

# House Bill 3422

Sponsored by Representative STARK (at the request of Lisa Burk, Lisa Haddock)

## 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 specified health care practitioners to perform suicide risk assessment on certain patients who are over 10 years of age. Requires specified health care practitioners to perform suicide risk assessment on patient prior to initial prescription of drug intended to treat mental illness and prior to adjusting dosage of drug intended to treat mental illness. Requires specified health care practitioners to complete suicide prevention continuing education once each year.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to suicide; creating new provisions; amending ORS 676.860, 677.290, 678.170 and 685.201;  
3 and prescribing an effective date.

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

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

5  
6 (a) **"Board" means:**

7 (A) **The Oregon Board of Naturopathic Medicine;**

8 (B) **The Oregon Medical Board; or**

9 (C) **The Oregon State Board of Nursing.**

10 (b) **"Health care practitioner" means a person who is authorized by a board to engage in**  
11 **the practice of a health care discipline and who engages in the practice of health care:**

12 (A) **In an emergency department;**

13 (B) **As a primary care provider; or**

14 (C) **As a specialist in pediatric care.**

15 (2) **A health care practitioner who is responsible for the medical care of a patient who**  
16 **is over 10 years of age shall perform on the patient a suicide risk assessment:**

17 (a) **During the health care practitioner's initial encounter with the patient;**

18 (b) **At intervals pursuant to rules adopted by the Oregon Health Authority; and**

19 (c) **If the health care practitioner determines necessary for the health and safety of the**  
20 **patient, at intervals more frequent than those established by rules adopted under this sec-**  
21 **tion.**

22 (3) **The authority shall adopt rules to carry out this section, including rules to establish:**

23 (a) **The suicide risk assessment described in subsection (2) of this section;**

24 (b) **Training for health care practitioners regarding the suicide risk assessment described**  
25 **in subsection (2) of this section; and**

26 (c) **The intervals after a health care practitioner's initial encounter with a patient at**  
27 **which a health care practitioner shall perform a suicide risk assessment on the patient.**

28 (4) **A board, in collaboration with the authority, may adopt rules to carry out this sec-**  
29 **tion.**

**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.

**SECTION 2.** (1) As used in this section:

(a) “Board” means:

(A) The Oregon Board of Naturopathic Medicine;

(B) The Oregon Medical Board; or

(C) The Oregon State Board of Nursing.

(b) “Drug” has the meaning given that term in ORS 689.005.

(c) “Health care practitioner” means a person who is authorized by a board to engage in the practice of a health care discipline and who engages in the practice of mental health care, including by prescribing drugs intended for the treatment of mental illness.

(d) “Suicide risk assessment” means the suicide risk assessment established by the Oregon Health Authority pursuant to rules adopted under section 1 of this 2019 Act.

(2)(a) Prior to the initial prescription of a drug intended to treat mental illness, a health care practitioner shall perform a suicide risk assessment on the patient to whom the health care practitioner is making the prescription.

(b) Prior to adjusting the dosage of a drug intended to treat mental illness, a health care practitioner shall perform a suicide risk assessment on the patient whose dosage the health care practitioner is adjusting.

(c) A health care practitioner described in this subsection shall perform subsequent suicide risk assessments on a patient described in this subsection in compliance with rules adopted by the authority and a board under this section.

(d) A health care practitioner may perform a suicide risk assessment on a patient at more frequent intervals than required under this subsection as the health care practitioner determines is necessary for the health and safety of the patient.

(3) The authority and a board shall adopt rules to carry out this section, including rules to require training related to the suicide risk assessment.

**SECTION 3.** (1) As used in this section:

(a) “Board” means:

(A) The Oregon Board of Naturopathic Medicine;

(B) The Oregon Medical Board; or

(C) The Oregon State Board of Nursing.

(b) “Health care practitioner” means a person who is authorized by a board to engage in the practice of a health care discipline.

(2) In collaboration with the Oregon Health Authority, a board shall adopt rules to require a health care practitioner authorized by the board to complete suicide prevention continuing education once each year.

(3) A board may adopt other rules as necessary to carry out this section, including rules relating to reporting requirements for health care practitioners authorized by the board and rules to specify particular continuing education opportunities.

**SECTION 4.** ORS 676.860 is amended to read:

676.860. (1) As used in this section:

(a) “Board” means:

(A) Occupational Therapy Licensing Board;

(B) Oregon Board of Licensed Professional Counselors and Therapists;

[(C) Oregon Board of Naturopathic Medicine;]

[(D) Oregon Medical Board;]

- 1     [(E) *Oregon State Board of Nursing*];
- 2     [(F)] (C) Physical Therapist Licensing Board;
- 3     [(G)] (D) State Board of Chiropractic Examiners;
- 4     [(H)] (E) State Board of Licensed Social Workers;
- 5     [(I)] (F) Oregon Board of Psychology; and
- 6     [(J)] (G) Teacher Standards and Practices Commission.

7     (b) “Licensee” means a person authorized to practice one of the following professions:

- 8     (A) Clinical social worker, as defined in ORS 675.510;
- 9     (B) Licensed marriage and family therapist, as defined in ORS 675.705;
- 10    (C) Licensed professional counselor, as defined in ORS 675.705;
- 11    (D) Licensed psychologist, as defined in ORS 675.010;
- 12    (E) Occupational therapist, as defined in ORS 675.210;
- 13    (F) Regulated social worker, as defined in ORS 675.510;
- 14    (G) School counselor, as defined by rule by the Teacher Standards and Practices Commission;
- 15    [(H) *Certified registered nurse anesthetist, as defined in ORS 678.245*];
- 16    [(I)] (H) Chiropractic physician, as defined in ORS 684.010;
- 17    [(J) *Clinical nurse specialist, as defined in ORS 678.010*];
- 18    [(K) *Naturopathic physician, as defined in ORS 685.010*];
- 19    [(L) *Nurse practitioner, as defined in ORS 678.010*];
- 20    [(M) *Physician, as defined in ORS 677.010*];
- 21    [(N) *Physician assistant, as defined in ORS 677.495*];
- 22    [(O)] (I) Physical therapist, as defined in ORS 688.010; and
- 23    [(P)] (J) Physical therapist assistant, as defined in ORS 688.010.

24     (2) In collaboration with the Oregon Health Authority, a board shall adopt rules to require a  
25 licensee regulated by the board to report to the board, upon reauthorization to practice, the  
26 licensee’s completion of any continuing education regarding suicide risk assessment, treatment and  
27 management.

28     (3) A licensee shall report the completion of any continuing education described in subsection  
29 (2) of this section to the board that regulates the licensee.

30     (4)(a) A board shall document completion of any continuing education described in subsection  
31 (2) of this section by a licensee regulated by the board. The board shall document the following data:

32     (A) The number of licensees who complete continuing education described in subsection (2) of  
33 this section;

34     (B) The percentage of the total of all licensees who complete the continuing education;

35     (C) The counties in which licensees who complete the continuing education practice; and

36     (D) The contact information for licensees willing to share information about suicide risk as-  
37 sessment, treatment and management with the authority.

38     (b) The board shall remove any personally identifying information from the data submitted to the  
39 board under this subsection, except for the personally identifying information of licensees willing to  
40 share such information with the authority.

41     (c) For purposes of documenting completion of continuing education under this subsection, a  
42 board may adopt rules requiring licensees to submit documentation of completion to the board.

43     (5) A board, on or before March 1 of each even-numbered year, shall report to the authority on  
44 the data documented under subsection (4) of this section, as well as information about any initiatives  
45 by the board to promote suicide risk assessment, treatment and management among its licensees.

1 (6) The authority, on or before August 1 of each even-numbered year, shall report to the interim  
2 committees of the Legislative Assembly related to health care on the information submitted to the  
3 authority under subsection (5) of this section. The authority shall include in the report information  
4 about initiatives by boards to promote awareness about suicide risk assessment, treatment and  
5 management and information on how boards are promoting continuing education described in sub-  
6 section (2) of this section to licensees.

7 (7) The authority may use the information submitted to the authority under subsection (5) of this  
8 section to develop continuing education opportunities related to suicide risk assessment, treatment  
9 and management for licensees and to facilitate improvements in suicide risk assessment, treatment  
10 and management efforts in this state.

11 **SECTION 5.** ORS 677.290 is amended to read:

12 677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid  
13 into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board  
14 Account which is established. Such moneys are appropriated continuously and shall be used only for  
15 the administration and enforcement of this chapter and ORS 676.850 [*and 676.860*] **and sections 1,**  
16 **2 and 3 of this 2019 Act.**

17 (2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account  
18 in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating  
19 to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs  
20 pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in  
21 the areas of chemical substance abuse, inappropriate prescribing and medical competence. The cre-  
22 ation of and disbursement of moneys from the revolving account shall not require an allotment or  
23 allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously  
24 appropriated for purposes set forth in this subsection.

25 (3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state  
26 physician licensed under this chapter, which amount is continuously appropriated to the Oregon  
27 Health and Science University to be used in maintaining a circulating library of medical and surgi-  
28 cal books and publications for the use of practitioners of medicine in this state, and when not so in  
29 use to be kept at the library of the School of Medicine and accessible to its students. The balance  
30 of the money received by the board is appropriated continuously and shall be used only for the ad-  
31 ministration and enforcement of this chapter, but any part of the balance may, upon the order of the  
32 board, be paid into the circulating library fund.

33 **SECTION 6.** ORS 678.170 is amended to read:

34 678.170. (1) All money received by the Oregon State Board of Nursing under ORS 678.010 to  
35 678.448 shall be paid into the General Fund in the State Treasury and placed to the credit of the  
36 Oregon State Board of Nursing Account. Such moneys are appropriated continuously and shall be  
37 used only for the administration and enforcement of ORS 676.850[, 676.860] and 678.010 to 678.448  
38 **and sections 1, 2 and 3 of this 2019 Act.**

39 (2) The board shall keep a record of all moneys deposited in the Oregon State Board of Nursing  
40 Account. This record shall indicate by separate cumulative accounts the source from which the  
41 moneys are derived and the individual activity or program against which each withdrawal is  
42 charged.

43 (3) The board may maintain a petty cash fund in compliance with ORS 293.180 in the amount  
44 of \$1,000.

45 **SECTION 7.** ORS 685.201 is amended to read:

1       685.201. The Oregon Board of Naturopathic Medicine Account is established in the State  
 2 Treasury, separate and distinct from the General Fund. All moneys received by the Oregon Board  
 3 of Naturopathic Medicine under this chapter shall be deposited into the account and are contin-  
 4 uously appropriated to the board to be used only for the administration and enforcement of this  
 5 chapter and ORS 676.850 and [676.860] **sections 1, 2 and 3 of this 2019 Act**. Any interest or other  
 6 income from moneys in the account shall be credited to the account.

7       **SECTION 8.** (1) **Sections 1 to 3 of this 2019 Act and the amendments to ORS 676.860,**  
 8 **677.290, 678.170 and 685.201 by sections 4 to 7 of this 2019 Act become operative on January**  
 9 **1, 2020.**

10       (2) **The Oregon Health Authority, the Oregon Medical Board, the Oregon Board of**  
 11 **Naturopathic Medicine and the Oregon State Board of Nursing may take any action before**  
 12 **the operative date specified in subsection (1) of this section that is necessary to enable the**  
 13 **authority and the boards to exercise, on and after the operative date specified in subsection**  
 14 **(1) of this section, all of the duties, functions and powers conferred on the authority and the**  
 15 **boards by sections 1 to 3 of this 2019 Act and the amendments to ORS 676.860, 677.290, 678.170**  
 16 **and 685.201 by sections 4 to 7 of this 2019 Act.**

17       **SECTION 9.** **This 2019 Act takes effect on the 91st day after the date on which the 2019**  
 18 **regular session of the Eightieth Legislative Assembly adjourns sine die.**