
ENGROSSED SUBSTITUTE HOUSE BILL 2366

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 chiropractor licensed under chapter 18.25 RCW;

4 (iv) A marriage and family therapist licensed under chapter 18.225
5 RCW;

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

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

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

10 (viii) An occupational therapy practitioner licensed under chapter
11 18.59 RCW;

12 (ix) An osteopathic physician and surgeon licensed under chapter
13 18.57 RCW;

14 (x) An osteopathic physician assistant licensed under chapter
15 18.57A RCW;

16 (xi) A physical therapist or physical therapist assistant licensed
17 under chapter 18.74 RCW;

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

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

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

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

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

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

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

36 (2)(a)(i) Except as provided in (a)(ii) and (iii) of this
37 subsection, a professional listed in subsection (1)(a) or (b) of this
38 section must complete the first training required by this section

1 during the first full continuing education reporting period after the
2 effective date of this section or the first full continuing education
3 reporting period after initial licensure or certification, whichever
4 occurs later.

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

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

13 (B) Is listed on the best practices registry of the American
14 foundation for suicide prevention and the suicide prevention resource
15 center.

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

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

24 (B) Is listed on the best practices registry of the American
25 foundation for suicide prevention and the suicide prevention resource
26 center.

27 (b) Until January 1, 2020, a physician's trained emergency medical
28 service intermediate life support technician and paramedic may be
29 certified or recertified once without completing the training program
30 in suicide assessment, treatment, and management. The physician's
31 trained emergency medical service intermediate life support technician
32 and paramedic shall complete the training program in suicide
33 assessment, treatment, and management prior to his or her next
34 recertification.

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

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

4 (b) The medical quality assurance commission, board of osteopathic
5 medicine, and nursing care quality assurance commission may exempt
6 physicians, osteopathic physicians, advanced registered nurse
7 practitioners, and registered nurses from the training requirements of
8 subsection (1) of this section by specialty, if the specialty in
9 question does not practice primary care and has only brief or limited
10 patient contact.

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

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

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

20 (ii) Consult with public and private institutions of higher
21 education, experts in suicide assessment, treatment, and management,
22 and affected professional associations.

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

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

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

31 (8) For purposes of this section:

32 (a) "Disciplining authority" has the same meaning as in RCW
33 18.130.020.

34 (b) "Training program in suicide assessment, treatment, and
35 management" means an empirically supported training program approved by
36 the appropriate disciplining authority that contains the following
37 elements: Suicide assessment, including screening and referral,
38 suicide treatment, and suicide management. The disciplining authority

1 may approve a training program that excludes one of the elements if the
2 element is inappropriate for the profession in question based on the
3 profession's scope of practice. A training program that includes only
4 screening and referral elements shall be at least three hours in
5 length. All other training programs approved under this section shall
6 be at least six hours in length.

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

13 NEW SECTION. **Sec. 3.** This act may be known and cited as the Matt
14 Adler suicide assessment, treatment, and management training act of
15 2012.

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