

HOUSE BILL REPORT

HB 2366

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to requiring certain health professionals to complete education in suicide assessment, treatment, and management.

Brief Description: Requiring certain health professionals to complete education in suicide assessment, treatment, and management.

Sponsors: Representatives Orwall, Bailey, McCune, Jinkins, Upthegrove, Maxwell, Ladenburg, Kenney, Van De Wege and Darneille.

Brief History:

Committee Activity:

Health Care & Wellness: 1/26/12 [DPS].

Brief Summary of Substitute Bill

- Requires certain health professionals to complete training in suicide assessment, treatment, and management as part of their continuing education requirements.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hinkle, Assistant Ranking Minority Member; Clibborn, Green, Harris, Kelley, Moeller and Van De Wege.

Staff: Jim Morishima (786-7191).

Background:

Suicide Assessment, Treatment, and Management Training Programs.

According to the United States Centers for Disease Control and Prevention, suicide is the tenth leading cause of death nationally. Suicide assessment, treatment, and management training programs help participants identify individuals at risk of suicide and perform

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prevention-related services. The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) jointly created a best practices registry that contains programs rated on accuracy of content, likelihood of meeting objectives, programmatic guidelines, and messaging guidelines. Programs listed on the best practices registry are not necessarily endorsed or recommended by the AFSP or the SPRC, but are intended to be used as an information source as part of a prevention planning process.

Continuing Education Requirements for Certain Mental Health Professionals.

All health professions are subject to at least four hours of Acquired Immune Deficiency Syndrome (AIDS) education prior to licensure and have varying requirements for continuing education.

- Certified counselors and certified advisors must complete at least 36 hours of continuing education every two years.
- Certified chemical dependency professionals must complete at least 28 hours of continuing education every two years.
- Licensed chiropractors must complete at least 25 hours every year.
- Licensed marriage and family therapists, mental health counselors, and social workers must complete at least 36 hours of continuing education every two years.
- Licensed naturopaths must complete 20 hours of continuing education every year.
- Registered nurses and licensed practical nurses must complete 45 hours of continuing education every three years (as part of a continuing competency program).
- Advanced registered nurse practitioners must complete at least 30 hours of continuing education every two years (plus 15 additional hours for advanced registered nurse practitioners with prescriptive authority).
- Licensed occupational therapy practitioners (includes both occupational therapists and occupational therapist assistants) must complete at least 30 hours of continuing education every two years.
- Licensed osteopathic physicians must complete at least 150 hours of continuing education every three years.
- Licensed osteopathic physician assistants must complete at least 50 hours of continuing education every year.
- Licensed physicians must complete at least 200 hours of continuing education every four years.
- Licensed physician assistants must complete at least 100 hours of continuing education every two years.
- Licensed physical therapists and physical therapist assistants must complete at least 40 hours of continuing education every two years.
- Licensed psychologists must complete at least 60 hours of continuing education every three years.
- Certified sex offender treatment providers and affiliate sex offender treatment providers must complete at least 40 hours of continuing education every two years.

Certified paramedics are subject to recertification every three years. In order to be recertified, a paramedic must demonstrate current training, which may include continuing education.

Summary of Substitute Bill:

The following health professions must complete six hours of training in suicide assessment, treatment, and management every six years as part of their continuing education requirements:

- certified counselors and certified advisors;
- certified chemical dependency professionals;
- licensed chiropractors;
- licensed marriage and family therapists, mental health counselors, and social workers;
- licensed naturopaths;
- registered nurses and licensed practical nurses;
- licensed advanced registered nurse practitioners;
- licensed occupational therapy practitioners;
- licensed osteopathic physicians and osteopathic physician assistants;
- licensed physician assistants;
- licensed physical therapists and physical therapist assistants;
- licensed psychologists; and
- certified sex offender treatment providers and affiliate sex offender treatment providers.

Licensed physicians must complete six hours of training in suicide assessment, treatment, and management every eight years as part of their continuing education requirements. Certified paramedics must demonstrate that they have completed six hours of training in suicide assessment, treatment, and management during the six years prior to recertification.

The training also applies to members of the affected professions holding a retired active license or a retired volunteer medical worker license.

The training must be approved by the relevant disciplining authority. The disciplining authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement. The first training must be completed during the first full continuing education reporting period following initial licensure/certification or after the effective date of the act, whichever is later.

The relevant disciplining authorities must work collaboratively to develop a model list of training programs to be reported to the Legislature by December 15, 2012. When developing the list, the disciplining authorities must:

- consider suicide assessment, treatment, and management training programs on the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center; and
- consult with public and private institutions of higher education, experts on suicide assessment, treatment, and management, and affected professional associations.

The act may be known and cited as the Matt Adler Suicide Assessment, Treatment, and Management Training Act of 2012.

Substitute Bill Compared to Original Bill:

The substitute bill:

- removes the requirement that the suicide assessment, treatment, and management training be completed prior to initial licensure—instead, the substitute bill requires six hours of training to be completed every six years as part of continuing education requirements (the first training must be completed during the first full continuing education period after initial licensure or the effective date of the act, whichever is later);
- allows the appropriate disciplining authority to specify minimum training and experience that is sufficient to exempt a practitioner from the training requirement;
- removes specific requirements relating to the training and instead requires the training to be approved by the appropriate disciplining authority;
- requires the affected disciplining authorities to work collaboratively to develop a model list of training programs (to be reported to the Legislature by December 15, 2012). When developing the list, the disciplining authorities must:
 - consider suicide assessment, treatment, and management training programs on the best practices registry of the American Foundation of Suicide Prevention and the Suicide Prevention Resource Center; and
 - consult with public and private institutions of higher education, experts, and affected professional associations;
- expands the professions that are subject to the training requirement to include (in addition to the professions already included in the underlying legislation):
 - licensed chiropractors;
 - licensed naturopaths;
 - registered nurses, licensed practical nurses, and all advanced registered nurse practitioners (instead of only psychiatric advanced registered nurse practitioners);
 - licensed occupational therapy practitioners;
 - all physicians and osteopathic physicians (instead of only psychiatrists);
 - licensed physician assistants and osteopathic physician assistants;
 - certified paramedics (for whom the continuing education is linked to recertification instead of continuing education);
 - licensed physical therapists and physical therapist assistants; and
 - certified sex offender treatment providers and affiliate sex offender treatment providers; and
- names the act "The Matt Adler Suicide Assessment, Treatment, and Management Training Act of 2012."

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support – from testimony on HB 2220, identical except for the title) Suicide is a big problem nationally and Washington has a higher suicide rate than the national average. Youth, veterans, and older adults are at particular risk. This bill will help the state step up and say that suicide assessment, treatment, and management is a core competency. The victims of suicide also include the family and friends of the deceased. Many health professionals are not trained to recognize the warning signs of suicide. Washington is in the top third of states in terms of suicide rate, but does not have a statewide suicide prevention plan. This is an issue that is particularly important with returning veterans. The state licenses health professionals to protect the public, but we are falling short with suicide. In the majority of cases, suicide is preventable. There are many nationally recognized experts in suicide assessment, treatment, and management in Washington who could help develop training programs. This training should be extended to all health professions, but the disciplining authorities should be given flexibility on how to implement it. Health professionals not only must be trained to assess for suicide, but must be taught what to do once they have identified someone at risk.

(In support with amendments – from testimony on HB 2220, identical except for the title) Osteopathic physicians already receive a great deal of training in suicide prevention, which makes the requirements of this bill redundant for the profession.

(With concerns – from testimony on HB 2220, identical except for the title) All health professions should be subject to the initial training requirements, but the ongoing education requirements could limit continuing education choices, which should be based on individual need. Focusing only on mental health ignores a large part of the solution, especially with the focus of federal health care reform on medical homes. All health professions should be included in this bill, but the training should be approached through a flexible rulemaking approach. Physicians already receive a great deal of training in suicide prevention; medical homes will go a long way toward addressing this issue.

(Opposed – from testimony on HB 2220, identical except for the title) This bill takes the wrong approach to address this issue. Psychiatrists and psychiatric advanced registered nurse practitioners already have a great deal of training in suicide prevention. The Medical Quality Assurance Commission does not have the resources to identify which physicians are psychiatrists or to monitor the subjects of the classes completed by physicians.

Persons Testifying: (In support – from testimony on HB 2220, identical except for the title) Representative Orwall, prime sponsor; Jennifer Stuber; Jonathan Beard, Progressive Strategies; Paul Quinnett, QPR Institute; Tim Livingston, Washington Professional Counselors Association; Hoyt Suppes, National Association of Social Workers, Washington Chapter; Lonnie Johns-Brown, Youth Suicide Prevention Program; Laura Groshong, Washington State Society for Clinical Social Work; Susan Eastgard, King County Suicide Prevention Coalition; Farrell Adrian, National Alliance on Mental Illness; Karen Jensen, Department of Health; John Lee, Washington Department of Veterans Affairs; Peggy West, Suicide Prevention Resource Center; Andrea LaFazia-Geraghty, King County; and Grace Huang, Washington State Coalition of Domestic Violence.

(In support with amendments – from testimony on HB 2220, identical except for the title) Dave Knutson, Washington Osteopathic Medical Association and Pacific Northwest University of Health Sciences.

(With concerns – from testimony on HB 2220, identical except for the title) Leslie Emerick, Association of Advanced Practice Psychiatric Nurses; Lucy Homans, Washington State Psychological Association; Seth Dawson, Washington State Psychiatric Association; Carl Nelson, Washington State Medical Association; and Melissa Johnson, Association of Alcoholism and Addiction Programs.

(Opposed – from testimony on HB 2220, identical except for the title) Tamara Warnke, ARNPs United of Washington State and Washington State Nurses Association; and Leslie Burger, Medical Quality Assurance Commission.

Persons Signed In To Testify But Not Testifying: None.