



**To: Members of the Senate Committee on Human Services, Mental Health and Recovery**

**From: State Representative Maxine Dexter, M.D., House District 33**

**Date: April 20, 2021**

**Subject: HB 3037**

Chair Gelser, Vice-Chair Anderson, and Members of the Committee,

For the record, my name is Maxine Dexter, M.D., State Representative for House District 33. I am grateful for this opportunity today to request your full support for House Bill 3037.

In 2018 (the most recent data that we have), suicide was the number one cause of death for youth in Oregon according to the Oregon Health Authority (OHA).<sup>1</sup> That same year Oregon had the 11th highest youth suicide rate in the country.<sup>2</sup> Despite significant work that has been done by this body as well as countless organizations and governmental agencies throughout the years to address the challenge of youth suicide, we are falling farther behind. Our children need our help, and HB 3037 seeks to assist in this endeavor.

The bill makes four main changes to the current process regarding youth death by suicide reporting:

1. Requires the OHA to create a statewide post-youth-suicide intervention plan to apply best practices to this issue across the state.
2. Creates deadlines for counties to report youth suicides to Local Mental Health Authorities (LMHAs) in a way that is tailored to meet the capacity of counties.
3. Enables cross-county communication for deaths that occur outside the county where the youth resided, including extracurriculars if known to provide better support for those impacted by the loss.

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<sup>1</sup> Oregon Health Authority, Public Health Division; Health Systems Division. (2019). *Youth Suicide Intervention and Prevention Plan Annual Report*. Retrieved February, 2021, from [https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e8874\\_19.pdf](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e8874_19.pdf)

<sup>2</sup> Oregon Health Authority, External Relations Division. (2020, March 4). *New CDC data shows suicide was leading cause of death among Oregon youth in 2018* [Press release]. Retrieved February, 2021, from <https://www.oregon.gov/oha/ERD/Pages/NewCDCDataShowsSuicideLeadingCauseDeathAmongOregonYouth2018.aspx>

4. Requires LMHAs and schools to report to OHA what supports and services were provided to the community following a youth suicide.

HB 3037 is intended to help prevent future youth suicides in a community. We know that suicide, particularly among youth, has a significant contagion factor, with a reported increased risk of 2 to 4 times<sup>3</sup> above their already high baseline risk. This means that following a suicide, without intervention, a community is far more likely to experience subsequent youth suicides if no intervention action is taken.

By creating a plan and requiring the involved institutions to report what steps were taken to care for the community, we create a level of awareness of the problem and an accountability for taking proactive action to avoid further loss of life. It has been demonstrated that these actions work.

One last thing I will flag for the committee is there is a -2 amendment being finalized. This is a technical tweak which clarifies that counties may report confirmed as well as reasonably suspected youth suicides to allow counties to speed up post intervention for the community. The amendment will also seek to ensure Oregon's 9 Federally Recognized Tribes are appropriately informed.

Sincerely,



Representative Maxine Dexter, M.D.  
House District 33 (NW Portland and NE Washington County)

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<sup>3</sup> American College of Emergency Physicians  
<https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/policy-statements/information-papers/suicide-contagion-in-adolescents---the-role-of-the-emergency-department---final.pdf>