

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 2366

62nd Legislature
2012 Regular Session

Passed by the House March 3, 2012
Yeas 96 Nays 0

Speaker of the House of Representatives

Passed by the Senate February 28, 2012
Yeas 48 Nays 0

President of the Senate

Approved

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 2366** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 2366

AS AMENDED BY THE SENATE

Passed Legislature - 2012 Regular Session

State of Washington 62nd Legislature 2012 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Orwall, Bailey, McCune, Jinkins, Upthegrove, Maxwell, Ladenburg, Kenney, Van De Wege, and Darneille)

READ FIRST TIME 01/31/12.

1 AN ACT Relating to requiring certain health professionals to
2 complete education in suicide assessment, treatment, and management;
3 adding a new section to chapter 43.70 RCW; and creating new sections.

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

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

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

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

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

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

17 (b) According to a national study, veterans face an elevated risk
18 of suicide as compared to the general population, more than twice the

1 risk among male veterans. Another study has indicated a positive
2 correlation between posttraumatic stress disorder and suicide.

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

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

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

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

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

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

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

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

29 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70 RCW
30 to read as follows:

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

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

1 (ii) A chemical dependency professional licensed under chapter
2 18.205 RCW;

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

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

6 (v) An occupational therapy practitioner licensed under chapter
7 18.59 RCW;

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

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

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

14 (2)(a)(i) Except as provided in (a)(ii) of this subsection, a
15 professional listed in subsection (1)(a) of this section must complete
16 the first training required by this section during the first full
17 continuing education reporting period after the effective date of this
18 section or the first full continuing education reporting period after
19 initial licensure or certification, whichever occurs later.

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (8) For purposes of this section:

26 (a) "Disciplining authority" has the same meaning as in RCW
27 18.130.020.

28 (b) "Training program in suicide assessment, treatment, and
29 management" means an empirically supported training program approved by
30 the appropriate disciplining authority that contains the following
31 elements: Suicide assessment, including screening and referral,
32 suicide treatment, and suicide management. The disciplining authority
33 may approve a training program that excludes one of the elements if the
34 element is inappropriate for the profession in question based on the
35 profession's scope of practice. A training program that includes only
36 screening and referral elements shall be at least three hours in
37 length. All other training programs approved under this section shall
38 be at least six hours in length.

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

7 (10) An employee of a community mental health agency licensed under
8 chapter 71.24 RCW or a chemical dependency program certified under
9 chapter 70.96A RCW is exempt from the requirements of this section if
10 he or she receives a total of at least six hours of training in suicide
11 assessment, treatment, and management from his or her employer every
12 six years. For purposes of this subsection, the training may be
13 provided in one six-hour block or may be spread among shorter training
14 sessions at the employer's discretion.

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

20 (a) Review available research and literature regarding the
21 relationship between licensed health professionals completing training
22 in suicide assessment, treatment, and management and patient suicide
23 rates;

24 (b) Assess which licensed health professionals are best situated to
25 positively influence the mental health behavior of individuals with
26 suicidal ideation;

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

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

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

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

1 NEW SECTION. **Sec. 4.** This act may be known and cited as the Matt
2 Adler suicide assessment, treatment, and management training act of
3 2012.

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