Senate Bill 818
Sponsored by Senators GELSER BLOUIN, GORSEK; Senator THATCHER

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.

Directs Oregon Health Authority to develop list of suicide risk assessment and treatment continuing education opportunities for specified physical health care providers. Requires authority to develop continuing education opportunities if none exist. Allows specified health professional regulatory boards to approve continuing education opportunities included on list developed and maintained by authority, and to specify minimum requirements to exempt licensees regulated by board from requirement to complete continuing education.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT
Relating to suicide risk assessment continuing education opportunities; creating new provisions; amending ORS 676.860, 676.863 and 676.866; and prescribing an effective date.

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

SECTION 1. (1) In addition to developing the list described in ORS 676.863, the Oregon Health Authority shall develop a list for the boards, as defined in ORS 676.860, of continuing education opportunities that are tailored to the licensees, as defined in ORS 676.860, and that meet the requirements described in subsection (2) of this section. The authority shall update the list described in this section at least once every two years. The list described in this section must also meet the requirements described in ORS 676.863.

(2)(a) Except as described in paragraph (c) of this subsection, a continuing education opportunity included on the list described in subsection (1) of this section must include training on the following elements:

(A) Suicide risk assessment, screening that includes counseling regarding access to lethal means, and referral; and

(B) Suicide treatment and safety planning.

(b) A continuing education opportunity that includes both elements described in paragraph (a) of this subsection must be at least six hours in length.

(c) A continuing education opportunity that includes only the element described in paragraph (a)(A) of this subsection must be at least three hours in length.

(3)(a) If no continuing education opportunities exist that meet the requirements in subsection (2) of this section, the authority shall develop a continuing education opportunity that includes both elements described in subsection (2)(a) of this section and that is six hours in length.

(b) In developing the continuing education opportunity described in this subsection, the authority shall consult with each board, as defined in ORS 676.860, public universities listed in ORS 352.002, private institutions of post-secondary education, educators in this state and individuals who are experts in suicide assessment and treatment. The authority may con-
tract with a third party as necessary to develop the continuing education opportunity described in this subsection.

(4) The authority shall publish the list described in this section on a website developed and maintained by, or on behalf of, the authority.

(5) The authority shall adopt rules to carry out this section. The rules adopted under this section must include, but are not limited to, rules:

(a) Establishing infrastructure to support and monitor the engagement of licensees, as defined in ORS 676.860, in the continuing education opportunities described in this section; and

(b) Establishing, for a continuing education opportunity included on the list described in this section, minimum standards that require a six-hour continuing education opportunity to include content specific to high-risk populations and to the assessment of issues related to imminent harm through lethal means or self-injurious behaviors.

SECTION 2. Section 1 of this 2023 Act is amended to read:

Sec. 1. (1) In addition to developing the list described in ORS 676.863, the Oregon Health Authority shall develop a list for the boards, as defined in ORS 676.860, of continuing education opportunities that are tailored to the licensees, as defined in ORS 676.860, and that meet the requirements described in subsections (2) and (3) of this section. The authority shall update the list described in this section at least once every two years. The list described in this section must also meet the requirements described in ORS 676.863.

(2)(a) Except as described in paragraph (c) of this subsection, a continuing education opportunity included on the list described in subsection (1) of this section must include training on the following elements:

(A) Suicide risk assessment, screening that includes counseling regarding access to lethal means, and referral; and

(B) Suicide treatment and safety planning.

(b) A continuing education opportunity that includes both elements described in paragraph (a) of this subsection must be at least six hours in length.

(c) A continuing education opportunity that includes only the element described in paragraph (a)(A) of this subsection must be at least three hours in length.

(3)(a) If no continuing education opportunities exist that meet the requirements in subsection (2) of this section, the authority shall develop a continuing education opportunity that includes both elements described in subsection (2)(a) of this section and that is six hours in length.

(b) In developing the continuing education opportunity described in this subsection, the authority shall consult with each board, as defined in ORS 676.860, public universities listed in ORS 352.002, private institutions of post-secondary education, educators in this state and individuals who are experts in suicide assessment and treatment. The authority may contract with a third party as necessary to develop the continuing education opportunity described in this subsection.

(4) The authority shall publish the list described in this section on a website developed and maintained by, or on behalf of, the authority.

(5) In addition to the continuing education opportunities described in this section, the list must also include continuing education opportunities that provide advanced training in the elements listed in subsection (2) of this section, and that provide training in treatment modalities demonstrated to be effective in working with individuals who are experiencing suicidality, including individuals in historically marginalized communities.
The authority shall adopt rules to carry out this section. The rules adopted under this section must include, but are not limited to, rules:
(a) Establishing infrastructure to support and monitor the engagement of licensees, as defined in ORS 676.860, in the continuing education opportunities described in this section; and
(b) Establishing, for a continuing education opportunity included on the list described in this section, minimum standards that require a six-hour continuing education opportunity to include content specific to high-risk populations and to the assessment of issues related to imminent harm through lethal means or self-injurious behaviors.

SECTION 3. 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 Naturopathic Medicine;
(C) Oregon Medical Board;
(D) Oregon State Board of Nursing;
(E) Oregon Board of Physical Therapy; and
(F) State Board of Chiropractic Examiners.
(b) “Licensee” means a person authorized to practice one of the following professions:
(A) Occupational therapist, as defined in ORS 675.210;
(B) Certified registered nurse anesthetist, as defined in ORS 678.245;
(C) Chiropractic physician, as defined in ORS 684.010;
(D) Clinical nurse specialist, as defined in ORS 678.010;
(E) Naturopathic physician, as defined in ORS 685.010;
(F) Nurse practitioner, as defined in ORS 678.010;
(G) Physician, as defined in ORS 677.010;
(H) Physician assistant, as defined in ORS 677.495;
(I) Physical therapist, as defined in ORS 688.010; [and]
(J) Physical therapist assistant, as defined in ORS 688.010; and
(K) Acupuncturist licensed under ORS 677.759.

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

(b) A board may approve a continuing education opportunity included on the list described in section 1 of this 2023 Act that is six hours in length, except that a board may approve a continuing education opportunity included on the list described in section 1 of this 2023 Act that is less than six hours in length and that does not include both elements described in section 1 (2)(a) of this 2023 Act if the board determines an element is inappropriate for a licensee regulated by the board.

(c) A board may by rule specify minimum training and experience requirements that a licensee must meet in order to be exempt from the requirement to complete continuing education regarding suicide risk assessment and treatment.

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

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

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

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

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

(D) The contact information for licensees willing to share information about suicide risk assessment[,] and treatment [and management] with the authority.

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

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

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

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

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

SECTION 4. ORS 676.863 is amended to read:

676.863. (1) The Oregon Health Authority shall develop a list of continuing education opportunities related to suicide risk assessment[,] and treatment [and management] and make the list available to each board, as defined in ORS 676.860 and 676.866.

(2) In developing the list, the authority shall:

(a) Consider suicide risk assessment[,] and treatment [and management] training programs recommended by organizations that provide suicide awareness advocacy and education; and

(b) Consult with institutions of higher education and experts in suicide risk assessment[,] and treatment [and management].

SECTION 5. ORS 676.866 is amended to read:

676.866. (1) As used in this section:

(a) “Board” means:

(A) The Oregon Board of Psychology;

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

(C) The State Board of Licensed Social Workers;

(D) The Teacher Standards and Practices Commission; and

(E) The Traditional Health Workers Commission.

(b) “Licensee” means:

(A) A clinical social worker, as defined in ORS 675.510;
(B) A regulated social worker, as defined in ORS 675.510;
(C) A licensed marriage and family therapist, as defined in ORS 675.705;
(D) A licensed psychologist, as defined in ORS 675.010;
(E) A licensed professional counselor, as defined in ORS 675.705;
(F) A school counselor, as defined by rule by the Teacher Standards and Practices Commission;
and
(G) The following professionals regulated by the Oregon Health Authority by rules adopted pursuant to subsection (9) of this section or employed in a program operated or overseen by the authority:
(i) A qualified mental health associate;
(ii) A qualified mental health professional;
(iii) A certified alcohol and drug counselor;
(iv) A prevention specialist;
(v) A problem gambling treatment provider;
(vi) A recovery mentor;
(vii) A community health worker;
(viii) A personal health navigator;
(ix) A personal support specialist;
(x) A peer wellness specialist;
(xi) A doula;
(xii) A family support specialist;
(xiii) A youth support specialist; and
(xiv) A peer support specialist.

(2)(a) The authority and a board shall require a licensee regulated by the authority or the board to complete two hours every two years or three hours every three years of continuing education related to suicide risk assessment[,] and treatment [and management] and report to the authority or the board the licensee’s completion of the continuing education described in this subsection. The authority and the board shall ensure that the timelines for completion of the continuing education align with the licensee’s professional authorization issuance and renewal timelines.

(b) The authority and a board shall approve continuing education opportunities that are applicable and relevant to the licensees regulated by the authority or the board. A board may encourage a licensee regulated by the board to complete continuing education opportunities recommended by the authority.

(3) A licensee shall report the completion of the continuing education described in subsection (2) of this section to the board that regulates the licensee or to the authority if the licensee is a professional listed in subsection (1)(b)(G) of this section.

(4)(a) The authority and a board shall document completion of the continuing education described in subsection (2) of this section by a licensee regulated by the authority or a board.

(b) In consultation with the authority, a board shall adopt rules requiring licensees to submit documentation of completion to the board.

(c) The authority shall adopt rules requiring licensees regulated by the authority to submit documentation of completion to the authority.

(5) The authority and a board may adopt rules to:

(a) Identify the experience and training that a licensee regulated by the authority or the board must have in order to be exempt from the requirements of subsection (2) of this section.
(b) Allow the concurrent completion of continuing education described in subsection (2) of this section with continuing education opportunities related to professional ethics or cultural competency if the opportunities also provide the continuing education described in subsection (2) of this section.

(6) A board, on or before March 1 of each odd-numbered year, shall report to the authority on the information described in subsection (4) of this section, as well as information about the implementation of the continuing education described in subsection (2) of this section.

(7) The authority, on or before August 1 of each odd-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (6) of this section and information collected by the authority under subsection (4) of this section. The authority shall remove any personally identifiable information collected by or submitted to the authority under subsection (4) or (6) of this section.

(8) The authority may use the information collected by the authority under subsection (4) of this section in conjunction with the information described in ORS 676.860 to facilitate improvements in suicide risk assessment[,] and treatment [and management] efforts in this state.

(9)(a) The authority and a board may adopt rules to carry out this section.

(b) The authority may adopt rules to define and regulate the professions listed in subsection (1)(b)(G) of this section.

SECTION 6. (1) Section 1 of this 2023 Act and the amendments to ORS 676.860, 676.863 and 676.866 by sections 3 to 5 of this 2023 Act become operative on January 1, 2024.

(2) The amendments to section 1 of this 2023 Act by section 2 of this 2023 Act become operative on July 1, 2025.

(3) The Oregon Health Authority and a board, as defined in ORS 676.860, may take any action before the operative date specified in subsection (1) of this section, that is necessary to enable the authority and the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority and the board by section 1 of this 2023 Act and the amendments to ORS 676.860, 676.863 and 676.866 by sections 3 to 5 of this 2023 Act.

SECTION 7. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.