

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE HOUSE BILL 2315**

Chapter 71, Laws of 2014

63rd Legislature  
2014 Regular Session

SUICIDE PREVENTION

EFFECTIVE DATE: 06/12/14

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

FRANK CHOPP

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**Speaker of the House of Representatives**

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

BRAD OWEN

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**President of the Senate**

Approved March 27, 2014, 10:05 a.m.

JAY INSLEE

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**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.

BARBARA BAKER

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**Chief Clerk**

FILED

March 27, 2014

**Secretary of State  
State of Washington**

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**ENGROSSED SUBSTITUTE HOUSE BILL 2315**

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AS AMENDED BY THE SENATE

Passed Legislature - 2014 Regular Session

**State of Washington                      63rd Legislature                      2014 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Orwall, Harris, Cody, Roberts, Short, Morrell, Manweller, Green, Jenkins, Fitzgibbon, Tharinger, Ryu, Goodman, Ormsby, Pollet, and Walkinshaw)

READ FIRST TIME 02/05/14.

1            AN ACT Relating to suicide prevention; amending 2012 c 181 s 1  
2 (uncodified); reenacting and amending RCW 43.70.442; adding new  
3 sections to chapter 43.70 RCW; creating a new section; and providing an  
4 expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6            **Sec. 1.** 2012 c 181 s 1 (uncodified) is amended to read as follows:

7            (1) The legislature finds that:

8            (a) According to the centers for disease control and prevention:

9            (i) In 2008, more than thirty-six thousand people died by suicide  
10 in the United States, making it the tenth leading cause of death  
11 nationally.

12            (ii) During 2007-2008, an estimated five hundred sixty-nine  
13 thousand people visited hospital emergency departments with self-  
14 inflicted injuries in the United States, seventy percent of whom had  
15 attempted suicide.

16            (iii) During 2008-2009, the average percentages of adults who  
17 thought, planned, or attempted suicide in Washington were higher than  
18 the national average.

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.

Passed by the House March 10, 2014.

Passed by the Senate March 6, 2014.

Approved by the Governor March 27, 2014.

Filed in Office of Secretary of State March 27, 2014.