



Testimony in support of SB 48A – Suicide prevention CEU tracking

May 10, 2017

Dear Chair Greenlick and Members of House Health Care Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP) I would like to express our support for SB 48A, allowing health professionals to complete continuing education units (CEUs) related to suicide risk assessment, treatment and management, requiring professional health licensing boards to encourage health professionals to complete these CEUs, and requiring the Oregon Health Authority to track the CEUs with each of the boards and report to the Legislative Assembly each year. We are disappointed that there is no requirement for health professionals to complete a certain number of CEUs that are related to suicide prevention. Given that suicide is the tenth leading cause of death for all age groups and the second leading cause of death for age groups 10-24 and 25-34 (CDC, 2016), we must engage in many different strategies to deter this tragic trend, and this will necessitate all of us to do more if we are truly prioritizing preventing suicide in our state.

One key strategy for preventing suicide is to require a minimum amount of continuing education for health professionals who regularly provide services for people who are at risk of suicide so that they know how to detect, respond to and treat people who are at risk for suicide. While mental health professionals are key participants, we also support including primary care providers, who prescribe 59% of all psychotropic drugs (Mark, Levit & Buck, 2009), in this requirement. A majority (77%) of individuals who die by suicide have visited their primary care provider within the last year (Abed Faghri et al., 2010).

We have a lot of work to do in Oregon to curtail the disturbing number of suicides among our youth and in groups with increased risk for suicide (i.e., attempt and loss survivors, LGBTQ persons, Native Americans, older adult males, individuals in the Justice and Child Welfare systems, and military members, veterans and their families). SB 48A is one preliminary step in moving our state toward a proactive policy to identify suicide warning signs and risk factors, preventing tragic consequences.

Sincerely,

Cherryl L. Ramirez
Director, AOCMHP

Centers for Disease Control & Prevention, Office of Statistics and Programming. WISQARS Fatal Injury Data (2014).

Mark, T.L., Levit, K.R., & Buck, J.A. (2009). Datapoints: Psychotropic drug prescriptions by medical specialty. *Psychiatric Services*, 60: 1167.

Abed Faghri, N.M., Boisvert, C.M., & Faghri, S. (2010). Understanding the expanding role of primary care physicians to primary psychiatric care physicians: Enhancing the assessment and treatment of psychiatric conditions. *Mental Health in Family Medicine*, 7(1), 17-25.