

March 12, 2025

In support of HB 2538

Dear Chair Rep Tran, Vice-Chairs Grayber and Lewis, and Members of the Committee:

My name is Steve Schneider, and I am a Disabled Combat Veteran. I served as a Navy Fleet Marine Force Corpsman for seven years, spending four of those overseas. I served in a variety of Marine Corps and Navy units, including a shock-trauma field hospital unit (3rd Med BN), Infantry (3/1), and Marine Special Operations command (1st MSOB, A CO, 2nd PLT). As a founding member of Marine Special Operations Battalion, I volunteered to be on the very 'tip of the spear' during which time I deployed globally, engaged in combat and training operations, treated numerous combat casualties, sustained several major blast injuries, and unfortunately lost a handful of people I care about, including to suicide. I was proud to do this work, and was humbled to stand beside so many talented warriors and dedicated service members.

However, this lifestyle takes a toll on anyone. Besides the physical and mental stress and injuries, there is a deeper component to combat and military service. It relates to being exposed and partaking in the toughest and most violent aspects of our human nature, to how these experiences are processed, and to how this affects life after the service. There is a reason why so many of my fellow Combat Veterans- despite being previously high-functioning, motivated, and very capable- come home and struggle with things that at face-value may seem simple. In short, there are burdens that come with these experiences- burdens that we chose to bear on behalf of our nation- but that require hard work to process, understand, and implement in a healthy way into life after military service. This is why we need support systems in place to support this process in a way that actually works for and meets the needs of Veterans.

As we have already come to understand, many Veterans and Service Members struggle with a range of challenges associated with military service and long-term health and social outcomes. You don't have to go to combat or do the hardest jobs to feel the deep impact of military service. In fact, the majority of Veterans who die from suicide are not Combat Veterans. What this means is that there is a lot more going on with the issue of Veteran and Service Member suicide than we are really aware of. The reality is that military service is different for everyone that serves- and we need to honor and respect these lived experiences to better understand these complex dynamics.

For many, transitioning from active duty- which essentially comprises a society separate from the civilian with many sub-groups within- is a huge challenge. Add to this the

injuries, traumas, and a host of other issues and it is easy to see why many Veterans struggle to adjust and thrive after separating from service.

Just like any population, when we really look at what is going on and think about viable solutions, we need to consider the basics and fundamentals of what provides stability in our society. Like anyone, Veterans want to have enough money, they want a good place to live, to eat a good meal, and certainly- safety and wellbeing for their family and friends. They want a sense of purpose and a place to call home. They also need quality healthcare and access to certain services that take into account the diverse needs and often complex health issues Veterans have. In short, suicide prevention requires an 'and/also' approach- with strong, smart efforts at all levels of society.

When looking at the most high-impact areas we need to always keep the user experience, or the actual experience of the individual Veteran, centered. For someone struggling with complex health issues, such as TBI and PTSD, it's a huge challenge to self-advocate and navigate confusing forms and websites. This is why we need to close gaps in access to healthcare– we need to make it as simple and easy as possible for Veterans to learn about, sign up, connect, and access the healthcare and other services they need to thrive.

When thinking about how to reduce Veteran suicides through prevention, let's acknowledge what we DO know about suicide, including that:

- Acute ideation is often short-lived and that if the person in crisis can get help, then they most often go on to live
- That suicide attempts can be impulsive and associated with multiple stress factors,
- That not every method to attempt self-harm is as effective as others,
- And that most people who try but are unable to access a firearm, for example, for self-harm *do not* actually go on to try other suicide methods,

Knowing all this means we have a chance to prevent and intervene when someone is in crisis or getting closer to one. When it comes to high-impact suicide prevention in Oregon, we must look for the gatekeepers who have the ability to intervene and provide safety counseling to a wide swathe of the community in a normalized manner. One of the best opportunities, one that is too often missed, is in the Primary Health Care setting.

Why? Because studies show that around 85% of people who died from suicide have seen a Primary Healthcare Provider in the previous 12 months and around 50% in the past month.

As trusted messengers to speak about difficult and personal topics, doctors and other primary care professionals (NPs, PAs) are well suited to evaluate, counsel, and safety plan with their patients to help keep them safe from a suicide attempt. Primary care providers are key gatekeepers when it comes to preventing suicide.

However, the problem is that many doctors report that they have not received, nor are they required to undergo, formal training in assessing and counseling a patient at risk for self-harm. This training is required for mental health providers, but not primary care doctors, even though OHA has recommended this training since 2017. In a state with severe shortages of mental health care, we need our PCPs to step up their role in suicide prevention efforts.

Gaps in knowledge- according to research, interviews, and conversations with doctors across Oregon- include suicide prevention in general, but many doctors especially mention a desire for more skills in cultural competency and lethal means counseling, both which are key to connecting with and effectively communicating with Veterans. Veterans often feel misunderstood, which exacerbates symptoms of depression, PTSD, TBI, and others, because providers sometimes lack the ability or confidence to communicate in a way that maintains trust. This is where training in Lethal Means Counseling and Cultural Competency comes in.

What is Lethal Means Counseling? Facts on this life-saving intervention:

Lethal Means Counseling (LMC) is an evidence-based intervention where healthcare physicians and nurses assess an individual's access to lethal means, such as firearms or medications, and develop a safety plan to reduce access during periods of crisis. Safety counseling can happen with patients at routine check-ups, or when a physician has identified a mental health concern. Lethal means counseling is effective even without improving mental health (Barber, et al., 2016).

Primary care providers (PCPs) play a crucial role in suicide prevention because they frequently interact with individuals at risk:

- Less than 25% of individuals who die by suicide have seen a mental health provider in the year before their death, while 85% have visited a primary care provider within that same timeframe, and 50% within the month before their suicide (Ahmedani et al., 2015).
- Primary care is the most likely point of contact within the healthcare system for those at risk of suicide (Spottswood et al., 2022).
- Many patients rely on primary care for their mental healthcare (AFSP, 2023).

Despite its effectiveness, LMC remains underutilized in Oregon:

- There are no statewide requirements or system-wide plans for suicide prevention training that includes LMC in primary care.
- Only 20–40% of primary care physicians in Oregon complete any suicide prevention training, and there is no requirement for lethal means training (OHA, 2024).

Evidence Supporting Lethal Means Counseling:

- Research demonstrates that LMC significantly reduces suicide risk and improves firearm storage practices:
- A recent study in Washington found that integrating suicide prevention training in primary care resulted in a 25% reduction in suicide rates (Richards et al., 2024).
- In Colorado, a comprehensive survey showed that LMC in primary care encounters reduced the risk of a suicide attempt or death within 180 days from 3.3% to 0.83% (Boggs et al., 2022).
- The Veterans Health Administration recommends that all primary and specialty care providers receive and implement LMC as a population-level suicide prevention strategy (VHA, 2022).
- Families who received lethal means counseling were three times more likely to store firearms securely (Albright & Burge, 2003).
- Providing both counseling and a free secure storage device further increased the likelihood of improved storage behaviors (Barkin et al., 2008).
- In emergency room settings, lethal means counseling led to a 75% increase in secure firearm storage, compared to an 18% increase among those who did not receive counseling (Betz et al., 2018).

Currently, LMC is not widely practiced because:

- Studies show that only 8–40% of physicians discuss lethal means safety with patients (Ladins-Lim et al., 2024).
- A national survey found only 7.5% of individuals in homes with firearms had ever talked to their physicians about firearm safety. (Connor, et al., 2021)
- • Only 36% of physicians report feeling confident discussing lethal means with patients (Ladins-Lim et al., 2024).

With the right training, Primary Care Physicians Can Make A Huge Impact

- With Oregon Veteran suicide rates significantly higher than the national average,, primary care providers have a critical opportunity to prevent suicides. Addressing this gap and creating a plan in partnership with Oregon physicians through

training programs and systemic implementation is essential to reducing Veteran suicides in Oregon.

- Expanding LMC training and integrating it into routine primary care visits can save lives

Importantly, these recommendations align with those of the Oregon Health Authority, the Oregon Alliance to Prevent Suicide, Department of Defense and Veterans Affairs, all the major research and medical centers (Harvard, Johns Hopkins, UCSF), and many other credible institutions.

Effective communication with Veterans is EVERYTHING to us

Ultimately, this recommended training teaches primary care providers how to have these difficult conversations in a way that maintains trust and leads to practical safety planning solutions- aimed towards keeping the Veteran safe now and in the future.

This training incorporates cultural competency to teach PCPs how to speak in a way that seeks to understand and connect with Veterans. Communication is everything and knowing how busy and overworked many doctors and primary care providers are, the point of this training is to quickly give them the language and skills they need to connect, build trust, and co-develop a safety plan to keep their patients safe.

What Veterans Need from you

This is why I ask you to Support HB 2538, which Directs the Oregon Medical Board to require physicians and physician associates to complete continuing education regarding lethal means counseling. Let's be real- we are asking doctors to do something really hard in an already difficult profession. So, *let's figure out the best way to accomplish our shared goal of getting this training to our Oregon doctors and PCPs!*

As a Veteran with my own share of struggles after the military, I have had some poor experiences with doctors asking me about suicide and firearms the wrong way. In other circumstances, it has been done well and led to safety planning that kept me alive. On behalf of those who are no longer with us and those who are struggling right now, we are appealing to you to help us bring this training to Oregon doctors, so that they can provide this counseling the right way that leads to reduced risk and lives saved.

Thank you for your support, your service, and your dedication to Oregon Veterans.

Sincerely,
Steve Schneider