



OREGON PSYCHIATRIC  
PHYSICIANS ASSOCIATION

Date: February 7, 2019

To: The Honorable Mitch Greenlick, Chair  
The Honorable Cedric Hayden, Vice-Chair  
The Honorable Rob Nosse, Vice-Chair  
Members of the House Health Care Committee

From: Craig Zarling, MD, Co-Chair  
Maya Lopez, MD, Co-Chair  
Oregon Psychiatric Physicians Association Legislative Committee

RE: Position statement on HB 2621, OHA Crisis Line

Chair Greenlick and members of the House Health Care Committee:

The Oregon Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, was established in 1966. OPPA serves as the organization for medical doctors (psychiatrists) in Oregon working together to ensure humane care and effective treatment for persons with mental illness, including substance use disorders, and compassion for their families.

OPPA supports the intent of HB 2621 to bolster resources for hospitals to improve continuity of care for people following a suicide attempt, as required by HB 3090 and HB 3091 in 2017. Suicide is the 10th leading cause of death in the United States and the second leading cause of death (after accidents) for people aged 10 to 34. It's a serious public health problem and it's a priority issue for OPPA members and their patients.

Transitions of care are not adequately in place – we only need to reference boarding or long stays in the emergency department to know additional resources are needed. Patients and families would greatly benefit from caring contacts to help them feel safe and to connect them to services in their community. Finally, we need additional resources to ensure that timely follow-up care is available or assured 24/7.

It is often critical to have a person in crisis find rapid help, not only for issues of safety but also because a crisis represents a time of heightened motivation for treatment and can be an opportunity to engage a patient in treatment that will foster positive change far into the future. An episode of crisis, such as an emergency room visit, may be followed by another crisis if not adequately addressed, running the risk of future negative outcomes.

This bill also requires OHA to report on the barriers within each community that limit the availability of appropriate follow-up care for patients in behavioral health crisis. This will help assure that investments are made in a continuum of evidence-based crisis services that help stabilize patients, connect them to follow up care and address the problem that caused them to present at the emergency department in the first place.