

HOUSE BILL REPORT

HB 1376

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to clarifying the requirement that certain health professionals complete training in suicide assessment, treatment, and management.

Brief Description: Clarifying the requirement that certain health professionals complete training in suicide assessment, treatment, and management.

Sponsors: Representatives Orwall, Jinkins, Liias, Angel and Ormsby.

Brief History:

Committee Activity:

Health Care & Wellness: 2/7/13, 2/8/13 [DPS].

Brief Summary of Substitute Bill

- Changes requirements relating to mandatory training in suicide assessment, treatment, and management.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Moeller, Morrell, Riccelli, Ross, Short, Tharinger and Van De Wege.

Staff: Jim Morishima (786-7191).

Background:

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;

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- 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 June 7, 2012, whichever is later. A person applying for licensure on or after June 7, 2012, 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 American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (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 excludes one 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.

Summary of Substitute Bill:

A disciplining authority may approve training that includes only screening and referral elements, which must be no more than three hours in length.

To be eligible to delay the initial training, a person must demonstrate completion of the training required for his or her profession (instead of a six-hour training program on the Best Practices Registry of the AFSP and the SPRC) no more than six years prior to the application for initial licensure.

The Board of Occupational Therapy may approve training that includes only screening and referral elements if appropriate for occupational therapy practitioners based on practice setting. The Board of Occupational Therapy may also exempt occupational therapy practitioners from the training based on brief or limited patient contact, instead of based on specialty.

References to June 7, 2012, are changed to January 1, 2014, to be consistent with the date upon which the training requirement takes effect.

Substitute Bill Compared to Original Bill:

The substitute bill allows the Board of Occupational Therapy to exempt occupational therapy practitioners from the suicide assessment, treatment, and management training based on brief or limited patient contact, instead of based on specialty. The substitute bill also changes a reference to the Board of Physical Therapy to the Board of Occupational Therapy.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Many suicide victims were assessed and treated by professionals who received less training than some other non-health care professions. This bill is a good start, but is insufficient. There should not be any exemption from the first training and the training should be tied to cardiopulmonary resuscitation training, which will help reduce stigma. Occupational therapists volunteered to be included in the training requirement, but technical fixes are necessary to make the requirement work for the profession.

(Other) Physical therapists should not be included in this bill because they are not subject to the underlying training requirement.

(Opposed) None.

Persons Testifying: (In support) JoAnn Keller, Washington Occupational Therapy Association; and Lorena Taylor-McPhail.

(Other) Melissa Johnson, Physical Therapy Association Board.

Persons Signed In To Testify But Not Testifying: None.