

January 28, 2019

Oregon State Legislature
Senate Committee on Health Care
900 Court St. NE
Salem Oregon 97301

Re: *Senate Bill 141 – Caring Contacts*

Chair Senator Laurie Monnes Anderson and Members of the Senate Health Care Committee:

On behalf of OAHHS, its members and the patients they serve, we request your support of SB 141. Suicide rates rose for all but one state between 1999 and 2016 according to the Centers for Disease Control. In Oregon, the rate jumped 21.1 percent between 2014 and 2016. One in five Oregonians have a mental illness and Mental Health America has ranked Oregon 44th in the nation for its poor access to care for individuals needing treatment for mental illness. Oregon is experiencing a statewide mental health crisis.

In recent years, Oregon has made suicide prevention a priority and as a state, we recognize it takes the whole village to address and prevent suicides.

"Suicide prevention is the responsibility of the entire community and requires vision, will and a commitment from the state, communities and individuals of Oregon," the Oregon Health Authority says in its formal youth suicide prevention and intervention plan.

In the Governor's proposed budget for the 2019-2021 biennium, she includes a stronger behavioral health system with a focus on preventing suicide including a significant investment supporting the Oregon's suicide hotline and other crisis services. We support this recommendation and believe SB 141 is an intricate piece to accomplishing the wraparound services needed to reduce suicides in our state.

In 2017, the Legislature passed HB 3090 requires all hospitals with emergency departments to schedule a follow-up appointment within seven days for all patients experiencing a behavioral health crisis and the rules promulgated by HB 3090 require emergency departments to provide caring contacts to all patients with behavioral health crisis and specifically call for a caring contact within 48 hours if the patient is suicidal or has suicidal ideation.

HB 3090's companion bill, HB 3091, requires insurance coverage for case management and care coordination. The reimbursement for this service, just like the development and implementation of the infrastructure do not happen overnight. It takes time to negotiate contracts with payer; it takes resources (financial and human) to develop and implement an infrastructure to successfully carry out a caring contact program. The intentions of the bills passed in 2017 were well intended, the details of implementing and executing have been challenging.

To give you an idea of how many lives we are impacting, OAHHS estimates that our emergency rooms see over 75,000 patients a year who present with a behavioral health crisis. Of those 75,000 we estimate that 10% are patients who have attempted suicide or present with suicidal ideation. The carrying out of HB 3090 with a carrying contact for all patients with behavioral health crisis, albeit laudable, is not an insignificant task on hospitals. Our hospitals are working to fulfil HB 3090

through developing their own program or contracting with an outside party who can provide this critical service.

The intent for SB 141 is to ensure that HB 3090 (2017) is successful implemented by providing transitional funding to assist with the costs associated with the development or contracting of a caring contact program to support patients after they are released from a hospital's emergency department for suicidal ideation or attempted suicide. And secondarily, yet equally important, is the recognition that prevention is a community issue and directing OHA to study the barriers to follow-up appointments.

OAHHS is proposing an amendment that further clarifies this intent and looks forward to sharing that with the committee very soon.

Respectfully,



Andi Easton
Vice President of Government Affairs
Oregon Association of Hospitals and Health Systems