



May 10, 2017

Dear Chair Greenlick, Vice-Chair Nosse, Vice-Chair Hayden and Health Care committee members,

The Oregon Society of Physician Assistants opposes SB 48, which would place onerous and expensive reporting burdens on licensing boards as well as potentially requiring practitioners to add continuing education hours to their already robust continuing education requirements.

OSPA's members are supportive of suicide risk assessment and prevention. And there is an obvious need for the integration of suicide risk assessments and prevention into primary care. But SB 48 offers an ultimately onerous solution to this issue.

We are opposed to SB 48 because mandated continuing education requirements are not a meaningful way to reduce suicide rates. What would improve suicide rates is a greater capacity in the health care profession to provide mental health and psychiatric services in Oregon. We need more psychiatric facilities, more mental health providers, more alcohol and drug treatment centers, etc. not just more continuing education.

Section 1 of SB 48 places a large reporting burden on the boards, and as licensing boards are funded with fees from providers, we expect that either licensing fees will rise, or staff time will be taken from other important board services. While the -4A does remove the requirement for practitioners to report completion of the continuing education, the bill still allows boards to require documentation from their members through rule while also requiring those boards to report utilization and completion data. This is concerning to OSPA as we have no professional full time staff, leaving this responsibility to volunteers, who are managing their own practices in addition to the time they give to the association, and adds an additional burden to practitioners who may still be required to submit documentation to their boards. Additionally, with the high costs related to collection, management and reporting of the data, OSPA is concerned that there would be an increase in fees passed along to members and ultimately to the patients accessing care to pay for this mandate. We shared these concerns with the Senate Committee on Human Services, and the -A4 amendment does nothing to address or alleviate our concerns.

Finally, Section 1(4) and (5) require boards to encourage their members to complete the outlined continuing education while allowing them to add to or replace current continuing education requirements with this training. OSPA is concerned that this inadvertently puts boards into a position of having to require completion of the suicide risk assessment continuing education in order to meet the requirements in the bill, forcing their members to forgo other continuing education trainings.

OSPA respectfully urges the committee to vote no on SB 48, as it would place an expensive and onerous burden on the smaller professional associations and licensing boards to collect, manage and report data, as well as potentially requiring practitioners to add a new continuing education program to their already robust continuing education requirements, without truly addressing the serious need around suicide prevention.