

Testimony submitted via email.

Dear Representative Greenlick, Co-Chairs Hayden and Nosse, and members of the committee,

My name is Stephanie Willard, I am a licensed acupuncturist as well as a mental health and suicide prevention advocate with lived experience.

I am writing in support of the original bill SB48 which required mandated training, and in support of the amended version SB 48 – 4, which requires licensing boards governing specific health professionals and school counselors to adopt rules to do voluntary continuing education in suicide risk assessment, treatment and management. These voluntary courses would give them credits to apply to their overall requirements for licensing.

I writing you today wearing two hats. The first is that I am a licensed acupuncturist and have been practicing for 18 years. Though licensed acupuncturists are not included in the scope of Senate Bill 48, I want to say how vitally important it is to mandate trainings in certain areas.

Every practitioner has a required amount of continuing education units (ceu) to renew their licenses. For an acupuncturist, it is broken down into both oriental medicine classes as well as allopathic.

In the State of Oregon, there was a statute in 2015, ORS 413.590 where we were mandated to include pain management ceus as a result of the opioid epidemic. This is very similar to the original law requiring mandatory continuing education in a specific area. As with any new law or mandate in your field, there was a scramble to understand what it meant, the implications, and the timelines to make it happen. It is not that I would not seek out ceus related to this, but having it required to renew my license gave me the push to make that education happen. If I did not, I could not renew my license, therefore I could not practice. It was as simple and easy as that. So of course, it happened.

The new version of this bill is requiring professionals to do voluntary continuing education in suicide risk assessment, treatment and management. I keep underlining voluntary. When this was presented before the Senate, it was for mandatory ceus. The opposition threw a fit, saying make it voluntary, we have too much to do in terms of mandatory requirements. So they amended it. Now it is voluntary. And they are still throwing a fit. And why? Because suicide rates are going down?? Hmm. Let's look at some stats.

Suicide rates have been increasing and is the 10th leading cause of death in the US. There are an average of 121 people per day that die by suicide. These numbers have been increasing continuously year after year. In 2015 alone, 762 Oregon residents died by suicide. It is the second leading cause of death for Oregonians between the ages of 15-34.

Which leads me to my second and more important hat.

On May 8th, 2014, my husband Jesse's brain broke. He shot and killed our four year old daughter Maribella, then himself. I found them a couple of hours later.

He was my best friend, a devoted husband, brother, son, and an amazing father of our two girls. He fiercely loved his family. She was my sunshine. Her laughter contagious, her compassion humbling, and

she was so very smart. Her eyes sparkled as she came up with ways to entertain people. She was just like her father in her athletic abilities. At four years old, she had goals. She wanted to learn to read and ride her bike without training wheels by the time she was five. Her life got cut short of those goals by forty four days. The ripple effects of their murder/suicide are as just as fresh today, three years later as they were that rainy day in May.

Suicide is preventable.

People will often see their PCP, a variety of other health care professionals, or behavior health specialists within the year they die by suicide.

Those of us in the health care field have an opportunity and responsibility everyday with our patients to ask basic questions that would screen for suicidal ideology. The training and treatment protocols are constantly changing and improving. As with any disease, it is vital to stay up to date on ways to screen and support vulnerable people who are considering suicide as an option.

There are many free online trainings available that are best practices and up to date in the field of suicide risk assessment, treatment, and management.

Let us review the word voluntary again. This amended bill does not require this training. It directs the licensing boards to make the training available and report when someone takes a course to OHA. This data is imperative to see how the voluntary program is going as well as see how our workforce is doing in regards to the training they take. This bill is an important step to better prepare the people who have an opportunity to help save lives.

I repeat, suicide is preventable. Every single one. We need to do a better job with our screening and support, this is a step to make this happen. This is a step so that someone may not have to experience the pain I do every second of everyday from this past three plus years.

Thank you for your time and consideration,
Stephanie Willard, LAc, advocate