

# Senate Bill 682

Sponsored by Senator FREDERICK (at the request of Alexandria Goddard) (Presession filed.)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

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

Directs authority and specified professional regulatory boards to require licensees regulated by authority or board to complete continuing education related to suicide risk assessment, treatment and management and to report completion of continuing education to authority or board.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to suicide prevention; creating new provisions; amending ORS 676.860; and declaring an  
3 emergency.

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

5 **SECTION 1. (1) As used in this section and section 2 of this 2021 Act, "adult" means an**  
6 **individual who is older than 24 years of age.**

7 **(2) An Adult Suicide Intervention and Prevention Coordinator is established within the**  
8 **division of the Oregon Health Authority that administers mental health and addiction pro-**  
9 **grams. The coordinator shall:**

10 **(a) Facilitate the development of a statewide strategic plan to address suicides by adults**  
11 **and to develop prevention and intervention strategies for working with adults who are sui-**  
12 **cidal;**

13 **(b) Improve outreach to adults who are at risk for suicide, including but not limited to**  
14 **veterans, adults with mental illness, adults living in rural and frontier areas of this state and**  
15 **Native Americans; and**

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

18 **(3) The coordinator shall review data and prepare an annual report to the interim and**  
19 **regular committees of the Legislative Assembly related to health and to the Oregon Health**  
20 **Authority regarding:**

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

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

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

25 **(d) Demographic information regarding adults who completed or attempted suicide, in-**  
26 **cluding but not limited to:**

27 **(A) Age;**

28 **(B) Gender;**

**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.

- 1 (C) Race;
- 2 (D) Primary spoken language;
- 3 (E) Sexual orientation; and
- 4 (F) The existence of any physical, mental, intellectual or emotional disability.

5 **SECTION 2.** The Adult Suicide Intervention and Prevention Coordinator shall update the  
6 strategic plan described in section 1 of this 2021 Act a minimum of once every five years.  
7 Updates must include, but are not limited to:

8 (1) An assessment of current access to mental health intervention, treatment and sup-  
9 port for suicidal adults, including an assessment of the:

- 10 (a) Affordability of treatment and support;
- 11 (b) Ability of adults to access treatment and support in a timely manner; and
- 12 (c) Availability of qualified providers who are culturally competent;

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

- 15 (a) Affordability of treatment and support;
- 16 (b) Ability of adults to access treatment and support in a timely manner; and
- 17 (c) Availability of qualified providers who are culturally competent;

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

20 (4) Recommendations related to the use of traditional media, social media and the  
21 Internet to provide opportunities for prevention and intervention of suicides by adults;

22 (5) Recommendations regarding services and strategies to respond to communities af-  
23 fected by a completed suicide by an adult;

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

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

28 **SECTION 3.** ORS 676.860 is amended to read:

29 676.860. (1) As used in this section:

30 (a) "Board" means:

- 31 (A) Occupational Therapy Licensing Board;
- 32 (B) Oregon Board of Licensed Professional Counselors and Therapists;
- 33 (C) Oregon Board of Naturopathic Medicine;
- 34 (D) Oregon Medical Board;
- 35 (E) Oregon State Board of Nursing;
- 36 (F) Oregon Board of Physical Therapy;
- 37 (G) State Board of Chiropractic Examiners;
- 38 (H) State Board of Licensed Social Workers;
- 39 (I) Oregon Board of Psychology; and
- 40 (J) Teacher Standards and Practices Commission.

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

- 42 (A) Clinical social worker, as defined in ORS 675.510;
- 43 (B) Licensed marriage and family therapist, as defined in ORS 675.705;
- 44 (C) Licensed professional counselor, as defined in ORS 675.705;
- 45 (D) Licensed psychologist, as defined in ORS 675.010;

- 1 (E) Occupational therapist, as defined in ORS 675.210;
- 2 (F) Regulated social worker, as defined in ORS 675.510;
- 3 (G) School counselor, as defined by rule by the Teacher Standards and Practices Commission;
- 4 (H) Certified registered nurse anesthetist, as defined in ORS 678.245;
- 5 (I) Chiropractic physician, as defined in ORS 684.010;
- 6 (J) Clinical nurse specialist, as defined in ORS 678.010;
- 7 (K) Naturopathic physician, as defined in ORS 685.010;
- 8 (L) Nurse practitioner, as defined in ORS 678.010;
- 9 (M) Physician, as defined in ORS 677.010;
- 10 (N) Physician assistant, as defined in ORS 677.495;
- 11 (O) Physical therapist, as defined in ORS 688.010; *[and]*
- 12 (P) Physical therapist assistant, as defined in ORS 688.010;
- 13 **(Q) Administrator, as defined in ORS 342.120;**
- 14 **(R) Teacher, as defined in ORS 342.120; and**
- 15 **(S) Certified alcohol and drug counselor, as defined by rule by the Oregon Health Au-**
- 16 **thority.**

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

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

23 **(2)(a) The authority and a board listed in subsection (1)(a)(A), (B), (H) or (I) of this sec-**  
 24 **tion shall require a licensee to:**

25 **(A) Complete between three and six hours every six years of continuing education related**  
 26 **to suicide risk assessment, treatment and management; and**

27 **(B) Report to the authority or the board the licensee's completion of the continuing ed-**  
 28 **ucation described in this paragraph.**

29 **(b) A board listed in subsection (1)(a)(C) to (G) or (J) of this section shall require a**  
 30 **licensee to:**

31 **(A) Complete between three and six hours of the continuing education described in par-**  
 32 **agraph (a) of this subsection; and**

33 **(B) Report to the board the licensee's completion of the continuing education described**  
 34 **in paragraph (a) of this subsection.**

35 *[(4)(a)] (c) The authority and a board shall document completion of [any] the continuing edu-*  
 36 *cation described in subsection (2) of this section. [by a licensee regulated by the board. The board*  
 37 *shall document the following data:]*

38 *[(A) The number of licensees who complete continuing education described in subsection (2) of this*  
 39 *section;]*

40 *[(B) The percentage of the total of all licensees who complete the continuing education;]*

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

42 *[(D) The contact information for licensees willing to share information about suicide risk assess-*  
 43 *ment, treatment and management with the authority.]*

44 *[(b) The board shall remove any personally identifying information from the data submitted to the*  
 45 *board under this subsection, except for the personally identifying information of licensees willing to*

1 *share such information with the authority.]*

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

4 *[(5)] (3) A board, on or before March 1 of each even-numbered year, shall report to the authority*  
 5 *on the [data] information documented under subsection [(4)] (2)(c) of this section, as well as infor-*  
 6 *mation about [any initiatives by the board to promote suicide risk assessment, treatment and manage-*  
 7 *ment among its licensees] the implementation of the continuing education described in*  
 8 **subsection (2) of this section.**

9 *[(6)] (4) The authority, on or before August 1 of each even-numbered year, shall report to the*  
 10 *interim committees of the Legislative Assembly related to health care on the information submitted*  
 11 *to the authority under subsection [(5)] (3) of this section and information documented by the*  
 12 **authority under subsection (2)(c) of this section.** *[The authority shall include in the report infor-*  
 13 *mation about initiatives by boards to promote awareness about suicide risk assessment, treatment and*  
 14 *management and information on how boards are promoting continuing education described in sub-*  
 15 *section (2) of this section to licensees.]*

16 *[(7)] (5) The authority may use the information submitted to the authority under subsection*  
 17 *[(5)] (3) of this section and information documented by the authority under subsection (2)(c)*  
 18 **of this section** *to [develop continuing education opportunities related to suicide risk assessment,*  
 19 *treatment and management for licensees and to] facilitate improvements in suicide risk assessment,*  
 20 *treatment and management efforts in this state.*

21 **(6) The authority and a board may adopt rules to carry out this section.**

22 **SECTION 4. The amendments to ORS 676.860 by section 3 of this 2021 Act apply to ap-**  
 23 **licants for initial authorization and to licensees applying for renewal of authorization on or**  
 24 **after the operative date specified in section 5 of this 2021 Act.**

25 **SECTION 5. (1) The amendments to ORS 676.860 by section 3 of this 2021 Act become**  
 26 **operative on January 1, 2022.**

27 **(2) A board and the Oregon Health Authority may take any action that is necessary to**  
 28 **enable the board and the authority to exercise, on and after the operative date specified in**  
 29 **subsection (1) of this section, all of the duties, functions and powers conferred on the board**  
 30 **and the authority by the amendments to ORS 676.860 by section 3 of this 2021 Act.**

31 **SECTION 6. This 2021 Act being necessary for the immediate preservation of the public**  
 32 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**  
 33 **on its passage.**