

HB 3139 A STAFF MEASURE SUMMARY

Carrier: Sen. Kennemer, Sen. Gelser

Senate Committee On Human Services, Mental Health and Recovery

Action Date: 05/27/21
Action: Do pass the A-Eng bill.
Vote: 5-0-0-0
Yeas: 5 - Anderson, Gelser, Lieber, Robinson, Taylor
Fiscal: No fiscal impact
Revenue: No revenue impact
Prepared By: C. Ross, Counsel
Meeting Dates: 5/18, 5/20, 5/27

WHAT THE MEASURE DOES:

Specifies when a mental health care provider may disclose relevant health information about a minor without the minor's consent, including when a minor is determined to be a serious and imminent suicide risk. Requires disclosure of relevant information and active safety planning with the minor's parent, legal guardian or other individuals the provider reasonably believes may be able to prevent or reduce suicide risk in cases of serious and imminent danger when inpatient treatment is not necessary or practicable. Specifies when a mental health care provider is not required to disclose a minor's treatment and diagnosis information.

ISSUES DISCUSSED:

- Work of several stakeholders on negotiated language
- Consistency with best practices and existing notification requirements
- Narrow disclosures when clinically appropriate; when risk is serious and imminent
- Necessity, urgency of safety planning, especially with elevated risk
- Encouraging providers to disclose when appropriate; disclosures already permitted if determined to be in youth's best interest
- Unique, case-by-case circumstances for each youth, and each family; particular vulnerability of LGBTQ+ youth
- Honoring youth objections and privacy; obtaining youth consent and informing youth if/when information is shared and with whom, in advance whenever possible
- Need for additional training for behavioral health professionals in suicide prevention and treatment generally, and in best practices around disclosures in the event of serious and imminent risk specifically

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

According to the Oregon Health Authority (OHA), suicide was the second leading cause of death among Oregonians age 10 to 24 in 2018. Treatment providers are currently authorized to make certain disclosures in certain circumstances without a minor's consent, and to exercise discretion whether to inform parents when a minor receives suicide assessment, intervention, treatment, or support services. Family members of suicide victims have reported that some providers may hesitate to disclose and may need more clarity or encouragement with respect to making clinically appropriate disclosures when necessary to prevent imminent harm.

House Bill 3139 A specifies conditions and imposes requirements on providers to disclose certain health information to parents or guardians without a minor's consent in order to engage in critical safety planning when the risk of harm is serious and imminent.