SENATE BILL REPORT
ESHB 2366

As Reported by Senate Committee On:
Health & Long-Term Care, February 23, 2012

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

Brief History: Passed House: 2/10/12, 92-5.
Committee Activity: Health & Long-Term Care: 2/22/12, 2/23/12 [DPA, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.
Signed by Senators Keiser, Chair; Conway, Vice Chair; Carrell, Frockt, Kline and Pridemore.

Minority Report: That it be referred without recommendation.
Signed by Senators Becker, Ranking Minority Member; Parlette and Pflug.

Staff: Veronica Warnock (786-7490)

Background: In 2001, the U.S. Department of Health and Human Services issued the National Strategy for Suicide Prevention. One of the 11 goals of the national strategy is to implement training for recognition of at-risk behavior by increasing the number of recertification or licensing programs in relevant health professions that require competencies in depression assessment and management and suicide prevention.

The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) jointly created a best practices registry for suicide prevention in order to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. In meeting that purpose, the registry reviews suicide-related education and training programs based on accuracy of

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content, likelihood of meeting objectives, programmatic guidelines, and messaging guidelines. Programs listed on the best practices registry are not necessarily endorsed or recommended by AFSP or SPRC, but are intended to be used as an information source as part of a prevention planning process.

Currently, all health professions in Washington State are subject to at least four hours of Acquired Immune Deficiency Syndrome (AIDS) education prior to licensure and have varying requirements for continuing education. A certified physician's trained emergency medical service intermediate life support technician and paramedic (paramedic) is subject to recertification every three years. In order to be recertified, a paramedic must demonstrate that his or her training is current.

Summary of Bill (Recommended Amendments): Beginning January 1, 2014, the following health care professionals must complete training in suicide assessment, treatment, and management every six years:

- Advisors and counselors certified under chapter 18.19 RCW;
- Chemical dependency professionals licensed under chapter 18.205 RCW;
- Marriage and family therapists, mental health counselors, advanced social workers, and independent clinical social workers licensed under chapter 18.255 RCW;
- Occupational therapy practitioners licensed under chapter 18.59 RCW; and
- Psychologists licensed under chapter 18.83 RCW.

Persons holding a retired active license in any of the affected professions are also subject to the training requirements. The hours spent completing this training count towards meeting any applicable continuing education or continuing competency requirements for each profession.

The first training must be completed during the first full renewal period after initial licensure or after the effective date of the act, whichever is later. A person is exempt from the first training if the person can demonstrate completion, no more than six years prior to initial licensure of a six-hour training program in suicide assessment, treatment, and management on the best practices registry of AFSP and SPRC.

The training must be approved by the relevant disciplining authority and must include the following elements: suicide assessment, including screening and referral; suicide treatment; and suicide management. A disciplining authority may approve a training program that does not include all of the elements if an element is inappropriate for the profession in question based on the profession's scope of practice. A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.

A disciplining authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement. The Board of Occupational Therapy Practice may exempt their licensees from the requirements by specialty if the specialty in question has only brief or limited patient contact. State and local government employees and and licensed community mental health agency employees are exempt from the training requirements, if they receive training from their employers. Such trainings may be provided in one six-hour block or in shorter segments at the employer's discretion.

The relevant disciplining authorities must work collaboratively to develop a model list of training programs to be reported to the Legislature by December 15, 2013. When developing the list, the disciplining authorities must consider suicide assessment, treatment, and management training programs on the best practices registry of AFSP and SPRC and consult with public and private institutions of higher education; experts on suicide assessment, treatment, and management; and affected professional associations.

The Secretary of Health must study the effect of suicide assessment, treatment, and management training on the ability of health care professionals to identify, refer, treat, and manage suicide ideation and report their findings to the Legislature by December 15, 2013. In conducting this study the Secretary may collaborate with health profession disciplinary boards and commissions, professional associations and other interested parties. The study must include an evaluation of the impact of such training on veterans with suicidal ideation.

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

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Amendments): The requirement that certain health care professionals must complete training in suicide assessment, treatment, and management every six years only applies to advisors and counselors, chemical dependency professionals, marriage and family therapists, mental health counselors, occupational therapists, psychologists, and social workers. Employees of licensed community mental health agencies are exempt from the training requirements if they receive training on in suicide assessment and treatment from their employer. Such trainings may be provided in one six-hour block or incrementally. The board of occupational therapy practice may exempt occupational therapist from the training requirements of the bill by specialty, if the specialty in question has limited patient contact. Requires the Secretary of Health to study the effect of suicide assessment, treatment and management training on the ability of health care professionals to identify, refer, treat, and manage suicide ideation.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony as Heard in Committee: PRO: Washington suicide rates are among the highest in the country. Many individuals who committed suicide have had contact with a health professional in the year before their death. Because these individuals do not report suicidal ideation during those contacts, health professionals must be trained to recognize behavioral patterns and the factors that place individuals at risk for suicide. For suicide to be eliminated, all health providers with patient contact must be trained. Currently, health professionals have inadequate training and lack the skills needed to identify and help those who are at risk of suicide. This state has many professionals who are

national experts in suicide prevention that can bring forth an evidence-based training curriculum to health professionals in this state. If the number of practitioners who are comfortable with and skilled in assessment treatment and management of suicidal behavior increases the number of lives lost to suicide will decrease. Many practitioners are uncomfortable with the topic of suicide but it is an issue they must confront. Education obtained through a degree program is not enough. Knowledge about suicide prevention is evolving and practitioners must remain current in order to provide an adequate level of care. Ongoing training is critical to preventing suicide. The requirement of three hours of training for those in screening and referral roles every six or eight years is very reasonable. This bill provides for flexibility by allowing entities regulating the health professions to develop rules appropriate to each. As health services move to full-electronic record keeping these systems will help identify suicidal patients but only if providers are trained. Employees of state-licensed community mental health centers should be granted the same flexibility as state and local government employees and be allowed to take the training in one six-hour block or in shorter training sessions at the employer's discretion.

CON: This bill is not the correct solution. It would set a precedent in allowing the state to tell health care practitioners what training would best meet their needs. Practitioners are in a better position to assess educational needs. The Legislature should not be developing medical educational programs. This task should be left to state agencies, commissions, boards and universities. A better solution would be a public education campaign targeted at friends and family, directing the Department of Health to conduct a study or legislatively funded trainings.

Persons Testifying: PRO: Representative Orwall, prime sponsor; Jennifer Stuber, John Lee, Deptartment of Veterans Affairs; Paul Quinnett, QPR Institute; Dr. Marcia Linehan, University of WA; Amnon Schoenfeld, King County Mental Health, Chemical Abuse & Dependency Services; Lucy Homans, WA State Psychological Assn.; David Johnson, Navos; Mark Gjurasic, WA Occupational Therapist Assn.

CON: Gregg VandeKieft, WA State Hospice & Palliative Care Organization; Leslie Emerick, Assn. of Advanced Practice Psychiatric Nurses, Home Care Assn. of WA; Steve Albrecht, WA Academy of Family Physicians; Carl Nelson, WA State Medical Assn.; Dave Knutson, WA Osteopathic Medical Assn**.**

Signed in, Unable to Testify & Submitted Written Testimony: PRO: Ann Christian, WA Community Mental Health Council; Jennifer Barron, Youth Suicide Prevention Program; Elaine Walsh, Tom Freeman, The Healing Center; Peggy West, Suicide Prevention Resource Center; Susan Zarit, American Foundation for Suicide Prevention.