



MEMORANDUM

To: Representative Thuy Tran, Chair, House Committee On Emergency Management, General Government, and Veterans
Representative Dacia Grayber, Vice Chair, House Committee On Emergency Management, General Government, and Veterans
Representative Rick Lewis, Vice Chair, House Committee On Emergency Management, General Government, and Veterans
Members of the House Committee On Emergency Management, General Government, and Veterans

From: Courtni Dresser, Vice President of Government Relations

Date: March 11, 2025

Re: OMA Comments on HB 2538

The Oregon Medical Association (OMA) represents over 7,000 physicians, physician associates, and medical and PA students across the state. We appreciate the opportunity to provide testimony regarding HB 2538 and the discussion surrounding continuing education (CE) requirements related to lethal means assessment and suicide prevention.

OMA recognizes the profound impact of suicide on individuals, families, and communities, and we strongly support efforts to enhance education and training in suicide prevention for healthcare providers. Continuing Medical Education (CME) plays a critical role in ensuring that physicians and physician associates remain up to date on best practices in their specialties, and we acknowledge the importance of equipping providers with the necessary tools to address suicide risk assessment and lethal means counseling.

However, OMA generally has concerns regarding mandated CME requirements that apply broadly across all specialties. Physicians in Oregon are already required to complete 30 hours of CME annually, in addition to the many hours of CME needed to retain their Board certification from the American Board of Medical Specialties. Additional mandates reduce

flexibility in choosing education that is most relevant to an individual provider's specialty and patient population. For example, specialties such as pathology or radiology may have limited direct patient interaction, making other CME topics more pertinent to their practice.

We understand there is an anticipated amendment to HB 2538 clarifying that this bill does not create a new CME requirement but instead allows lethal means assessment to fulfill existing CME requirements. OMA appreciates this approach as it prioritizes suicide prevention training while allowing providers who encounter these issues regularly in their practice to engage in relevant education without imposing a new statutory mandate.

OMA will continue to review the proposed amendment when available and, pending that review, anticipates a neutral stance on HB 2538 with the amendment. We remain committed to working with policymakers to support initiatives that enhance patient care and provider education while maintaining flexibility for our members.

Thank you for your time and consideration. We welcome the opportunity for continued discussion on this important issue.