## ESHB 2366 - S COMM AMD

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By Committee on Health & Long-Term Care

## ADOPTED AS AMENDED 02/28/2012

Strike everything after the enacting clause and insert the following:

3 "<u>NEW SECTION.</u> Sec. 1. (1) The legislature finds that:

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

5 (i) In 2008, more than thirty-six thousand people died by suicide 6 in the United States, making it the tenth leading cause of death 7 nationally.

8 (ii) During 2007-2008, an estimated five hundred sixty-nine 9 thousand people visited hospital emergency departments with self-10 inflicted injuries in the United States, seventy percent of whom had 11 attempted suicide.

12 (iii) During 2008-2009, the average percentages of adults who 13 thought, planned, or attempted suicide in Washington were higher than 14 the national average.

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

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

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

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

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

(d) Approximately ninety percent of people who die by suicide had 1 2 a diagnosable psychiatric disorder at the time of death. Most suicide 3 victims exhibit warning signs or behaviors prior to an attempt.

Improved training and education in suicide 4 (e) assessment, 5 treatment, and management has been recommended by a variety of organizations, including the United States department of health and б 7 human services and the institute of medicine.

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(2) It is therefore the intent of the legislature to help lower the suicide rate in Washington by requiring certain health professionals to 9 complete training in suicide assessment, treatment, and management as 10 part of their continuing education, continuing competency, 11 or 12 recertification requirements.

13 (3) The legislature does not intend to expand or limit the existing 14 scope of practice of any health professional affected by this act.

15 NEW SECTION. Sec. 2. A new section is added to chapter 43.70 RCW 16 to read as follows:

17 (1)(a) Beginning January 1, 2014, each of the following professionals certified or licensed under Title 18 RCW shall, at least 18 once every six years, complete a training program in suicide 19 20 assessment, treatment, and management that is approved, in rule, by the 21 relevant disciplining authority:

(i) An adviser or counselor certified under chapter 18.19 RCW; 22

23 (ii) A chemical dependency professional licensed under chapter 18.205 RCW; 24

(iii) A marriage and family therapist licensed under chapter 18.225 25 26 RCW;

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

(v) An occupational therapy practitioner licensed under chapter 28 18.59 RCW; 29

(vi) A psychologist licensed under chapter 18.83 RCW; and 30

31 (vii) An advanced social worker or independent clinical social worker licensed under chapter 18.225 RCW. 32

(b) The requirements in (a) of this subsection apply to a person 33 holding a retired active license for one of the professions in (a) of 34 35 this subsection.

36 (2)(a)(i) Except as provided in (a)(ii) of this subsection, a professional listed in subsection (1)(a) of this section must complete 37

the first training required by this section during the first full continuing education reporting period after the effective date of this section or the first full continuing education reporting period after initial licensure or certification, whichever occurs later.

5 (ii) A professional listed in subsection (1)(a) of this subsection 6 applying for initial licensure on or after the effective date of this 7 section may delay completion of the first training required by this 8 section for six years after initial licensure if he or she can 9 demonstrate successful completion of a six-hour training program in 10 suicide assessment, treatment, and management that:

11 (A) Was completed no more than six years prior to the application 12 for initial licensure; and

(B) Is listed on the best practices registry of the American foundation for suicide prevention and the suicide prevention resource center.

16 (3) The hours spent completing a training program in suicide 17 assessment, treatment, and management under this section count toward 18 meeting any applicable continuing education or continuing competency 19 requirements for each profession.

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

(b) The board of occupational therapy practice may exempt occupational therapists from the training requirements of subsection (1) of this section by specialty, if the specialty in question has only brief or limited patient contact.

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

30 (b) When developing the model list, the secretary and the 31 disciplining authorities shall:

32 (i) Consider suicide assessment, treatment, and management training 33 programs of at least six hours in length listed on the best practices 34 registry of the American foundation for suicide prevention and the 35 suicide prevention resource center; and

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

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

4 (6) Nothing in this section may be interpreted to expand or limit
5 the scope of practice of any profession regulated under chapter 18.130
6 RCW.

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

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(8) For purposes of this section:

10 (a) "Disciplining authority" has the same meaning as in RCW
11 18.130.020.

12 (b) "Training program in suicide assessment, treatment, and 13 management" means an empirically supported training program approved by the appropriate disciplining authority that contains the following 14 Suicide assessment, including screening and referral, 15 elements: suicide treatment, and suicide management. The disciplining authority 16 17 may approve a training program that excludes one of the elements if the 18 element is inappropriate for the profession in question based on the profession's scope of practice. A training program that includes only 19 screening and referral elements shall be at least three hours in 20 21 length. All other training programs approved under this section shall 22 be at least six hours in length.

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

(10) An employee of a community mental health agency licensed under chapter 71.24 RCW is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.

36 <u>NEW SECTION.</u> **Sec. 3.** (1) The secretary of health shall conduct a 37 study evaluating the effect of evidence-based suicide assessment, 1 treatment, and management training on the ability of licensed health 2 care professionals to identify, refer, treat, and manage patients with 3 suicidal ideation. This study shall at a minimum:

4 (a) Review available research and literature regarding the 5 relationship between licensed health professionals completing training 6 in suicide assessment, treatment, and management and patient suicide 7 rates;

8 (b) Assess which licensed health professionals are best situated to 9 positively influence the mental health behavior of individuals with 10 suicidal ideation;

11 (c) Evaluate the impact of suicide assessment, treatment, and 12 management training on veterans with suicidal ideation; and

(d) Review curriculum of health profession programs offered at
 Washington state educational institutions regarding suicide prevention.

(2) In conducting this study the secretary may collaborate with
 other health profession disciplinary boards and commissions,
 professional associations, and other interested parties.

(3) The secretary shall submit a report to the legislature no laterthan December 15, 2013, summarizing the findings of this study.

20 <u>NEW SECTION.</u> **Sec. 4.** This act may be known and cited as the Matt 21 Adler suicide assessment, treatment, and management training act of 22 2012."

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On page 1, line 2 of the title, after "management;" strike the remainder of the title and insert "adding a new section to chapter 43.70 RCW; and creating new sections."

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