

**House Committee on Emergency Management, General Government, and Veterans**

Chair: Representative Thuy Tran

Vice-Chairs: Representative Dacia Grayber and Representative Rick Lewis

Members: Representative Curt Boice; Representative Paul Evans; Representative Alek Skarlatos; and Representative Mari Watanabe

March 9, 2025

Chair Tran, Vice Chairs Grayber and Lewis, and members of the Committee:

I am writing to express my strong support for House Bill 2538, which mandates suicide prevention training for physicians and physician associates in Oregon. This legislation addresses a critical gap in our healthcare system and has the potential to save countless lives.

Suicide remains a significant public health crisis in Oregon, with rates consistently above the national average. In 2022 alone, there were 883 suicides in the state, making it the second leading cause of death among Oregonians aged 10–24. Tragically, most individuals who die by suicide have seen a primary care provider (PCP) shortly before their death but not a mental health professional. This underscores the vital role PCPs play in identifying and supporting at-risk individuals, especially given the severe shortage of mental and behavioral health services across Oregon.

Despite frequent patient interactions and their unique position to intervene, many physicians and physician associates lack formal training in suicide prevention. Research shows that comprehensive suicide prevention training equips healthcare providers to:

- Recognize warning signs of suicidality
- Assess risk effectively
- Create safety plans tailored to patients' needs
- Provide timely referrals to appropriate mental health services

Other states have already implemented similar requirements with measurable success. For example, the Oregon Board of Chiropractic Examiners' decision to mandate suicide prevention training led to a dramatic increase in compliance among chiropractors—from 6% in 2020 to nearly 94% by 2023. Extending this requirement to physicians and physician associates is a logical and necessary step forward.

Primary care providers are often the first—and sometimes only—healthcare professionals patients see during times of crisis. By requiring suicide prevention training as part of continuing education, HB 2538 ensures that these providers are well-equipped to intervene when it matters most. This is especially critical in underserved areas where access to specialized mental health services is limited, leaving PCPs as the primary lifeline for at-risk individuals.

Although I am submitting testimony on behalf of myself as an individual, my perspective is rooted in my experience as a Native Oregonian who has spent his life in Oregon outside my eight years serving abroad in the US Army.

I am a Board Certified Fellow in the American College of Healthcare Executives (ACHE) with 30 years of healthcare experience. My health care leadership and views are informed by my time as a leader at the Department of Veterans Affairs; as Deputy Director of the Multnomah County Health Department, Oregon's largest county public health department; as President of the Oregon Chapter of the American College of Healthcare Executives (ACHE), a 501c(6) that serves one of the leading professional societies for healthcare leaders in our state and internationally; and as President of Health Care for All Oregon (HCAO), a 501c(3) advocating to increase health care access for all Oregonians.

In conclusion, I urge you to support HB 2538. By making suicide prevention training mandatory for physicians and physician associates, we can empower our healthcare workforce to better serve their patients and reduce the devastating impact of suicide on families and communities across Oregon.

Thank you.

Respectfully,

Valdez G. Bravo, FACHE  
US Army (1995-2003, OEF)  
Lake Oswego, Oregon (HD-38, SD-19)