

SENATE BILL REPORT

SHB 1376

As Reported by Senate Committee On:
Health Care, March 28, 2013

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: House Committee on Health Care & Wellness (originally sponsored by Representatives Orwall, Jinkins, Liias, Angel and Ormsby).

Brief History: Passed House: 2/25/13, 92-0.

Committee Activity: Health Care: 3/27/13, 3/28/13 [DP].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Keiser, Ranking Member; Bailey, Cleveland, Ericksen, Frockt, Parlette and Schlicher.

Staff: Kathleen Buchli (786-7488)

Background: Training program in suicide assessment, treatment, and management means an empirically supported training program approved by a disciplining authority that contains three elements: suicide assessment, including screening and referral; suicide treatment; and suicide management. The disciplining authority may approve a training program that excludes one of these elements if it is inappropriate for the profession. Programs containing only screening and training elements must be at least three hours in length; other programs must be at least six hours long.

Beginning January 1, 2014, certain health professions must complete training programs in suicide assessment, treatment, and management every six years as part of their continuing education requirements. These professions are counselors and advisers; chemical dependency professionals; marriage and family therapists; mental health counselors; occupational therapy practitioners; psychologists; and social workers. Health care professionals who are applying for initial licensure may delay completion of this training if the individual can demonstrate successful completion of a six-hour program in suicide

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assessment, treatment, and management that is listed on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

A disciplining authority of a profession may specify training and experience requirements that exempt a professional from the suicide assessment, treatment, and management training. The Board of Occupational Therapy Practice may exempt occupational therapists from this training requirement if the therapist has only brief or limited patient contact.

Summary of Bill: Suicide assessment, treatment, and management trainings must be at least six hours in length, unless a disciplinary authority determines that training which includes only screening and referral elements is appropriate for the profession. If this is the case, training must be at least three hours in length. The requirement that a training program must be listed on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center to be accepted as meeting the criteria to delay a training for new licensees is removed. Instead, first training may be delayed for six years after initial licensure if the professional can demonstrate successful completion of an approved training program.

The definition of training in suicide assessment, treatment, and management is modified to permit a training program that includes only screening and referral elements, if appropriate for the professions. This permits the profession to exclude suicide treatment and suicide management elements from the training program. The Board of Occupational Therapy may approve training that includes only screening and referral elements, if appropriate for an occupational therapy practitioner's practice setting.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: There was some confusion relating to the bill that was passed by the Legislature last year on the three-hour versus six-hour requirement. Because of the confusion on how to interpret this, implementation on the law stopped. The bill was not intended to require training beyond the scope of practice of these providers. This is a systemic problem; mental health professionals are not trained in suicide prevention. This is a public safety issue. Occupational therapists are included because they have their roots in mental health practice and as part of their work with patients, they do hear patients discuss suicidal thoughts. There should be an exception for occupational therapists who do not see patients.

Persons Testifying: PRO: Representative Orwall, prime sponsor; Kate Tudor, WA Occupational Therapy Assn.; Jennifer Stuber, University of WA School of Social Work; Sue Eastgard, King County Suicide Prevention Coalition.