

Senate Bill 833

Sponsored by Senator GELSER, Representatives KENY-GUYER, BUEHLER

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires hospital that discharges patient following attempted suicide to facilitate referral of patient to peer support program. Requires law enforcement agency to adopt policies for referral of individual who attempts suicide or family member of person who commits suicide to peer support program.

A BILL FOR AN ACT

1
2 Relating to suicide; creating new provisions; and amending ORS 441.196 and 441.750.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) As used in this section:**

5 (a) **"Law enforcement agency" means an agency employing law enforcement officers to**
6 **enforce criminal laws.**

7 (b) **"Law enforcement officer" means an officer employed to enforce criminal laws by:**

8 (A) **This state or a municipal government within this state;**

9 (B) **A political subdivision, agency, department or bureau of the governments described**
10 **in subparagraph (A) of this paragraph; or**

11 (C) **A police department established by a university under ORS 352.121 or 353.125.**

12 (c) **"Peer support program" means an organization that offers counseling and support**
13 **by trained individuals who are in recovery from an attempted suicide or who are family**
14 **members of individuals who have attempted or completed a suicide.**

15 (2) **A law enforcement agency shall adopt and enforce policies and procedures for a law**
16 **enforcement officer to follow in responding to a report of attempted or completed suicide.**
17 **The policies and procedures must include a requirement that the law enforcement officer:**

18 (a) **In the case of an individual who attempted suicide, encourage the individual to au-**
19 **thorize the officer to facilitate the referral of the individual to a peer support program;**

20 (b) **In the case of a completed suicide, to encourage family members affected by the sui-**
21 **cide to authorize the officer to facilitate the referral of the family members to a peer support**
22 **program; and**

23 (c) **If authorization is provided under paragraph (a) or (b) of this subsection, complete**
24 **the referral to a peer support program.**

25 (3) **This section does not authorize a law enforcement officer to disclose information to**
26 **a peer support program other than the name of and contact information for the individual**
27 **or family member who is being referred.**

28 **SECTION 2. ORS 441.196 is amended to read:**

29 441.196. (1) As used in this section:

30 (a) **"Discharge" means the release of a patient from a hospital following admission to the hos-**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 pital.

2 (b) "Lay caregiver" means:

3 (A) For a patient who is younger than 14 years of age, a parent or legal guardian of the patient.

4 (B) For a patient who is at least 14 years of age, an individual designated by the patient or a
5 parent or legal guardian of the patient to the extent permitted under ORS 109.640 and 109.675.

6 (2) A hospital shall adopt and enforce policies for the discharge of a patient who is hospitalized
7 for mental health treatment. The policies must be publicly available and include, at a minimum, all
8 of the following:

9 (a) Encouraging the patient to sign an authorization for the disclosure of information that is
10 necessary for a lay caregiver to participate in the patient's discharge planning and to provide ap-
11 propriate support to the patient following discharge including, but not limited to, discussing the
12 patient's prescribed medications and the circumstances under which the patient or lay caregiver
13 should seek immediate medical attention.

14 (b) Assessing the patient's risk of suicide, with input from the lay caregiver if appropriate.

15 (c) Assessing the long-term needs of the patient including:

16 (A) The patient's need for community-based services;

17 (B) The patient's capacity for self-care; and

18 (C) To the extent practicable, whether the patient can be properly cared for in the place where
19 the patient was residing when the patient presented at the hospital.

20 (d) A process to coordinate the patient's care and transition the patient from an acute care
21 setting to outpatient treatment that may include community-based providers, peer support, lay
22 caregivers and others who can execute the patient's care plan following discharge.

23 (e) Scheduling follow-up appointments for no later than seven days after discharge or docu-
24 menting why the seven-day goal could not be met.

25 **(f) If a patient is discharged following a suicide attempt, encouraging the patient to sign**
26 **an authorization for the hospital to disclose contact information to a peer support program**
27 **and, if authorized, making a referral to a peer support program to permit a peer support**
28 **counselor to contact the patient and offer peer support.**

29 **SECTION 3.** ORS 441.750 is amended to read:

30 441.750. (1) Any hospital which treats as a patient a person under 18 years of age because the
31 person has attempted to commit suicide:

32 (a) Shall cause that person to be provided with information and referral to in-patient or out-
33 patient community resources **including peer support**, crisis intervention or other appropriate
34 intervention by the patient's attending physician, hospital social work staff or other appropriate
35 staff.

36 (b) Shall report statistical information to the Oregon Health Authority about the person de-
37 scribed in this subsection but is not required to report the name of the person.

38 (2) Any disclosure authorized by this section or any unauthorized disclosure of information or
39 communications made privileged and confidential by this section shall not in any way abridge or
40 destroy the confidential or privileged character thereof except for the purposes for which any au-
41 thorized disclosure is made. Any person making a disclosure authorized by this section shall not be
42 liable therefor, notwithstanding any contrary provisions of law.

43 (3) No physician, hospital or hospital employee shall be held criminally or civilly liable for
44 action pursuant to this section, provided the physician, hospital or hospital employee acts in good
45 faith on probable cause and without malice.

