

HOUSE BILL REPORT

HB 1424

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to suicide prevention.

Brief Description: Concerning suicide prevention.

Sponsors: Representatives Orwall, Kagi, Jinkins, Gregerson, Goodman, Santos, Fey and Sawyer.

Brief History:

Committee Activity:

Health Care & Wellness: 2/13/15, 2/18/15 [DPS].

Brief Summary of Substitute Bill

- Delays the requirement that certain health professions complete one-time training in suicide assessment, treatment, and management.
- Requires trainings in suicide assessments, treatment, and management to meet minimum standards adopted by the Department of Health.
- Clarifies that a disciplining authority may not grant a blanket exemption from the training requirements to broad categories or specialties within a profession based on training and experience.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Jim Morishima (786-7191).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

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

- counselors and certified advisors;
- chemical dependency professionals;
- marriage and family therapists, mental health counselors, and social workers;
- occupational therapy practitioners; and
- psychologists.

The following health professions must complete one-time training in suicide assessment, treatment, and management:

- chiropractors;
- naturopaths;
- licensed practical nurses, registered nurses, and advanced registered nurse practitioners;
- physicians;
- osteopathic physicians;
- physician assistants;
- osteopathic physician assistants;
- physical therapists; and
- physical therapist assistants.

A disciplining authority may, by rule, specify the minimum training and experience that is sufficient to exempt a professional from the training requirements. A disciplining authority may also exempt a professional if he or she has only brief or limited patient contact.

The disciplining authorities governing the professions subject to the training requirements must work collaboratively to develop and maintain a model list of training programs. When updating the list, the disciplining authorities must, to the extent practicable, endeavor to include training that includes content specific to veterans. The disciplining authorities must consult with the Washington State Department of Veterans Affairs (WDVA) when identifying content specific to veterans.

Beginning July 1, 2015, school nurses, school social workers, school psychologists, and school counselors must complete training in youth suicide screening and referral as a condition for certification. The training must be at least three hours in length and be consistent with standards adopted by the Professional Educator Standards Board.

Summary of Substitute Bill:

The one-time training requirement for chiropractors, naturopaths, nurses, physicians, osteopathic physicians, physician assistants, osteopathic physician assistants, physical therapists, and physical therapy assistants is delayed until January 1, 2016. The delay does not affect the acceptability of training completed between June 12, 2014, and January 1, 2016.

Certified registered nurse anesthetists are exempt from the training requirement. A disciplining authority may not grant a blanket exemption to broad categories or specialties within a profession based on training and experience.

By June 30, 2016, the Department of Health (DOH) must adopt rules establishing minimum standards for training programs on the model list. The minimum standards must require that six-hour trainings include content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors. When adopting the rules, the DOH must:

- consult with the affected disciplining authorities, public and private institutions of higher education, experts in suicide assessment, treatment, and management, the WDVA, and affected professional associations; and
- consider standards related to the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

Beginning July 1, 2017, the model list must contain only trainings that meet the minimum standards and any three-hour trainings that met the training requirements on or before July 26, 2015. The trainings on the list must include six-hour trainings in suicide assessment, treatment, and management, three-hour trainings that include only screening and referral elements, and three-hour trainings for school employees. A person or entity providing the training may petition the DOH for inclusion on the model list—the DOH must add trainings to the list that meet the minimum standards.

Beginning July 1, 2017, the health professions subject to the training requirement must complete trainings that are on the model list. This does not affect the validity of training completed prior to July 1, 2017.

Substitute Bill Compared to Original Bill:

The substitute bill:

- clarifies that one-time training completed between June 12, 2014, and January 1, 2016, must be accepted by the disciplining authority;
- requires trainings for school employees to be on the model list;
- limits the application of standards relating to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors to six-hour trainings in suicide assessment, treatment, and management;
- requires, beginning January 1, 2017, the model list to include any three-hour trainings that met the training requirements on or before the effective date of the act; and
- exempts certified registered nurse anesthetists from the training requirement.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 19, 2015.

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 of substitute bill) Passing the suicide assessment, treatment, and management training requirement took courage. This bill will help strengthen this requirement and will ensure that the training meets minimum standards. The bill will also allow professions more time to develop training, which is important in rural areas where access to online training is needed. Suicide prevention is important, especially among veterans, who are at a higher risk of suicide. Losing a soldier in battle is a tragedy, but losing a veteran due to suicide is a truly painful loss, especially if it could be prevented. Whole categories of providers should not be exempted from the training—professionals like psychiatrists may have more mental health training, but they are not uniformly ready to perform suicide assessment, treatment, and management. Educators are required to complete similar training, which should be included on the model list. Medical students in residency programs often are licensed, but are exempt from continuing education requirements—the training requirement should not apply to such residents.

(With concerns on substitute bill) Some professions subject to the three-hour training requirement already have their trainings in place. Three-hour trainings should be exempt from the minimum standards.

(Opposed) None.

Persons Testifying: (In support of substitute bill) Representative Orwall, prime sponsor; David Brenna, Professional Educator Standards Board; Jennifer Stuber, Forefront; Mary Forbes, Washington Department of Veteran Affairs; Jim Sims, Veterans Legislative Coalition; and Dave Knutson, Washington Osteopathic Medical Association.

(With concerns on substitute bill) Kate White Tudor, Washington Occupational Therapy Association.

Persons Signed In To Testify But Not Testifying: None.