



Stephanie Petix Willard, L.Ac.
1033 SW Yamhill St., Suite 100 Portland, OR 97205
503-227-8781 www.acupetix.com

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To Chair Patterson, and the members of the Health Care Committee,

For the record, my name is Stephanie Willard. I am a licensed acupuncturist in the state of Oregon, a loss survivor, advocate, and a member of the Workforce Committee for the Oregon to Prevent Suicide. I am writing in support of SB-818.

On May 8, 2014, my husband Jesse's brain broke, and I came home to find that he shot and killed our four-year-old daughter Maribella, and himself. He saw his psychiatrist that morning, and several health care providers in the month previous.

Since then, I have advocated and testified on a number of bills in Oregon: HB48, HB2315, and several others. You know the statistics in Oregon regarding suicide attempts and completions, particularly among our youth (Oregon's suicide rate is 30% higher than the national average. Suicide is the second leading cause of death for Oregonians ages 10 through 44 and across the lifespan we lost 833 people to suicide in 2020 alone). Originally, with HB48, we tried to require mandatory suicide prevention training across the board. With huge opposition, the bill transformed into suggested training that would be tracked by OHA (Suicide Prevention Training for Medical and Behavioral Health Providers report as mandated in ORS 676.860) With the recent passage of HB 2315, we passed a requirement for mandatory training in the Behavioral Health workforce.

More than 60% of people who die by suicide saw a health care physician within the previous month, and even more, within the previous year. However, only about a third of those people were supported by a mental health care professional. This leaves the balance to see primary care physicians, ED, nurses, and other health care professionals. It is imperative that they are trained in suicide risk assessment, treatment, and management. This is supported by the latest report from HB48 that just came out. The percentage of OMB licensees that reported taking a course went down from 2020 to 2022, with only 31% of licensees reporting taking a course.

Upon talking with the medical and nursing boards, we learned that they indeed do want to educate themselves, but they want meaningful courses to take.

Several years ago, a mandatory requirement was passed for all OMB licensees to take a pain management course because of the opioid crisis. We of course did it, because it was required, however, Oregon Pain Management Commission came out recently with a course to satisfy this



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requirement. I recently took it to renew my own license, and it was actually decent (and easily accessible). Which leads us to SB818.

The reason this bill is so crucially important is to make it easy and accessible for the workforce to take meaningful and appropriate courses in suicide risk assessment, treatment and management. OHA would provide the infrastructure to make it successful, allowing the opportunity for the medical workforce to be more educated in this critical topic. By doing so, we have the ability to shift these numbers in the right direction. By doing this, we will save lives. I only wish it was done sooner, perhaps my husband and daughter would be alive today.

Please vote yes.

Thank you,
Stephanie Willard, Lac