA POP includes and ask for suicide prevention funding to go to each county. This strategy has been requested from the field to support suicide prevention that is based on local knowledge and includes opportunity for community innovation. Additionally, the POP funds specific equity work, improves data collection for Sexual Orientation Gender Identity and other evaluation data. A companion bill, LC2630, also requires the state to plan and implement suicide prevention across the lifespan. LC2630 mirrors the highly successful legislation enacted to support coordinated prevention and intervention for youth ages 5 to 24.

January 6, 2023

Prioritize Legislation to Fully Fund 988 and Mobile Response Services LC#?

Ensure implementation of crisis call, text line by establishing a 988 Trust Fund to pool and integrate various sources of federal and state resources designed to fund 988 services. Legislation is necessary to establish a telecom fee as an ongoing resource and will create a multi-stakeholder advisory group to advise on implementation.

Suicide Prevention Training for Medical Providers (LC 1237)

Medical providers need continuing medical education in suicide assessment, treatment and management. We are asking OHA 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). More than 60% of people who die by suicide have seen a healthcare professional in the month prior to their death. The National Strategy for Suicide Prevention concludes that equipping doctors and nurses with accurate information about how to identify and support a suicidal patient is one of the most effective ways to prevent suicide.

Firearms: Time and Distance to Create Safety (LC3138)

According to the CDC **from 2016 to 2020 we lost an average of 440 Oregonians annually to suicide by firearms**. Access to firearms remains the leading cause of death for young people. Research shows that putting time and distance between a person who is in crisis and a gun can prevent suicides. We are supporting legislation that will help community members to recognize suicide risk and feel safe about helping a friend of family member by temporarily holding their firearm by training firearm users about recognizing suicide risk. It clarifies that a person holding a gun for a person in crisis are immune to liability except in actions arising from unlawful conduct; establishes a grant program to fund storage of firearm pursuant to a firearm hold agreement and incorporates firearm suicide prevention training into concealed carry training.

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Make Better Decisions to Save Lives (LG1779)

We need better data to develop suicide prevention plans and implementation strategies based on student identified needs. This has been difficult to do without any mandate for a universally used survey of student health. Currently, only 30% of schools across OR administer the Healthy Teens and Student Education and Equity Survey (SEED) survey. School Accountability Act (LC1779) requires school districts to ensure students participate in both surveys which will allow us to more effectively respond to student identified health and safety needs.

Extend Access to Gender Affirming Care LC #?

It is well known that suicide rates are high in people who identify as gender diverse. Data show that 82% of transgender individuals have considered suicide; 40% of youth transgender individuals have attempted suicide. On the hand, evidence shows us that gender affirming care is life-saving care. This care includes social, psychological, behavioral, and medical interventions to support and affirm an individual's gender identity when it conflicts with the gender they were assigned at birth. These interventions help transgender and nonbinary people align their bodies with their gender identity. We need to close Oregon 's gender-affirming care coverage gaps by codifying in statute a requirement that state-regulated health plans must cover all medically necessary gender affirming care services.

LC 1237
2023 Regular Session
10/27/22 (SCT/ps)

D R A F T

SUMMARY

Directs Oregon Health Authority to develop list of suicide risk assessment, treatment and management continuing education opportunities for specified physical health care providers. Requires authority to develop continuing education opportunities if none exist. Allows specified health professional regulatory boards to approve continuing education opportunities included on list developed and maintained by authority, and to specify minimum requirements to exempt licensees regulated by board from requirement to complete continuing education.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to suicide risk assessment continuing education opportunities; creating new provisions; amending ORS 676.860; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) In addition to developing the list described in ORS 676.863, the Oregon Health Authority shall develop a list for the boards, as defined in ORS 676.860, of continuing education opportunities that are tailored to the licensees, as defined in ORS 676.860, and that meet the requirements described in subsection (2) of this section. The authority shall update the list described in this section at least once every two years. The list described in this section must also meet the requirements described in ORS 676.863.

(2)(a) Except as described in paragraph (c) of this subsection, a continuing education opportunity included on the list described in subsection (1) of this section must include training on the following

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

elements:

(A) Suicide risk assessment, screening including counseling regarding access to lethal means and referral;

(B) Suicide treatment and safety planning; and

(C) ~~Suicide management.~~

(b) A continuing education opportunity that includes all three elements described in paragraph (a) of this subsection must be at least six hours in length.

(c) A continuing education opportunity that includes only the element of suicide risk assessment, access to lethal means, screening and referral must be at least three hours in length.

(3)(a) If no continuing education opportunities exist that meet the requirements in subsection (2) of this section, the authority shall develop a continuing education opportunity that includes ~~the three~~ all elements described in subsection (2)(a) of this section and that is six hours in length.

(b) In developing the continuing education opportunity described in this subsection, the authority shall consult with each board, as defined in ORS 676.860, public universities listed in ORS 352.002, private institutions of post-secondary education, educators in this state and individuals who are experts in suicide assessment, treatment and management. The authority may contract with a third party as necessary to develop the continuing education opportunity described in this subsection.

(4) The authority shall publish the list described in this section on a website developed and maintained by, or on behalf of, the authority.

(5) The authority shall adopt rules to carry out this section. The rules adopted under this section must include, but are not limited to, rules:

(a) Establishing infrastructure to support and monitor the engagement of licensees, as defined in ORS 676.860, in the continuing educa-

tion opportunities described in this section;

~~**(b) Developing a process to provide funding to the boards, as defined in ORS 676.860, to support the boards in ensuring licensee participation in the continuing education opportunities described in this section; and**~~

(c) Establishing, for a continuing education opportunity included on the list described in this section, minimum standards that require a six-hour continuing education opportunity to include content specific to high-risk populations and to the assessment of issues related to imminent harm through lethal means or self-injurious behaviors.

SECTION 2. Section 1 of this 2023 Act is amended to read:

Sec. 1. (1) In addition to developing the list described in ORS 676.863, the Oregon Health Authority shall develop a list for the boards, as defined in ORS 676.860, of continuing education opportunities that are tailored to the licensees, as defined in ORS 676.860, and that meet the requirements described in subsections (2) and (3) of this section. The authority shall update the list described in this section at least once every two years. The list described in this section must also meet the requirements described in ORS 676.863.

(2)(a) Except as described in paragraph (c) of this subsection, a continuing education opportunity included on the list described in subsection (1) of this section must include training on the following elements:

(A) Suicide risk assessment, screening and referral;

(B) Suicide treatment; and

(C) Suicide management.

(b) A continuing education opportunity that includes all ~~three~~ elements described in paragraph (a) of this subsection must be at least six hours in length.

(c) A continuing education opportunity that includes only the elements of suicide risk assessment, access to lethal means counseling, screening and referral must be at least three hours in length.

Commented [OE1]: This is not needed and additional fiscal on the project. We suggest delelting

(3)(a) If no continuing education opportunities exist that meet the requirements in subsection (2) of this section, the authority shall develop a continuing education opportunity that includes the three elements described in subsection (2)(a) of this section and that is six hours in length.

(b) In developing the continuing education opportunity described in this subsection, the authority shall consult with each board, as defined in ORS 676.860, public universities listed in ORS 352.002, private institutions of post-secondary education, educators in this state and individuals who are experts in suicide assessment, treatment and management. The authority may contract with a third party as necessary to develop the continuing education opportunity described in this subsection.

(4) The authority shall publish the list described in this section on a website developed and maintained by, or on behalf of, the authority.

(5) In addition to the continuing education opportunities described in this section, the list must also include continuing education opportunities that provide advanced training in the elements listed in subsection (2) of this section, and that provide training in treatment modalities demonstrated to be effective in working with individuals who are experiencing suicidality, including individuals in historically marginalized communities.

[*(5)*] **(6)** The authority shall adopt rules to carry out this section. The rules adopted under this section must include, but are not limited to, rules:

(a) Establishing infrastructure to support and monitor the engagement of licensees, as defined in ORS 676.860, in the continuing education opportunities described in this section;

(b) Developing a process to provide funding to the boards, as defined in ORS 676.860, to support the boards in ensuring licensee participation in the continuing education opportunities described in this section; and

(c) Establishing, for a continuing education opportunity included on the list described in this section, minimum standards that require a six-hour continuing education opportunity to include content specific to high-risk populations and to the assessment of issues related to imminent harm

through lethal means or self-injurious behaviors.

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SECTION 3. ORS 676.860 is amended to read:

676.860. (1) As used in this section:

(a) "Board" means:

(A) Occupational Therapy Licensing Board;

(B) Oregon Board of Naturopathic Medicine;

(C) Oregon Medical Board;

(D) Oregon State Board of Nursing;

(E) Oregon Board of Physical Therapy; and

(F) State Board of Chiropractic Examiners.

(b) "Licensee" means a person authorized to practice one of the following professions:

(A) Occupational therapist, as defined in ORS 675.210;

(B) Certified registered nurse anesthetist, as defined in

(C) Chiropractic physician, as defined in ORS 684.010;

(D) Clinical nurse specialist, as defined in ORS 678.010;

(E) Naturopathic physician, as defined in ORS 685.010;

(F) Nurse practitioner, as defined in ORS 678.010;

(G) Physician, as defined in ORS 677.010;

(H) Physician assistant, as defined in ORS 677.495;

(I) Physical therapist, as defined in ORS 688.010; [*and*]

(J) Physical therapist assistant, as defined in ORS 688.

(K) **Acupuncturist licensed under ORS 677.759**.

(2)**(a)** In collaboration with the Oregon Health Authority, a board shall adopt rules to require a licensee regulated by the board to report to the board, upon reauthorization to practice, the licensee's completion of any continuing education regarding suicide risk assessment, treatment and management **approved by the board**.

(b) A board may approve a continuing education opportunity included on the list described in section 1 of this 2023 Act that is six or more hours in length, except that a board may approve a continuing edu-cation opportunity included on the list described in section 1 of this

admin
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Do we need more specifics about what is in the list of trainings -- risk factors, disability, chronic pain and training appropriate to patient population and age. Point is, we want to make sure that people working with children have the right training -- end of

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Follow up task get a list of who is under each bi

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Where are Physician Assistants?

julie
2022-12-02 05:10:26

PT Asst?

2023 Act that is less than six hours in length and that does not include all three elements described in section 1 (2)(a) of this 2023 Act if the board determines an element is inappropriate for a licensee regulated by the board.

(c) A board may by rule specify minimum trainin requirements that a licensee must meet in order to the requirement to complete continuing education risk assessment, treatment and management.

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not needed?

(3) A licensee shall report the completion of any continuing education described in subsection (2) of this section to the board that regulates the licensee.

(4)(a) A board shall document completion of any continuing education described in subsection (2) of this section by a licensee regulated by the board. The board shall document the following data:

(A) The number of licensees who complete continuing education described in subsection (2) of this section;

(B) The percentage of the total of all licensees who complete the continuing education;

(C) The counties in which licensees who complete the continuing education practice; and

(D) The contact information for licensees willing to share information about suicide risk assessment, treatment and management with the authority.

(b) The board shall remove any personally identifiable information from the data submitted to the board under this subsection, except for the personally identifiable information of licensees willing to share such information with the authority.

(c) For purposes of documenting completion of continuing education under this subsection, a board may adopt rules requiring licensees to submit documentation of completion to the board.

(5) A board, on or before March 1 of each even-numbered year, shall report to the authority on the data documented under subsection (4) of this

section, as well as information about any initiatives by the board to promote suicide risk assessment, treatment and management among its licensees.

(6) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (5) of this section. The authority shall include in the report information about initiatives by boards to promote awareness about suicide risk assessment, treatment and management and information on how boards are promoting continuing education described in subsection (2) of this section to licensees.

(7) The authority may use the information submitted to the authority under subsection (5) of this section to develop continuing education opportunities related to suicide risk assessment, treatment and management for licensees and to facilitate improvements in suicide risk assessment, treatment and management efforts in this state.

SECTION 4. (1) Section 1 of this 2023 Act and the amendments to ORS 676.860 by section 3 of this 2023 Act become operative on January 1, 2024.

(2) The amendments to section 1 of this 2023 Act by section 2 of this 2023 Act become operative on July 1, 2025.

(3) The Oregon Health Authority and a board, as defined in ORS 676.860, may take any action before the operative date specified in subsection (1) of this section, that is necessary to enable the authority and the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority and the board by section 1 of this 2023 Act and the amendments to ORS 676.860 by section 3 of this 2023 Act.

SECTION 5. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

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2025 for first report to be due annual workforce training report (formerly SB48 report)

admin
2022-12-02 18:22:41

Status update to the legislator – annual

Background

In fall 2020, Congress designated 9-8-8 as the new three-digit crisis line for nationwide use, replacing the 10-digit toll-free number that connected callers to the National Suicide Prevention Lifeline Network. Congress also gave states the option:

- To tie 988 to their broader in-state behavioral health crisis network.
- To adopt a telecom fee for 988, just as states have telecom fees to fund the 911 emergency network.

In 2021, the Oregon Legislature partially enacted 988 implementation legislation, moving forward with creating two 988 call centers based in Oregon and with partially expanding mobile crisis response teams across the state. However, several key elements were deferred until 2023 to ensure time for thoughtful planning.

What LC 1956 Achieves

LC 1956 fully implements the architecture for the 988 system in Oregon. Importantly, LC 1956:

- Creates the 988 Trust Fund so that Oregon may integrate the various pots of federal and state funding to ensure seamless financing for 988 call centers, mobile crisis, and related crisis services.
- Adds the option for a telecom fee for 988 that functions like Oregon's 911 telecom fee system.
- Restricts 988 telecom fee revenue to funding Oregon's two 988 call centers and to providing baseline funding for mobile crisis teams in all 36 counties.
- Creates a true multi-stakeholder advisory body to ensure smooth implementation of 988 across Oregon.

Why LC 1956 Is Needed

Without a dedicated 988 Trust Fund, Oregon will attempt to fund 988 services through various separated funding streams and a multitude of contracts. This will lead to disjointed and inefficient implementation, particularly for community-based mobile crisis response teams.

To achieve timely 24/7 responses in all Oregon communities, the state will have to efficiently pool funding streams, ensuring that a sufficiently trained and compensated workforce will be available when a crisis emerges. Without integrated funding, we'll continue to see the slow and uneven mobile crisis responses that are typical in most communities, increasing the likelihood that law enforcement will remain the default response to behavioral health crises.

CHAPTER 80

AN ACT SB 563

Relating to youth suicide; amending ORS 418.726 and 418.731; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 418.726 is amended to read:

418.726. (1) There is created a Youth Suicide Intervention and Prevention Advisory Committee to advise the Oregon Health Authority on the development and administration of strategies to address suicide intervention and prevention for children and youth [*10*] **5** through 24 years of age. The Director of the Oregon Health Authority shall appoint members of the advisory committee and members shall serve at the pleasure of the director. The authority shall provide staffing for the advisory committee.

(2) The director shall ensure that advisory committee membership reflects the cultural, linguistic, geographic and economic diversity of this state. The members of the advisory committee must include, but need not be limited to:

(a) Individuals who have survived suicide attempts;

(b) Individuals who have lost friends or family members to suicide;

(c) Individuals who have not attained 21 years of age;

(d) Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education, who provide services to individuals who have not attained 21 years of age;

(e) Representatives of Oregon Indian tribes;

(f) Representatives of colleges and universities;

(g) Medical and behavioral treatment providers;

(h) Representatives of hospitals and health systems;

(i) Representatives of coordinated care organizations and private insurers;

(j) Suicide prevention specialists; and

(k) Representatives of members of the military and their families.

(3) Members of the advisory committee other than members employed in full-time public service may be compensated for their services and may be reimbursed by the authority for the member's actual and necessary expenses incurred in the performance of the member's duties. Members of the advisory committee who are employed in full-time public service may be reimbursed by the member's employing agency for the member's actual and necessary expenses incurred in the performance of the member's duties. Reimbursements under this subsection are subject to the provisions of ORS 292.210 to 292.288.

(4) The advisory committee shall meet no less than once every three months.

(5) The advisory committee may recommend potential members for appointment to the advisory committee.

(6) The advisory committee shall consult with the Youth Suicide Intervention and Prevention Coordinator on updates to the Youth Suicide Intervention and Prevention Plan under ORS 418.733.

SECTION 2. ORS 418.731 is amended to read:

418.731. (1) As used in this section and ORS 418.733:

(a) "Youth" means a person [*10*] **5** through 24 years of age.

(b) "Youth suicide" means a completed or attempted suicide by a person [*10*] **5** through 24 years of age.

(2) There is established a Youth Suicide Intervention and Prevention Coordinator within that part of the Oregon Health Authority that works with mental health and addiction issues. The coordinator shall:

(a) Facilitate the development of a statewide strategic Youth Suicide Intervention and Prevention Plan to address youth suicide and youth self-inflicted injury, and develop strategies for intervention with suicidal, depressed and at-risk youth;

(b) Improve outreach to special populations of youth that are at risk for suicide and self-inflicted injury;

(c) Identify barriers to accessing intervention services for suicidal, depressed and at-risk youth; and

(d) Provide technical assistance to state and local partners and coordinate interagency efforts to establish youth suicide and youth self-inflicted injury prevention and intervention strategies.

(3) The coordinator shall review data and prepare an annual report to interim and regular committees of the Legislative Assembly with subject matter jurisdiction over child welfare, mental health and addiction issues, and to the Oregon Health Authority, regarding:

(a) The number of emergency room admissions for completed and attempted youth suicides and incidents of youth self-inflicted injury;

(b) The manner and method of completed and attempted youth suicides and incidents of youth self-inflicted injury;

(c) The counties in which the completed and attempted suicides and self-injury incidents occurred;

(d) The number of middle schools and high schools with completed youth suicides among the student body;

(e) The number of completed youth suicides where the youth had previously been admitted to a hospital or emergency room for treatment of attempted youth suicide or self-inflicted injury or had been the subject of a request for intervention services related to depression, suicidal ideation or self-injury within the prior 12 months;

(f) Demographic information regarding youth who completed or attempted youth suicide or who had self-injury incidents, including but not limited to:

(A) Age;

(B) Gender;

(C) Race;
(D) Primary spoken language;
(E) Sexual orientation;
(F) The existence of any physical, mental, intellectual or emotional disability; and
(G) Foster care status; and
(g) Recommendations for administrative and legislative changes to address service gaps in youth suicide prevention, intervention and post-suicide activities, developed in consultation with the Youth Suicide Intervention and Prevention Advisory Committee established in ORS 418.726.

SECTION 3. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.

Approved by the Governor May 21, 2021
Filed in the office of Secretary of State May 27, 2021
Effective date May 21, 2021

LC 2630
2023 Regular Session
11/4/22 (JAS/ps)

D R A F T

SUMMARY

Establishes Adult Suicide Intervention and Prevention Coordinator within Oregon Health Authority. Specifies responsibilities. Requires development of strategic plan to address adult suicide and develop intervention strategies. Requires strategic plan to be updated every five years.

Establishes Adult Suicide Intervention and Prevention Advisory Committee. Directs advisory committee to consult with coordinator on updates to strategic plan.

Directs coordinator, in consultation with advisory committee, to report to Oregon Health Authority and Legislative Assembly regarding recommendations for administrative and legislative changes to address service gaps in adult suicide prevention and intervention.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to adult suicide prevention; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section and sections 2 and 3 of this 2023 Act, "adult" means an individual who is older than 24 years of age.

(2) An Adult Suicide Intervention and Prevention Coordinator is established within the division of the Oregon Health Authority that administers mental health and addiction programs. The coordinator shall:

(a) Facilitate the development of a statewide strategic plan to address adult suicide and to develop prevention and intervention strategies for working with adults who are suicidal;

(b) Improve outreach to adults who are at risk for suicide, including

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

but not limited to veterans, adults with mental illness, adults living in rural and frontier areas of this state and Native Americans; and

(c) Provide technical assistance to state and local partners and coordinate interagency efforts to establish suicide prevention and intervention strategies for adults who are suicidal.

(3) The coordinator shall review data and prepare an annual report, including recommendations for administrative and legislative changes to address service gaps in adult suicide prevention and intervention developed in consultation with the Adult Suicide Intervention and Prevention Advisory Committee established in section 3 of this 2023 Act. The coordinator shall submit the report to the interim and regular committees of the Legislative Assembly related to health and to the Oregon Health Authority. The report must include:

(a) The number of emergency room admissions for completed and attempted suicides by adults;

(b) The manner and method of completed and attempted suicides by adults;

(c) The counties in which the completed and attempted suicides occurred; and

(d) Demographic information regarding adults who completed or attempted suicide, including but not limited to:

(A) Age;

(B) Gender;

(C) Race;

(D) Primary spoken language;

(E) Sexual orientation; and

(F) The existence of any physical, mental, intellectual or emotional disability.

SECTION 2. The Adult Suicide Intervention and Prevention Coordinator shall update the strategic plan described in section 1 of this 2023 Act a minimum of once every five years. Updates must include,

but are not limited to:

(1) An assessment of current access to mental health intervention, treatment and support for adults who are suicidal, including an assessment of the:

(a) Affordability of treatment and support;

(b) Ability of adults to access treatment and support in a timely manner; and

(c) Availability of qualified providers who are culturally competent;

(2) Recommendations to improve access to appropriate mental health intervention, treatment and support for adults who are suicidal, including improving the:

(a) Affordability of treatment and support;

(b) Ability of adults to access treatment and support in a timely manner; and

(c) Availability of qualified providers who are culturally competent;

(3) Recommendations for best practices to identify and intervene with adults who are suicidal;

(4) Recommendations related to the use of traditional media, social media and the Internet to provide opportunities for prevention and intervention of adult suicide;

(5) Recommendations regarding services and strategies to respond to communities affected by a completed suicide by an adult;

(6) Identification of prevention and intervention strategies used by other states with suicide rates for adults that are lower than the national average; and

(7) A comparison of Oregon's suicide rate for adults with the suicide rates of other states.

SECTION 3. (1) There is created an Adult Suicide Intervention and Prevention Advisory Committee to advise the Oregon Health Authority on the development and administration of strategies to address adult suicide intervention and prevention. The Director of the Oregon

Health Authority shall appoint members of the advisory committee and members shall serve at the pleasure of the director. The authority shall provide staffing for the advisory committee.

(2) The director shall ensure that advisory committee membership reflects the cultural, linguistic, geographic and economic diversity of this state. No less than 20 percent of the members of the advisory committee must include:

(a) Individuals who have survived suicide attempts;

(b) Individuals who have lost friends or family members to suicide;

(c) Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education;

(d) Representatives of Indian tribes in Oregon;

(e) Representatives of colleges and universities;

(f) Medical and behavioral treatment providers;

(g) Representatives of hospitals and health systems;

(h) Representatives of coordinated care organizations and private insurers;

(i) Suicide prevention specialists; and

(j) Representatives of members of the military and their families.

(3) Members of the advisory committee other than members employed in full-time public service may be compensated for their services and may be reimbursed by the authority for the member's actual and necessary expenses incurred in the performance of the member's duties. Members of the advisory committee who are employed in full-time public service may be reimbursed by the member's employing agency for the member's actual and necessary expenses incurred in the performance of the member's duties. Reimbursements under this subsection are subject to the provisions of ORS 292.210 to 292.288.

(4) The advisory committee shall meet no less than once every three months.

(5) The advisory committee may recommend potential members for appointment to the advisory committee.

(6) The advisory committee shall consult with the Adult Suicide Intervention and Prevention Coordinator established under section 1 of this 2023 Act on the updates to the statewide strategic plan that are described under section 2 of this 2023 Act.

SECTION 4. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

LC 3138
2023 Regular Session
12/1/22 (JLM/ps)

D R A F T

SUMMARY

Authorizes federal firearms licensee or other person to enter into firearm hold agreement with firearm owner. Provides immunity from liability for person who takes possession of firearm pursuant to firearm hold agreement except in actions arising from unlawful conduct.

Directs Oregon Health Authority to establish grant program to fund storage of firearms pursuant to firearm hold agreement. Appropriates moneys to authority to fund grants.

Requires that training course for concealed handgun license include component of firearm suicide prevention.

Provides that transfer of firearm pursuant to firearm hold agreement is exempt from private transfer criminal background check requirement.

A BILL FOR AN ACT

Relating to firearms; creating new provisions; and amending ORS 166.291 and 166.435.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section and section 2 of this 2023 Act:

(a) "Federal firearms licensee" means a person licensed as a dealer, manufacturer or importer under 18 U.S.C. 923.

(b) "Firearm" has the meaning given that term in ORS 166.210.

(c) "Firearm hold agreement" means a private transaction between a federal firearms licensee or other person and an individual firearm owner in which the licensee or other person takes physical possession of the owner's lawfully possessed firearm at the owner's request, holds the firearm for an agreed-upon period of time and returns the firearm to the owner according to the terms of the agreement.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

(2) A federal firearms licensee or any other person who may lawfully possess firearms may enter into a firearm hold agreement with a firearm owner. The firearm hold agreement may not require the payment of a fee in exchange for holding or storing a firearm.

(3)(a) Except as provided in paragraph (b) of this subsection, a federal firearms licensee or other person who takes physical possession of a firearm pursuant to a firearm hold agreement is immune from civil liability arising from taking possession of the firearm, storing the firearm or returning the firearm to the owner.

(b) The immunity described in paragraph (a) of this subsection does not apply to a civil action based upon the licensee's or person's unlawful conduct.

SECTION 2. (1) The Oregon Health Authority shall by rule create a grant program to fund the storage of firearms pursuant to firearm hold agreements. The authority shall establish grant eligibility criteria and an application and selection process for the program.

(2) A federal firearms licensee or any other person who may lawfully possess a firearm, who intends to store or is storing a firearm pursuant to a firearm hold agreement, may apply to the authority for a grant to fund the storage of the firearm.

(3) Grant funds awarded under this section may be used for any costs associated with storing firearms pursuant to a firearm hold agreement.

(4) The authority shall adopt rules to carry out the provisions of this section.

SECTION 3. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the General Fund, the amount of $_____, to fund the grant program described section 2 of this 2023 Act.

SECTION 4. ORS 166.291, as amended by section 5, chapter 97, Oregon

Laws 2022, is amended to read:

166.291. (1) The sheriff of a county, upon a person's application for an Oregon concealed handgun license, upon receipt of the appropriate fees and after compliance with the procedures set out in this section, shall issue the person a concealed handgun license if the person:

(a)(A) Is a citizen of the United States; or

(B) Is a legal resident noncitizen who can document continuous residency in the county for at least six months and has declared in writing to the United States Citizenship and Immigration Services the intent to acquire citizenship status and can present proof of the written declaration to the sheriff at the time of application for the license;

(b) Is at least 21 years of age;

(c) Is a resident of the county;

(d) Has no outstanding warrants for arrest;

(e) Is not free on any form of pretrial release;

(f) Demonstrates competence with a handgun by any one of the following:

(A) Completion of any hunter education or hunter safety course approved by the State Department of Fish and Wildlife or a similar agency of another state if handgun safety [*was a component*] **and firearm suicide prevention were components** of the course;

(B) Completion of any National Rifle Association firearms safety or training course if handgun safety [*was a component*] **and firearm suicide prevention were components** of the course;

(C) Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college, or private or public institution or organization or firearms training school utilizing instructors certified by the National Rifle Association or a law enforcement agency if handgun safety [*was a component*] **and firearm suicide prevention were components** of the course;

(D) Completion of any law enforcement firearms safety or training course or class offered for security guards, investigators, reserve law enforcement

officers or any other law enforcement officers if handgun safety [*was a component*] **and firearm suicide prevention were components** of the course;

(E) Presents evidence of equivalent experience with a handgun through participation in organized shooting competition or military service;

(F) Is licensed or has been licensed to carry a firearm in this state, unless the license has been revoked; or

(G) Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the National Rifle Association if handgun safety [*was a component*] **and firearm suicide prevention were components** of the course;

(g) Has never been convicted of a felony or found guilty, except for insanity under ORS 161.295, of a felony;

(h) Has not been convicted of a misdemeanor or found guilty, except for insanity under ORS 161.295, of a misdemeanor within the four years prior to the application, including a misdemeanor conviction for the possession of marijuana as described in paragraph (L) of this subsection;

(i) Has not been committed to the Oregon Health Authority under ORS 426.130;

(j) Has not been found to be a person with mental illness and is not subject to an order under ORS 426.130 that the person be prohibited from purchasing or possessing a firearm as a result of that mental illness;

(k) Has been discharged from the jurisdiction of the juvenile court for more than four years if, while a minor, the person was found to be within the jurisdiction of the juvenile court for having committed an act that, if committed by an adult, would constitute a felony or a misdemeanor involving violence, as defined in ORS 166.470;

(L) Has not been convicted of an offense involving controlled substances or participated in a court-supervised drug diversion program, except this disability does not operate to exclude a person if:

(A) The person can demonstrate that the person has been convicted only

once of a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense, and has not completed a drug diversion program for a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense; or

(B) The person can demonstrate that the person has only once completed a drug diversion program for a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense, and has not been convicted of a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense;

(m) Is not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735 or 163.738;

(n) Has not received a dishonorable discharge from the Armed Forces of the United States;

(o) Is not required to register as a sex offender in any state; and

(p) Is not presently subject to an order under ORS 426.133 prohibiting the person from purchasing or possessing a firearm.

(2) A person who has been granted relief under ORS 166.273, 166.274 or 166.293 or 18 U.S.C. 925(c) or has had the person's record expunged under the laws of this state or equivalent laws of other jurisdictions is not subject to the disabilities in subsection (1)(g) to (L) of this section.

(3) Before the sheriff may issue a license:

(a) The application must state the applicant's legal name, current address and telephone number, date and place of birth, hair and eye color and height and weight. The application must also list the applicant's residence address or addresses for the previous three years. The application must contain a statement by the applicant that the applicant meets the requirements of subsection (1) of this section. The application may include the Social Security number of the applicant if the applicant voluntarily provides this number. The application must be signed by the applicant.

(b) The applicant must submit to fingerprinting and photographing by the sheriff. The sheriff shall fingerprint and photograph the applicant and shall conduct any investigation necessary to corroborate the requirements listed under subsection (1) of this section. If a nationwide criminal records check is necessary, the sheriff shall request the Department of State Police to conduct the check, including fingerprint identification, through the Federal Bureau of Investigation. The Federal Bureau of Investigation shall return the fingerprint cards used to conduct the criminal records check and may not keep any record of the fingerprints. The Department of State Police shall report the results of the fingerprint-based criminal records check to the sheriff. The Department of State Police shall also furnish the sheriff with any information about the applicant that the Department of State Police may have in its possession including, but not limited to, manual or computerized criminal offender information.

(4) Application forms for concealed handgun licenses shall be supplied by the sheriff upon request. The forms shall be uniform throughout this state in substantially the following form:

APPLICATION FOR LICENSE TO CARRY
CONCEALED HANDGUN

Date_____

I hereby declare as follows:

I am a citizen of the United States or a legal resident noncitizen who can document continuous residency in the county for at least six months and have declared in writing to the United States Citizenship and Immigration Services my intention to become a citizen and can present proof of the written declaration to the sheriff at the time of this application. I am at least 21 years of age. I have been discharged from the jurisdiction of the juvenile court for more than four years if, while a minor, I was found to be within the jurisdiction of the juvenile court for having committed an act that, if committed by an adult, would constitute a felony or a misdemeanor involving

violence, as defined in ORS 166.470. I have never been convicted of a felony or found guilty, except for insanity under ORS 161.295, of a felony in the State of Oregon or elsewhere. I have not, within the last four years, been convicted of a misdemeanor or found guilty, except for insanity under ORS 161.295, of a misdemeanor. Except as provided in ORS 166.291 (1)(L), I have not been convicted of an offense involving controlled substances or completed a court-supervised drug diversion program. There are no outstanding warrants for my arrest and I am not free on any form of pretrial release. I have not been committed to the Oregon Health Authority under ORS 426.130, nor have I been found to be a person with mental illness and presently subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness. I am not under a court order to participate in assisted outpatient treatment that includes an order prohibiting me from purchasing or possessing a firearm. If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.273, 166.274 or 166.293 or 18 U.S.C. 925(c) or have had the records expunged. I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735 or 163.738. I have never received a dishonorable discharge from the Armed Forces of the United States. I am not required to register as a sex offender in any state. I understand I will be fingerprinted and photographed.

Legal name _____

Age _____ Date of birth _____

Place of birth _____

Social Security number _____

(Disclosure of your Social Security account number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of identification.)

Proof of identification (Two pieces of current identification are required, one

of which must bear a photograph of the applicant. The type of identification and the number on the identification are to be filled in by the sheriff.):

1._____

2._____

Height _____ Weight _____

Hair color _____ Eye color _____

Current address _____

(List residence addresses for the past three years on the back.)

City _____ County _____ Zip _____

Phone _____

I have read the entire text of this application, and the statements therein are correct and true. (Making false statements on this application is a misdemeanor.)

_____

(Signature of Applicant)

Character references.

_____

Name: Address

_____

Name: Address

Approved ____ Disapproved ____ by ____

Competence with handgun demonstrated by _____ (to be filled in by sheriff)

Date _____ Fee Paid _____

License No. _____

_____

(5)(a) Fees for concealed handgun licenses are:

(A) $15 to the Department of State Police for conducting the fingerprint check of the applicant.

(B) $100 to the sheriff for the initial issuance of a concealed handgun license.

(C) $75 to the sheriff for the renewal of a concealed handgun license.

(D) $15 to the sheriff for the duplication of a license because of loss or change of address.

(b) The sheriff may enter into an agreement with the Department of Transportation to produce the concealed handgun license.

(6) No civil or criminal liability shall attach to the sheriff or any authorized representative engaged in the receipt and review of, or an investigation connected with, any application for, or in the issuance, denial or revocation of, any license under ORS 166.291 to 166.295 as a result of the lawful performance of duties under those sections.

(7) Immediately upon acceptance of an application for a concealed handgun license, the sheriff shall enter the applicant's name into the Law Enforcement Data System indicating that the person is an applicant for a concealed handgun license or is a license holder.

(8) The county sheriff may waive the residency requirement in subsection (1)(c) of this section for a resident of a contiguous state who has a compelling business interest or other legitimate demonstrated need.

(9) For purposes of subsection (1)(c) of this section, a person is a resident of a county if the person:

(a) Has a current Oregon driver license issued to the person showing a residence address in the county;

(b) Is registered to vote in the county and has a voter notification card issued to the person under ORS 247.181 showing a residence address in the county;

(c) Has documentation showing that the person currently leases or owns real property in the county; or

(d) Has documentation showing that the person filed an Oregon tax return for the most recent tax year showing a residence address in the county.

(10) As used in this section, "drug diversion program" means a program in which a defendant charged with a marijuana possession offense completes a program under court supervision and in which the marijuana possession offense is dismissed upon successful completion of the diversion program.

SECTION 5. ORS 166.435 is amended to read:

166.435. (1) As used in this section:

(a) "Transfer" means the delivery of a firearm from a transferor to a transferee, including, but not limited to, the sale, gift, loan or lease of the firearm. "Transfer" does not include the temporary provision of a firearm to a transferee if the transferor has no reason to believe the transferee is prohibited from possessing a firearm or intends to use the firearm in the commission of a crime, and the provision occurs:

(A) At a shooting range, shooting gallery or other area designed for the purpose of target shooting, for use during target practice, a firearms safety or training course or class or a similar lawful activity;

(B) For the purpose of hunting, trapping or target shooting, during the time in which the transferee is engaged in activities related to hunting, trapping or target shooting;

(C) Under circumstances in which the transferee and the firearm are in the presence of the transferor;

(D) To a transferee who is in the business of repairing firearms, for the time during which the firearm is being repaired;

(E) To a transferee who is in the business of making or repairing custom accessories for firearms, for the time during which the accessories are being made or repaired; or

(F) For the purpose of preventing imminent death or serious physical injury, and the provision lasts only as long as is necessary to prevent the death

or serious physical injury.

(b) "Transferee" means a person who is not a gun dealer or licensed as a manufacturer or importer under 18 U.S.C. 923 and who intends to receive a firearm from a transferor.

(c) "Transferor" means a person who is not a gun dealer or licensed as a manufacturer or importer under 18 U.S.C. 923 and who intends to deliver a firearm to a transferee.

(2) Except as provided in ORS 166.436 and 166.438 and subsection (4) of this section, a transferor may not transfer a firearm to a transferee unless the transfer is completed through a gun dealer as described in subsection (3) of this section.

(3)(a) A transferor may transfer a firearm to a transferee only as provided in this section. Except as provided in paragraph (b) of this subsection, prior to the transfer both the transferor and the transferee must appear in person before a gun dealer, with the firearm, and request that the gun dealer perform a criminal background check on the transferee.

(b) If the transferor and the transferee reside over 40 miles from each other, the transferor may ship or deliver the firearm to a gun dealer located near the transferee or a gun dealer designated by the transferee, and the transferor need not appear before the gun dealer in person.

(c) A gun dealer who agrees to complete a transfer of a firearm under this section shall request a criminal history record check on the transferee as described in ORS 166.412 and shall comply with all requirements of federal law.

(d) If, upon completion of a criminal background check, the gun dealer:

(A) Receives a unique approval number from the Department of State Police indicating that the transferee is qualified to complete the transfer, the gun dealer shall notify the transferor, enter the firearm into the gun dealer's inventory and transfer the firearm to the transferee.

(B) Receives notification that the transferee is prohibited by state or federal law from possessing or receiving the firearm, the gun dealer shall

notify the transferor and neither the transferor nor the gun dealer shall transfer the firearm to the transferee. If the transferor shipped or delivered the firearm to the gun dealer pursuant to paragraph (b) of this subsection, the gun dealer shall comply with federal law when returning the firearm to the transferor.

(e) A gun dealer may charge a reasonable fee for facilitating a firearm transfer pursuant to this section.

(4) The requirements of subsections (2) and (3) of this section do not apply to:

(a) The transfer of a firearm by or to a law enforcement agency, or by or to a law enforcement officer, private security professional or member of the Armed Forces of the United States, while that person is acting within the scope of official duties.

(b) The transfer of a firearm as part of a firearm turn-in or buyback event, in which a law enforcement agency receives or purchases firearms from members of the public.

(c) The transfer of a firearm to:

(A) A transferor's spouse or domestic partner;

(B) A transferor's parent or stepparent;

(C) A transferor's child or stepchild;

(D) A transferor's sibling;

(E) A transferor's grandparent;

(F) A transferor's grandchild;

(G) A transferor's aunt or uncle;

(H) A transferor's first cousin;

(I) A transferor's niece or nephew; or

(J) The spouse or domestic partner of a person specified in subparagraphs (B) to (I) of this paragraph.

(d) The transfer of a firearm that occurs because of the death of the firearm owner, provided that:

(A) The transfer is conducted or facilitated by a personal representative,

as defined in ORS 111.005, or a trustee of a trust created in a will; and

(B) The transferee is related to the deceased firearm owner in a manner specified in paragraph (c) of this subsection.

(e) The transfer of a firearm pursuant to a firearm hold agreement under section 1 of this 2023 Act.

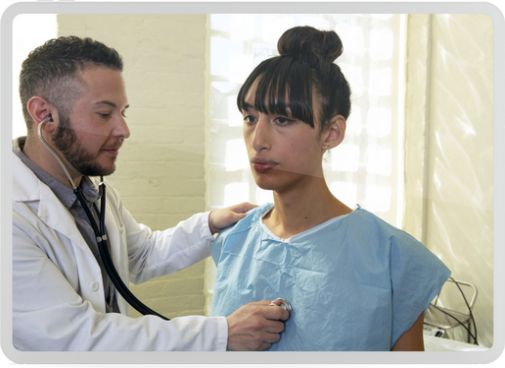
(5)(a) A transferor who fails to comply with the requirements of this section commits a Class A misdemeanor.

(b) Notwithstanding paragraph (a) of this subsection, a transferor who fails to comply with the requirements of this section commits a Class B felony if the transferor has a previous conviction under this section at the time of the offense.

LEGISLATIVE CONCEPT 142

EXPANDING ACCESS TO GENDER- AFFIRMING CARE

BACKGROUND



Gender-affirming care (GAC) is healthcare that comprises social, psychological, behavioral, and medical interventions to support and affirm an individual's gender identity when it conflicts with the gender they were assigned at birth. The medical interventions help transgender and nonbinary people align their bodies with their gender identity. Gender-affirming care is recognized as medically necessary by major national, professional, and global healthcare organizations.

Gender-affirming care is life-saving care. Transgender adults in the United States are 18 times more likely than the general population to have attempted suicide in the past year, but according to UCLA's Williams Institute, this risk decreases significantly for those who have lived full-time according to their gender identity for more than a year. In addition, transgender people–and especially transgender women of color–are more likely than cisgender people to experience violence, but GAC that allows trans people to be seen as their true selves can reduce this risk. Despite these benefits, 15 states have passed or are considering laws prohibiting people from accessing gender-affirming care.

THE OPPORTUNITY

Oregon has the opportunity to stand in contrast to these anti-trans states--and in support of our trans and non-binary community--by expanding access to gender-affirming care in our state. Currently, two significant gaps exist in insurance coverage of GAC in Oregon:

- Oregon's Department of Consumer and Business Services has issued bulletins making it clear that state-regulated health insurance plans cannot discriminate on the basis of gender identity in the coverage of services. However, these plans are not required to cover medically necessary, gender-affirming care, and denials for coverage remain common.
- The Oregon Health Plan covers many GAC services, but a number of commonly needed, vital procedures, such as facial hair removal, are not covered.

THE CONCEPT

This legislative concept would close Oregon's gender-affirming care coverage gaps by codifying in statute a requirement that state-regulated health plans must cover all medically necessary GAC services. This would include comprehensive coverage in the Oregon Health Plan well as PEBB and OEBB.

CONTACTS

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BASIC RIGHTS OREGON

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