

SHB 2366 - H AMD 950

By Representative Orwall

ADOPTED 02/10/2012

1 Strike everything after the enacting clause and insert the  
2 following:

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

4 (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.

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

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

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

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

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

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

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

8 (2) It is therefore the intent of the legislature to help lower the  
9 suicide rate in Washington by requiring certain health professionals to  
10 complete training in suicide assessment, treatment, and management as  
11 part of their continuing education, continuing competency, 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  
18 professionals certified or licensed under Title 18 RCW shall, at least  
19 once every six years, complete a training program in suicide  
20 assessment, treatment, and management that is approved, in rule, by the  
21 relevant disciplining authority:

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

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

25 (iii) A chiropractor licensed under chapter 18.25 RCW;

26 (iv) A marriage and family therapist licensed under chapter 18.225  
27 RCW;

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

29 (vi) A naturopath licensed under chapter 18.36A RCW;

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

32 (viii) An occupational therapy practitioner licensed under chapter  
33 18.59 RCW;

34 (ix) An osteopathic physician and surgeon licensed under chapter  
35 18.57 RCW;

36 (x) An osteopathic physician assistant licensed under chapter  
37 18.57A RCW;

1 (xi) A physical therapist or physical therapist assistant licensed  
2 under chapter 18.74 RCW;

3 (xii) A physician assistant licensed under chapter 18.71A RCW;

4 (xiii) A psychologist licensed under chapter 18.83 RCW;

5 (xiv) A sex offender treatment provider or affiliate sex offender  
6 treatment provider certified under chapter 18.155 RCW; and

7 (xv) An advanced social worker or independent clinical social  
8 worker licensed under chapter 18.225 RCW.

9 (b) A physician licensed under chapter 18.71 RCW shall complete a  
10 training program in suicide assessment, treatment, and management at  
11 least once every eight years.

12 (c) In order to be certified or recertified, a physician's trained  
13 emergency medical service intermediate life support technician and  
14 paramedic certified under chapter 18.71 RCW shall show evidence that he  
15 or she has completed a training program in suicide assessment,  
16 treatment, and management during the six years prior to submitting his  
17 or her application for recertification.

18 (d) The requirements in (a) through (c) of this subsection apply to  
19 a person holding a retired active license for one of the professions in  
20 (a) through (c) of this subsection.

21 (2)(a)(i) Except as provided in (a)(ii) and (iii) of this  
22 subsection, a professional listed in subsection (1)(a) or (b) of this  
23 section must complete the first training required by this section  
24 during the first full continuing education reporting period after the  
25 effective date of this section or the first full continuing education  
26 reporting period after initial licensure or certification, whichever  
27 occurs later.

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

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

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

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

7 (A) Was completed no more than eight years prior to the application  
8 for initial licensure; and

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

12 (b) Until January 1, 2020, a physician's trained emergency medical  
13 service intermediate life support technician and paramedic may be  
14 certified or recertified once without completing the training program  
15 in suicide assessment, treatment, and management. The physician's  
16 trained emergency medical service intermediate life support technician  
17 and paramedic shall complete the training program in suicide  
18 assessment, treatment, and management prior to his or her next  
19 recertification.

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

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

27 (b) The medical quality assurance commission, board of osteopathic  
28 medicine, and nursing care quality assurance commission may exempt  
29 physicians, osteopathic physicians, advanced registered nurse  
30 practitioners, and registered nurses from the training requirements of  
31 subsection (1) of this section by specialty, if the specialty in  
32 question does not practice primary care and has only brief or limited  
33 patient contact.

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

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

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

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

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

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

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

16 (8) For purposes of this section:

17 (a) "Disciplining authority" has the same meaning as in RCW  
18 18.130.020.

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

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

36 NEW SECTION. **Sec. 3.** This act may be known and cited as the Matt

1 Adler suicide assessment, treatment, and management training act of  
2 2012."

3 Correct the title.

EFFECT: Exempts from the continuing education requirements physicians, osteopathic physicians, and nurses by specialty if the specialty in question does not involve primary care and involves only brief or limited patient contact. Clarifies that training programs in suicide assessment, treatment, and management must include the following elements: Suicide assessment, including screening and referral, suicide treatment, and suicide management. Allows a disciplining authority to approve training programs that do not include all of the elements if the excluded elements are inappropriate for the profession in question based on the profession's scope of practice. Requires training that includes only screening and referral to be at least three hours in length. Requires all other training to be at least six hours in length. Delays implementation of the continuing education requirement from January 1, 2013, to January 1, 2014. Delays the due date for the model list of training programs from December 15, 2012, to December 15, 2013. Exempts state and local government employees from the training requirements if they receive a total of at least six hours of training in suicide, training, and management from their employer every six years; allows the training to be provided in one six-hour block or spread among shorter training sessions. Allows persons licensed on or after the effective date of the act to delay the continuing education requirement for six years (eight years for physicians) if the licensee has successfully completed a training program on the Best Practices Registry no more than six years (eight years for physicians) prior to initial licensure. Removes persons holding a retired volunteer medical worker license from the continuing education requirements. Until January 1, 2020, allows a paramedic to be certified or recertified without completing the training; the paramedic must, however, complete the training prior to his or her next recertification. Corrects typographical errors.

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