

PRELIMINARY STAFF MEASURE SUMMARY

CARRIER:

Senate Committee on Senate Health Care

REVENUE: No revenue impact (A version)**FISCAL: No fiscal impact (A version)****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 5/18, 5/27

WHAT THE MEASURE DOES: Directs hospitals to adopt and enforce discharge policies for individuals that have been treated for behavioral health crisis. Specifies criteria to be included in the policy. Sets July 1, 2016 as operative date.

ISSUES DISCUSSED:

- High suicide rate in Oregon
- Risk of re-hospitalization after mental health crisis
- Importance of planning and care coordination after hospital stay (designating support person and receiving follow-up treatment)
- Access to written policies provides roadmap for patients and families

EFFECT OF COMMITTEE AMENDMENT: -A5: Removes maximum age requirements. Requires a process to coordinate care to the “extent practicable” and requires documenting when scheduling follow-up appointments within 7-days of discharge cannot be met.

BACKGROUND: The Oregon Council of Child and Adolescent Psychiatry (OCCAP) states that preliminary statistics from Oregon indicate that 701 persons died of suicide in 2012. Oregon’s suicide rate in 2011 was 16.9 per 100,000 persons, above the national average of 12.4. The rate among Oregon males ages 20-24 was 29.3. OCCAP also states that communication between family members of persons seeking treatment for mental illness and primary care providers and/or mental health practitioners improves the quality of care provided to these persons, reduces the risk of suicide and self-harm behaviors and encourages the use of community resources to improve overall outcomes.