

HOUSE BILL REPORT

ESHB 2366

As Passed Legislature

Title: An act relating to requiring certain health professionals to complete education in suicide assessment, treatment, and management.

Brief Description: Requiring certain health professionals to complete education in suicide assessment, treatment, and management.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Orwall, Bailey, McCune, Jinkins, Upthegrove, Maxwell, Ladenburg, Kenney, Van De Wege and Darneille).

Brief History:

Committee Activity:

Health Care & Wellness: 1/26/12 [DPS].

Floor Activity:

Passed House: 2/10/12, 92-5.

Senate Amended.

Passed Senate: 2/28/12, 48-0.

Passed House: 3/3/12, 96-0.

Passed Legislature.

Brief Summary of Engrossed Substitute Bill

- Requires certain health professionals to complete training in suicide assessment, treatment, and management as part of their continuing education requirements.
- Requires the Secretary of Health to study evaluating the effect of training in suicide assessment, treatment, and management on the ability of health professionals to identify, treat, and manage patients with suicidal ideation.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hinkle, Assistant Ranking Minority Member; Clibborn, Green, Harris, Kelley, Moeller and Van De Wege.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Jim Morishima (786-7191).

Background:

Suicide Assessment, Treatment, and Management Training Programs.

According to the United States Centers for Disease Control and Prevention, suicide is the tenth leading cause of death nationally. Suicide assessment, treatment, and management training programs help participants identify individuals at risk of suicide and perform prevention-related services. The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) jointly created a best practices registry that contains programs rated on accuracy of content, likelihood of meeting objectives, programmatic guidelines, and messaging guidelines. Programs listed on the best practices registry are not necessarily endorsed or recommended by the AFSP or the SPRC, but are intended to be used as an information source as part of a prevention planning process.

Continuing Education Requirements for Certain Mental Health Professionals.

All health professions are subject to at least four hours of Acquired Immune Deficiency Syndrome (AIDS) education prior to licensure and have varying requirements for continuing education.

- Certified counselors and certified advisors must complete at least 36 hours of continuing education every two years.
- Certified chemical dependency professionals must complete at least 28 hours of continuing education every two years.
- Licensed chiropractors must complete at least 25 hours every year.
- Licensed marriage and family therapists, mental health counselors, and social workers must complete at least 36 hours of continuing education every two years.
- Licensed naturopaths must complete 20 hours of continuing education every year.
- Registered nurses and licensed practical nurses must complete 45 hours of continuing education every three years (as part of a continuing competency program).
- Advanced registered nurse practitioners must complete at least 30 hours of continuing education every two years (plus 15 additional hours for advanced registered nurse practitioners with prescriptive authority).
- Licensed occupational therapy practitioners (includes both occupational therapists and occupational therapist assistants) must complete at least 30 hours of continuing education every two years.
- Licensed osteopathic physicians must complete at least 150 hours of continuing education every three years.
- Licensed osteopathic physician assistants must complete at least 50 hours of continuing education every year.
- Licensed physicians must complete at least 200 hours of continuing education every four years.
- Licensed physician assistants must complete at least 100 hours of continuing education every two years.
- Licensed physical therapists and physical therapist assistants must complete at least 40 hours of continuing education every two years.
- Licensed psychologists must complete at least 60 hours of continuing education every three years.

- Certified sex offender treatment providers and affiliate sex offender treatment providers must complete at least 40 hours of continuing education every two years.

Certified paramedics are subject to recertification every three years. In order to be recertified, a paramedic must demonstrate current training, which may include continuing education.

Summary of Engrossed Substitute Bill:

Beginning January 1, 2014, the following health professions must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements:

- certified counselors and certified advisors;
- certified chemical dependency professionals;
- licensed marriage and family therapists, mental health counselors, and social workers;
- licensed occupational therapy practitioners;
- licensed psychologists; and
- persons holding a retired active license in any of the affected professions.

The first training must be completed during the first full renewal period after initial licensure or the effective date of the act, whichever is later. A person is exempt from the first training if he or she can demonstrate completion, no more than six years prior to initial licensure, of a six-hour training program in suicide assessment, treatment, and management on the best practices registry of the AFSP and the SPRC.

The training must be approved by the relevant disciplining authority and must include the following elements: suicide assessment, including screening and referral, suicide treatment, and suicide management. A disciplining authority may approve a training program that does not include all of the elements if the element is inappropriate for the profession in question based on the profession's scope of practice. A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.

A disciplining authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement. The Board of Occupational Therapy may exempt its licensees from the requirements by specialty if the specialty in question does not practice primary care and has only brief or limited patient contact. A state or local government employee, or an employee of a community mental health agency or a chemical dependency program, is exempt from the training requirements if he or she has at least six hours of training in suicide assessment, treatment, and management from his or her employer; the training may be provided in one six-hour block or in shorter segments at the employer's discretion.

The relevant disciplining authorities must work collaboratively to develop a model list of training programs to be reported to the Legislature by December 15, 2013. When developing the list, the disciplining authorities must:

- consider suicide assessment, treatment, and management training programs on the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center; and
- consult with public and private institutions of higher education, experts on suicide assessment, treatment, and management, and affected professional associations.

The Secretary of Health must conduct a study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of a licensed health care professional to identify, refer, treat, and manage patients with suicidal ideation. The study must, at a minimum:

- review available research and literature regarding the relationship between completion of the training and patient suicide rates;
- assess which licensed health care professionals are best situated to positively influence the mental health behavior of individuals with suicidal ideation;
- evaluate the impact of suicide assessment, treatment, and management training on veterans with suicidal ideation; and
- review curricula of health profession programs offered at state educational institutions regarding suicide prevention.

In conducting the study, the Secretary of Health may collaborate with other health profession disciplinary boards and commissions, professional associations, and other interested parties. A summary of the findings of the study must be reported to the Legislature no later than December 15, 2013.

The act may be known and cited as the Matt Adler Suicide Assessment, Treatment, and Management Training Act of 2012.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support - from testimony on HB 2220, identical except for the title) Suicide is a big problem nationally and Washington has a higher suicide rate than the national average. Youth, veterans, and older adults are at particular risk. This bill will help the state step up and say that suicide assessment, treatment, and management is a core competency. The victims of suicide also include the family and friends of the deceased. Many health professionals are not trained to recognize the warning signs of suicide. Washington is in the top third of states in terms of suicide rate, but does not have a statewide suicide prevention plan. This is an issue that is particularly important with returning veterans. The state licenses health professionals to protect the public, but we are falling short with suicide. In the majority of cases, suicide is preventable. There are many nationally recognized experts in suicide assessment, treatment, and management in Washington who could help develop training programs. This training should be extended to all health professions, but the

disciplining authorities should be given flexibility on how to implement it. Health professionals not only must be trained to assess for suicide, but must be taught what to do once they have identified someone at risk.

(In support with amendments - from testimony on HB 2220, identical except for the title) Osteopathic physicians already receive a great deal of training in suicide prevention, which makes the requirements of this bill redundant for the profession.

(With concerns - from testimony on HB 2220, identical except for the title) All health professions should be subject to the initial training requirements, but the ongoing education requirements could limit continuing education choices, which should be based on individual need. Focusing only on mental health ignores a large part of the solution, especially with the focus of federal health care reform on medical homes. All health professions should be included in this bill, but the training should be approached through a flexible rulemaking approach. Physicians already receive a great deal of training in suicide prevention; medical homes will go a long way toward addressing this issue.

(Opposed - from testimony on HB 2220, identical except for the title) This bill takes the wrong approach to address this issue. Psychiatrists and psychiatric advanced registered nurse practitioners already have a great deal of training in suicide prevention. The Medical Quality Assurance Commission does not have the resources to identify which physicians are psychiatrists or to monitor the subjects of the classes completed by physicians.

Persons Testifying: (In support - from testimony on HB 2220, identical except for the title) Representative Orwall, prime sponsor; Jennifer Stuber; Jonathan Beard, Progressive Strategies; Paul Quinnett, QPR Institute; Tim Livingston, Washington Professional Counselors Association; Hoyt Suppes, National Association of Social Workers, Washington Chapter; Lonnie Johns-Brown, Youth Suicide Prevention Program; Laura Groshong, Washington State Society for Clinical Social Work; Susan Eastgard, King County Suicide Prevention Coalition; Farrell Adrian, National Alliance on Mental Illness; Karen Jensen, Department of Health; John Lee, Washington Department of Veterans Affairs; Peggy West, Suicide Prevention Resource Center; Andrea LaFazia-Geraghty, King County; and Grace Huang, Washington State Coalition of Domestic Violence.

(In support with amendments - from testimony on HB 2220, identical except for the title) Dave Knutson, Washington Osteopathic Medical Association and Pacific Northwest University of Health Sciences.

(With concerns - from testimony on HB 2220, identical except for the title) Leslie Emerick, Association of Advanced Practice Psychiatric Nurses; Lucy Homans, Washington State Psychological Association; Seth Dawson, Washington State Psychiatric Association; Carl Nelson, Washington State Medical Association; and Melissa Johnson, Association of Alcoholism and Addiction Programs.

(Opposed - from testimony on HB 2220, identical except for the title) Tamara Warnke, ARNPs United of Washington State and Washington State Nurses Association; and Leslie Burger, Medical Quality Assurance Commission.

Persons Signed In To Testify But Not Testifying: None.