ESHB 2315 - S COMM AMD
By Committee on Health Care

ADOPTED 03/06/2014

Strike everything after the enacting clause and insert the following:

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

(1) The legislature finds that:

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

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

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

(iii) During 2008-2009, the average percentages of adults who thought, planned, or attempted suicide in Washington were higher than 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 and women 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 the victim as well as the community as a whole.

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

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

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

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

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

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

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

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

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

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

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

(vi) A psychologist licensed under chapter 18.83 RCW;

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

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

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

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

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

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

(3) The hours spent completing training in suicide assessment, treatment, and management under this section count toward meeting any applicable continuing education or continuing competency 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 subsections (1) and (5) of this section.

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

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

(i) A chiropractor licensed under chapter 18.25 RCW;

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

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

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

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

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

(vii) A physician licensed under chapter 18.71 RCW;

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

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

(b) A professional listed in (a) of this subsection must complete the one-time training 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, whichever is later.

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

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

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

(i) Consider suicide assessment, treatment, and management training programs of at least six hours in length listed on the best practices registry of the American foundation for suicide prevention and the 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.

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

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

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

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

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

(b) "Training in suicide assessment, treatment, and management" means empirically supported training approved by the appropriate disciplining authority that contains the following elements: Suicide assessment, including screening and referral, suicide treatment, and suicide management. However, the disciplining authority may approve training that includes only screening and referral elements if appropriate for the profession in question based on the profession's scope of practice. The board of occupational therapy may also approve training that includes only screening and referral elements if appropriate for occupational therapy practitioners based on practice setting.

((~~(9)~~)) (10) 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)~~)) (11) An employee of a community mental health agency licensed under chapter 71.24 RCW or a chemical dependency program certified under chapter 70.96A 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.

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

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

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

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

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

(4) The plan must include:

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

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

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

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

(5) When developing the plan, the department and the authority shall consult with experts and stakeholders, including, but not limited

to, primary care providers, experts on psychiatric interventions, institutions of higher education, tribal governments, the state department of veterans affairs, and the partnership access.

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

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

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

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

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

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

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

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

(a) Experts on suicide assessment, treatment, and management;

(b) Institutions of higher education;

(c) Tribal governments;

(d) The department of social and health services;

(e) The state department of veterans affairs;

(f) Suicide prevention advocates, at least one of whom must be a suicide survivor and at least one of whom must be a survivor of a suicide attempt;

(g) Primary care providers;

(h) Local health departments or districts; and

(i) Any other organizations or groups the secretary deems appropriate.

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

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

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

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

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On page 1, line 1 of the title, after "prevention;" strike the remainder of the title and insert "amending 2012 c 181 s 1 (uncodified); reenacting and amending RCW 43.70.442; adding new sections to chapter 43.70 RCW; creating a new section; and providing an expiration date."

EFFECT: Requires the additional nine health care professions to complete a one-time, rather than recurring, suicide assessment, treatment, and management training within the first full continuing education period after the effective date or initial licensure, whichever is later.

The plan for a pilot program is to support primary care providers to assess, diagnose, and treat individuals, rather than adults, with mental or other behavioral health disorders. The plan must be developed in consultation with the partnership access, rather than the

partnership action line.

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