

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 2315

63rd Legislature
2014 Regular Session

Passed by the House March 10, 2014
Yeas 96 Nays 2

Speaker of the House of Representatives

Passed by the Senate March 6, 2014
Yeas 49 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2315** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

1 (b) According to a national study, veterans face an elevated risk
2 of suicide as compared to the general population, more than twice the
3 risk among male veterans. Another study has indicated a positive
4 correlation between posttraumatic stress disorder and suicide.

5 (i) Washington state is home to more than sixty thousand men and
6 women who have deployed in support of the wars in Iraq and Afghanistan.

7 (ii) Research continues on how the effects of wartime service and
8 injuries, such as traumatic brain injury, posttraumatic stress
9 disorder, or other service-related conditions, may increase the number
10 of veterans who attempt suicide.

11 (iii) As more men and women separate from the military and
12 transition back into civilian life, community mental health providers
13 will become a vital resource to help these veterans and their families
14 deal with issues that may arise.

15 (c) Suicide has an enormous impact on the family and friends of the
16 victim as well as the community as a whole.

17 (d) Approximately ninety percent of people who die by suicide had
18 a diagnosable psychiatric disorder at the time of death, such as
19 depression. Most suicide victims exhibit warning signs or behaviors
20 prior to an attempt.

21 (e) Improved training and education in suicide assessment,
22 treatment, and management has been recommended by a variety of
23 organizations, including the United States department of health and
24 human services and the institute of medicine.

25 (2) It is therefore the intent of the legislature to help lower the
26 suicide rate in Washington by requiring certain health professionals to
27 complete training in suicide assessment, treatment, and management as
28 part of their continuing education, continuing competency, or
29 recertification requirements.

30 (3) The legislature does not intend to expand or limit the existing
31 scope of practice of any health professional affected by this act.

32 **Sec. 2.** RCW 43.70.442 and 2013 c 78 s 1 and 2013 c 73 s 6 are each
33 reenacted and amended to read as follows:

34 (1)(a) (~~Beginning January 1, 2014,~~) Each of the following
35 professionals certified or licensed under Title 18 RCW shall, at least
36 once every six years, complete training in suicide assessment,

1 treatment, and management that is approved, in rule, by the relevant
2 disciplining authority:

3 (i) An adviser or counselor certified under chapter 18.19 RCW;

4 (ii) A chemical dependency professional licensed under chapter
5 18.205 RCW;

6 (iii) A marriage and family therapist licensed under chapter 18.225
7 RCW;

8 (iv) A mental health counselor licensed under chapter 18.225 RCW;

9 (v) An occupational therapy practitioner licensed under chapter
10 18.59 RCW;

11 (vi) A psychologist licensed under chapter 18.83 RCW;

12 (vii) An advanced social worker or independent clinical social
13 worker licensed under chapter 18.225 RCW; and

14 (viii) A social worker associate--advanced or social worker
15 associate--independent clinical licensed under chapter 18.225 RCW.

16 (b) The requirements in (a) of this subsection apply to a person
17 holding a retired active license for one of the professions in (a) of
18 this subsection.

19 (c) The training required by this subsection must be at least six
20 hours in length, unless a (~~disciplinary~~) disciplining authority has
21 determined, under subsection (~~(+8)~~) (9)(b) of this section, that
22 training that includes only screening and referral elements is
23 appropriate for the profession in question, in which case the training
24 must be at least three hours in length.

25 (2)(a) Except as provided in (b) of this subsection, a professional
26 listed in subsection (1)(a) of this section must complete the first
27 training required by this section during the first full continuing
28 education reporting period after January 1, 2014, or the first full
29 continuing education reporting period after initial licensure or
30 certification, whichever occurs later.

31 (b) A professional listed in subsection (1)(a) of this section
32 applying for initial licensure (~~(on or after January 1, 2014,)~~) may
33 delay completion of the first training required by this section for six
34 years after initial licensure if he or she can demonstrate successful
35 completion of the training required in subsection (1) of this section
36 no more than six years prior to the application for initial licensure.

37 (3) The hours spent completing training in suicide assessment,

1 treatment, and management under this section count toward meeting any
2 applicable continuing education or continuing competency requirements
3 for each profession.

4 (4)(a) A disciplining authority may, by rule, specify minimum
5 training and experience that is sufficient to exempt a professional
6 from the training requirements in subsections (1) and (5) of this
7 section.

8 (b) (~~The board of occupational therapy practice~~) A disciplining
9 authority may exempt (~~an occupational therapy practitioner~~) a
10 professional from the training requirements of subsections (1) and (5)
11 of this section if the (~~occupational therapy practitioner~~)
12 professional has only brief or limited patient contact.

13 (5)(a) Each of the following professionals credentialed under Title
14 18 RCW shall complete a one-time training in suicide assessment,
15 treatment, and management that is approved by the relevant disciplining
16 authority:

17 (i) A chiropractor licensed under chapter 18.25 RCW;

18 (ii) A naturopath licensed under chapter 18.36A RCW;

19 (iii) A licensed practical nurse, registered nurse, or advanced
20 registered nurse practitioner licensed under chapter 18.79 RCW;

21 (iv) An osteopathic physician and surgeon licensed under chapter
22 18.57 RCW;

23 (v) An osteopathic physician assistant licensed under chapter
24 18.57A RCW;

25 (vi) A physical therapist or physical therapist assistant licensed
26 under chapter 18.74 RCW;

27 (vii) A physician licensed under chapter 18.71 RCW;

28 (viii) A physician assistant licensed under chapter 18.71A RCW; and

29 (ix) A person holding a retired active license for one of the
30 professions listed in (a)(i) through (viii) of this subsection.

31 (b) A professional listed in (a) of this subsection must complete
32 the one-time training during the first full continuing education
33 reporting period after the effective date of this section or the first
34 full continuing education reporting period after initial licensure,
35 whichever is later.

36 (c) The training required by this subsection must be at least six
37 hours in length, unless a disciplining authority has determined, under
38 subsection (9)(b) of this section, that training that includes only

1 screening and referral elements is appropriate for the profession in
2 question, in which case the training must be at least three hours in
3 length.

4 (6)(a) The secretary and the disciplining authorities shall work
5 collaboratively to develop a model list of training programs in suicide
6 assessment, treatment, and management.

7 (b) When developing the model list, the secretary and the
8 disciplining authorities shall:

9 (i) Consider suicide assessment, treatment, and management training
10 programs of at least six hours in length listed on the best practices
11 registry of the American foundation for suicide prevention and the
12 suicide prevention resource center; and

13 (ii) Consult with public and private institutions of higher
14 education, experts in suicide assessment, treatment, and management,
15 and affected professional associations.

16 (c) The secretary and the disciplining authorities shall report the
17 model list of training programs to the appropriate committees of the
18 legislature no later than December 15, 2013.

19 ~~((+6))~~ (d) The secretary and the disciplining authorities shall
20 update the list at least once every two years. When updating the list,
21 the secretary and the disciplining authorities shall, to the extent
22 practicable, endeavor to include training on the model list that
23 includes content specific to veterans. When identifying veteran-
24 specific content under this subsection, the secretary and the
25 disciplining authorities shall consult with the Washington department
26 of veterans affairs.

27 (7) Nothing in this section may be interpreted to expand or limit
28 the scope of practice of any profession regulated under chapter 18.130
29 RCW.

30 ~~((+7))~~ (8) The secretary and the disciplining authorities affected
31 by this section shall adopt any rules necessary to implement this
32 section.

33 ~~((+8))~~ (9) For purposes of this section:

34 (a) "Disciplining authority" has the same meaning as in RCW
35 18.130.020.

36 (b) "Training in suicide assessment, treatment, and management"
37 means empirically supported training approved by the appropriate
38 disciplining authority that contains the following elements: Suicide

1 assessment, including screening and referral, suicide treatment, and
2 suicide management. However, the disciplining authority may approve
3 training that includes only screening and referral elements if
4 appropriate for the profession in question based on the profession's
5 scope of practice. The board of occupational therapy may also approve
6 training that includes only screening and referral elements if
7 appropriate for occupational therapy practitioners based on practice
8 setting.

9 ~~((+9))~~ (10) A state or local government employee is exempt from
10 the requirements of this section if he or she receives a total of at
11 least six hours of training in suicide assessment, treatment, and
12 management from his or her employer every six years. For purposes of
13 this subsection, the training may be provided in one six-hour block or
14 may be spread among shorter training sessions at the employer's
15 discretion.

16 ~~((+10))~~ (11) An employee of a community mental health agency
17 licensed under chapter 71.24 RCW or a chemical dependency program
18 certified under chapter 70.96A RCW is exempt from the requirements of
19 this section if he or she receives a total of at least six hours of
20 training in suicide assessment, treatment, and management from his or
21 her employer every six years. For purposes of this subsection, the
22 training may be provided in one six-hour block or may be spread among
23 shorter training sessions at the employer's discretion.

24 NEW SECTION. **Sec. 3.** (1) The department of social and health
25 services and the health care authority shall jointly develop a plan for
26 a pilot program to support primary care providers in the assessment and
27 provision of appropriate diagnosis and treatment of individuals with
28 mental or other behavioral health disorders and track outcomes of the
29 program.

30 (2) The program must, at a minimum, include the following:

31 (a) Two pilot sites, one in an urban setting and one in a rural
32 setting; and

33 (b) Timely case consultation between primary care providers and
34 psychiatric specialists.

35 (3) The plan must address timely access to care coordination and
36 appropriate treatment services, including next day appointments for
37 urgent cases.

1 (4) The plan must include:

2 (a) A description of the recommended program design, staffing
3 model, and projected utilization rates for the two pilot sites and for
4 statewide implementation; and

5 (b) Detailed fiscal estimates for the pilot sites and for statewide
6 implementation, including:

7 (i) A detailed cost breakdown of the elements in subsections (2)
8 and (3) of this section, including the proportion of anticipated
9 federal and state funding for each element; and

10 (ii) An identification of which elements and costs would need to be
11 funded through new resources and which can be financed through existing
12 funded programs.

13 (5) When developing the plan, the department and the authority
14 shall consult with experts and stakeholders, including, but not limited
15 to, primary care providers, experts on psychiatric interventions,
16 institutions of higher education, tribal governments, the state
17 department of veterans affairs, and the partnership access.

18 (6) The department and the authority shall provide the plan to the
19 appropriate committees of the legislature no later than November 15,
20 2014.

21 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.70 RCW
22 to read as follows:

23 (1) The secretary, in consultation with the steering committee
24 convened in subsection (3) of this section, shall develop a Washington
25 plan for suicide prevention. The plan must, at a minimum:

26 (a) Examine data relating to suicide in order to identify patterns
27 and key demographic factors;

28 (b) Identify key risk and protective factors relating to suicide;
29 and

30 (c) Identify goals, action areas, and implementation strategies
31 relating to suicide prevention.

32 (2) When developing the plan, the secretary shall consider national
33 research and practices employed by the federal government, tribal
34 governments, and other states, including the national strategy for
35 suicide prevention. The plan must be written in a manner that is
36 accessible, and useful to, a broad audience. The secretary shall
37 periodically update the plan as needed.

1 (3) The secretary shall convene a steering committee to advise him
2 or her in the development of the Washington plan for suicide
3 prevention. The committee must consist of representatives from the
4 following:

- 5 (a) Experts on suicide assessment, treatment, and management;
- 6 (b) Institutions of higher education;
- 7 (c) Tribal governments;
- 8 (d) The department of social and health services;
- 9 (e) The state department of veterans affairs;
- 10 (f) Suicide prevention advocates, at least one of whom must be a
11 suicide survivor and at least one of whom must be a survivor of a
12 suicide attempt;
- 13 (g) Primary care providers;
- 14 (h) Local health departments or districts; and
- 15 (i) Any other organizations or groups the secretary deems
16 appropriate.

17 (4) The secretary shall complete the plan no later than November
18 15, 2015, publish the report on the department's web site, and submit
19 copies to the governor and the relevant standing committees of the
20 legislature.

21 NEW SECTION. **Sec. 5.** A new section is added to chapter 43.70 RCW
22 to read as follows:

23 (1) The secretary shall update the report required by section 3,
24 chapter 181, Laws of 2012 in 2018 and again in 2022 and report the
25 results to the governor and the appropriate committees of the
26 legislature by November 15, 2018, and November 15, 2022.

27 (2) This section expires December 31, 2022.

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