Health Care & Wellness Committee

HB 2563

Brief Description: Enhancing Washington's suicide alert and response system.

Sponsors: Representatives Orwall, Davis, Appleton, Lovick, Leavitt, Valdez, Chopp, J. Johnson, Pollet and Lekanoff.

Brief Summary of Bill

- Requires the Department of Health (Department) to add suicide to the notifiable conditions list.
- Requires the Washington Violent Death Reporting System to collect comprehensive data on suicide risk factors.
- Requires the Department to convene a workgroup to enhance the suicide alert and response system.
- Requires schools to report to the Office of the Superintendent of Public Instruction when a suicide incident occurs.

Hearing Date: 1/22/20

Staff: Riley O'Leary (786-7296) and Jim Morishima (786-7191).

Background:

Notifiable Conditions.

Health care providers, health care facilities, laboratories, veterinarians, food service establishments, child day care facilities, and schools are required to notify public health authorities at their local health jurisdiction of suspected or confirmed cases of certain notifiable conditions. Notifiable conditions include specific acute and chronic communicable diseases, occupational asthma, birth defects, blood lead levels, and pesticide poisoning. There are distinct timelines for notification requirements depending on the condition ranging from immediate notification to a monthly report.

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.

Washington State Violent Death Reporting System.

The federal Centers for Disease Control and Prevention (CDC) maintains a nationwide, statebased data collection system, the National Violent Death Reporting System (NVDRS), to collect data on all types of violent deaths including homicides and suicides. In 2014 Washington received funding from the CDC to implement the Washington State Violent Death Reporting System (WA-VDRS) which collects facts about violent death incidents and inputs the information into the NVDRS. The four major sources that comprise WA-VDRS information are:

- death certificates;
- coroner and medical examiner reports;
- law enforcement incident reports; and
- crime laboratory reports.

Child Mortality Reviews.

Local health departments are authorized to conduct child mortality reviews. A child mortality review is a process for examining factors that contribute to the death of children less than 18 years old. The process may include:

- a systematic review of medical, clinical, and hospital records;
- home interviews of parents and caretakers of children who have died;
- analysis of individual case information; and
- a review by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death.

School Suicide Policies.

School districts must adopt and implement "safe school plans" that include plans for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to, indicators of possible substance abuse, violence, youth suicide, and sexual abuse. Examples of suicide prevention plans include requiring staff training, offering resources, and partnering with other organizations.

Summary of Bill:

Notifiable Conditions.

The Department of Health (Department) is required to add suicide deaths, suicide attempts, and suspected suicides to the notifiable conditions list for health care providers, health care facilities, and schools by January 1, 2021. Notification to the local health jurisdiction of a suicide death, suicide attempt, or suspected suicide must be made as soon as practicable but no later than 24 hours after becoming aware of the condition.

School Suicide Policies.

Beginning on January 1, 2021, public and private schools must report to the Office of the Superintendent of Public Instruction (OSPI) any suicide death, suicide attempt, or suspected suicide that occurs on school grounds. The school must report the incident as soon as practicable but no later than 24 hours after the school becomes aware of the suicide death, attempt, or suspected suicide. The OSPI may adopt rules necessary for implementing the suicide incident notification requirement.

Washington State Violent Death Reporting System.

The Department is required to expand its data collection through the Washington State Violent Death Reporting System (WA-VDRS) to include a more comprehensive collection of data on suicide risk factors. The data must include clinical reviews and a comprehensive review of the victim's interactions with the health care system, schools, institutions of higher education, and the workplace.

Suicide Alert and Response Workgroup.

The Department is required to convene a workgroup to enhance Washington's suicide alert and response system (Workgroup). The Workgroup must consist of representatives from:

- the OSPI;
- the Health Care Authority;
- institutions of higher education;
- experts from the University of Washington;
- local health jurisdictions;
- local crisis lines;
- first responders;
- medical examiners;
- coroners; and
- any other pertinent stakeholder.

The Workgroup is required to study and make recommendations to enhance the Washington alert and response system, including ways to integrate and utilize data collected by the WA-VDRS and the OSPI. The Workgroup must report to the Governor and relevant legislative committees by December 1, 2020.

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.