



**To: Members of the Senate Committee on Human Services, Mental Health and Recovery**

**From: State Representative Maxine Dexter, M.D., House District 33**

**Date: April 30, 2021**

**Subject: HB 3037 A2**

Chair Gelsler, Vice-Chair Anderson, and Members of the Committee,

I wanted to follow up in writing to the question asked by Senator Taylor regarding youth suicide reporting and privacy. After conferring with Multnomah County's Health Department, we have confirmed that the current practice will be unchanged by HB 3037. [Current rules](#) require LMHAs to include in their reporting of a youth's death by suicide to youth-serving entities the decedent's name, birthdate, date of death, and any other information the LMHA determines is necessary to preserve the public health and is not otherwise protected from public disclosure by state or federal law. Once local entities have received that information, they implement their own notification plans, not prescribed in rule or law.

HB 3037 does not change county postvention practices, but instead ensures that a community impacted by a youth's suicide is served by their applicable county and relieves distant counties from attempting to serve communities that they are not familiar with.

HB 3037 makes the following changes:

1. Requires district medical examiner's or medical-legal investigators to notify LMHAs and the tribal mental health authority for a federally recognized Oregon tribe of a youth's confirmed or suspected suicide
  1. Allows designees of the district medical examiner to confirm a death by suicide or suspected death by suicide for the purpose of reporting that information to LMHAs and tribal mental health authorities
  2. Specifies that the information reported to LMHAs and tribal mental health authorities may include school attended and extracurricular activities if known and not otherwise protected from public disclosure
2. Requires the notification to LMHAs and tribal mental health authorities be done within 48 hours after receiving the notification of death if the county when the death occurred has a population of

400,000 or more, or 72 hours if the county where the death occurred has a population of less than 400,000

3. Requires OHA to create a statewide post-intervention protocol to ensure LMHAs deploy uniform and effective post-intervention efforts
  1. Requires Oregon's Federally recognized Tribes and Urban Indian health programs be included in the group consulted by OHA when creating a statewide, post-intervention plan
4. Requires the LMHA of the county where the decedent was found or passed away to inform the LMHAs of counties where the decedent was domiciled or had significant contacts.
5. Requires Urban Indian health programs be notified of an individual's death if the program had contact with the individual
6. Requires LMHAs and schools where the decedent was attending to report to OHA the activities implemented to support local entities and individuals affected by the suicide and to prevent the risk of contagion.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maxine Dexter', written in a cursive style.

Representative Maxine Dexter, M.D.

House District 33 (NW Portland and NE Washington County)