

# Senate Bill 514

Sponsored by Senator THATCHER (Presession filed.)

## 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**.

Establishes Adult Suicide Prevention Coordinator within Oregon Health Authority. Specifies responsibilities. Requires coordinator to maintain and facilitate implementation and updates of statewide strategic plan to address adult suicide and develop prevention, intervention and postvention strategies. Requires strategic plan to be updated every five years.

Establishes Adult Suicide Prevention Advisory Committee. Directs advisory committee to consult with coordinator on updates to strategic plan.

Directs coordinator, in consultation with advisory committee, to report annually to Oregon Health Authority and Legislative Assembly regarding recommendations for administrative and legislative changes to address service gaps in adult suicide prevention, intervention and postvention.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to adult suicide prevention; and prescribing an effective date.

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

4 **SECTION 1. (1) As used in this section and sections 2 and 3 of this 2023 Act:**

5 (a) **"Adult" means an individual who is 18 years of age or older.**

6 (b) **"Postvention" means an organized response that occurs after a suicide death and that**  
7 **is designed to facilitate healing of individuals from grief and distress due to loss and to pre-**  
8 **vent suicide among individuals for whom knowledge of the suicide death has resulted in a**  
9 **high risk of experiencing suicidality.**

10 (c) **"Statewide strategic plan" means the Oregon Health Authority's comprehensive plan**  
11 **for addressing adult suicide prevention, intervention and postvention in this state.**

12 (d) **"Suicidality" means the risk of suicide, including suicidal thoughts, plans, gestures**  
13 **or attempts.**

14 (2) **The position of Adult Suicide Prevention Coordinator is created within the division**  
15 **of the Oregon Health Authority that administers mental health and addiction programs. The**  
16 **coordinator shall:**

17 (a) **Maintain and facilitate updates to and the implementation of a statewide strategic**  
18 **plan to address adult suicide;**

19 (b) **Develop prevention, intervention and postvention strategies for working with adults**  
20 **who are at risk of or experiencing suicidality, with a focus on populations that have disparate**  
21 **rates of suicide, including but not limited to historically underserved populations;**

22 (c) **Improve outreach to adults experiencing behavioral, mental health or substance use**  
23 **challenges, with a focus on adults from populations that have disparate rates of suicide, in-**  
24 **cluding but not limited to historically underserved populations;**

25 (d) **Provide technical assistance to state and local partners and coordinate interagency**  
26 **efforts to establish suicide prevention, intervention and postvention strategies for adults**  
27 **experiencing suicidality; and**

**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 (e) Coordinate with the Youth Suicide Intervention and Prevention Coordinator, estab-  
 2 lished in ORS 418.731, to provide transitional services and support for young adults who are  
 3 at risk of or experiencing suicidality.

4 (3) The Adult Suicide Prevention Coordinator shall review data and prepare an annual  
 5 report, including recommendations for administrative and legislative changes to address  
 6 service gaps in adult suicide prevention, intervention and postvention developed in consulta-  
 7 tion with the Adult Suicide Prevention Advisory Committee established in section 3 of this  
 8 2023 Act. The coordinator shall submit the report to the Oregon Health Authority and, in the  
 9 manner provided in ORS 192.245, to the interim and regular committees of the Legislative  
 10 Assembly related to health. The report must include:

11 (a) The number of emergency room admissions for completed and attempted suicides by  
 12 adults;

13 (b) The manner and method of completed and attempted suicides by adults;

14 (c) The counties in which the completed and attempted suicides occurred; and

15 (d) Known demographic information regarding adults who completed or attempted sui-  
 16 cide, including but not limited to:

17 (A) Age;

18 (B) Gender;

19 (C) Race;

20 (D) Primary spoken language;

21 (E) Sexual orientation; and

22 (F) The existence of any physical, mental, intellectual or emotional disability.

23 **SECTION 2.** The Adult Suicide Prevention Coordinator shall, in consultation with the  
 24 Adult Suicide Prevention Advisory Committee, update the statewide strategic plan defined in  
 25 section 1 of this 2023 Act a minimum of once every five years. Updates must include, but are  
 26 not limited to:

27 (1) An assessment of current access to treatment and support for adults who are at risk  
 28 of or experiencing suicidality, including an assessment of the:

29 (a) Affordability of treatment and support;

30 (b) Ability of adults who are at risk of or experiencing suicidality to access treatment  
 31 and support in a timely manner; and

32 (c) Availability of qualified providers who are culturally competent;

33 (2) Recommendations to improve access to appropriate treatment and support for adults  
 34 who are at risk of or experiencing suicidality, including improving the:

35 (a) Affordability of treatment and support;

36 (b) Ability of adults to access treatment and support in a timely manner; and

37 (c) Availability of qualified providers who are culturally competent;

38 (3) Recommendations for best practices to identify and provide interventions for adults  
 39 at risk of or experiencing suicidality;

40 (4) Recommendations related to the use of traditional media, social media and the  
 41 Internet to provide opportunities for adult suicide prevention, intervention and postvention;

42 (5) Recommendations regarding services and strategies to respond to communities af-  
 43 fected by a completed suicide by an adult;

44 (6) Identification of prevention and intervention strategies used by other states with su-  
 45 icide rates for adults that are lower than the national average;

1 (7) A comparison of Oregon’s suicide rate for adults with the suicide rates of other  
 2 states; and

3 (8) Consideration of the suicide prevention, intervention and postvention strategies in-  
 4 cluded in the Youth Suicide Intervention and Prevention Plan under ORS 418.733.

5 **SECTION 3.** (1) There is created an Adult Suicide Prevention Advisory Committee to  
 6 advise the Oregon Health Authority on the development and administration of strategies to  
 7 address adult suicide prevention. The Director of the Oregon Health Authority shall appoint  
 8 the members of the advisory committee and members shall serve at the pleasure of the di-  
 9 rector. The authority shall provide staffing for the advisory committee.

10 (2)(a) The director shall ensure that advisory committee membership reflects the cul-  
 11 tural, linguistic, geographic and economic diversity of this state.

12 (b) No less than 20 percent of the members of the advisory committee must include  
 13 consumers of the adult behavioral health system in this state. For purposes of this sub-  
 14 section, “consumers of the adult behavioral health system” include, but are not limited to,  
 15 adults with lived experience of:

16 (A) Suicidality;

17 (B) Surviving a suicide attempt;

18 (C) Grief, trauma or distress from suicide loss;

19 (D) Supporting a family member who is experiencing suicidality or who survived a suicide  
 20 attempt;

21 (E) Suicide prevention programs or services; and

22 (F) The disparities in access to resources and services in populations with disparate rates  
 23 of suicide.

24 (c) The remaining members must include:

25 (A) Representatives of state agencies, including but not limited to the Department of  
 26 Human Services, the Oregon Health Authority and the Department of Education;

27 (B) Representatives of Indian tribes in Oregon;

28 (C) Representatives of colleges and universities;

29 (D) Medical and behavioral treatment providers;

30 (E) Representatives of hospitals and health systems;

31 (F) Representatives of coordinated care organizations and private insurers; and

32 (G) Suicide prevention specialists.

33 (3) Members of the advisory committee other than members employed in full-time public  
 34 service may be compensated for their services and may be reimbursed by the authority for  
 35 the member’s actual and necessary expenses incurred in the performance of the member’s  
 36 duties. Members of the advisory committee who are employed in full-time public service may  
 37 be reimbursed by the member’s employing agency for the member’s actual and necessary  
 38 expenses incurred in the performance of the member’s duties. Reimbursements under this  
 39 subsection are subject to the provisions of ORS 292.210 to 292.288.

40 (4) The advisory committee shall meet no less than once every three months.

41 (5) The advisory committee may recommend potential members for appointment to the  
 42 advisory committee.

43 (6) The advisory committee shall consult with the Adult Suicide Prevention Coordinator  
 44 established under section 1 of this 2023 Act on the updates to the statewide strategic plan  
 45 that are described in section 2 of this 2023 Act.

1        **SECTION 4.** This 2023 Act takes effect on the 91st day after the date on which the 2023  
2        regular session of the Eighty-second Legislative Assembly adjourns sine die.  
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