
HOUSE BILL 2315

State of Washington

63rd Legislature

2014 Regular Session

By Representatives Orwall, Harris, Cody, Roberts, Short, Morrell, Manweller, Green, Jenkins, Fitzgibbon, Tharinger, Ryu, Goodman, Ormsby, Pollet, and Walkinshaw

Read first time 01/15/14. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to suicide prevention; amending 2012 c 181 s 1
2 (uncodified); reenacting and amending RCW 43.70.442; adding a new
3 section to chapter 71.24 RCW; and adding a new section to chapter 43.70
4 RCW.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** 2012 c 181 s 1 (uncodified) is amended to read as follows:

7 (1) The legislature finds that:

8 (a) According to the centers for disease control and prevention:

9 (i) In 2008, more than thirty-six thousand people died by suicide
10 in the United States, making it the tenth leading cause of death
11 nationally.

12 (ii) During 2007-2008, an estimated five hundred sixty-nine
13 thousand people visited hospital emergency departments with self-
14 inflicted injuries in the United States, seventy percent of whom had
15 attempted suicide.

16 (iii) During 2008-2009, the average percentages of adults who
17 thought, planned, or attempted suicide in Washington were higher than
18 the national average.

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

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

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

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

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

17 (d) Approximately ninety percent of people who die by suicide had
18 a diagnosable psychiatric disorder at the time of death, such as
19 depression. Most suicide victims exhibit warning signs or behaviors
20 prior to an attempt.

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

25 (2) It is therefore the intent of the legislature to help lower the
26 suicide rate in Washington by requiring certain health professionals to
27 complete training in suicide assessment, treatment, and management as
28 part of their continuing education, continuing competency, or
29 recertification requirements.

30 (3) The legislature does not intend to expand or limit the existing
31 scope of practice of any health professional affected by this act.

32 **Sec. 2.** RCW 43.70.442 and 2013 c 78 s 1 and 2013 c 73 s 6 are each
33 reenacted and amended to read as follows:

34 (1)(a) (~~Beginning January 1, 2014,~~) Each of the following
35 professionals certified or licensed under Title 18 RCW shall, at least
36 once every six years, complete training in suicide assessment,

1 treatment, and management that is approved, in rule, by the relevant
2 disciplining authority:

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

4 (ii) A chemical dependency professional licensed under chapter
5 18.205 RCW;

6 (iii) A marriage and family therapist licensed under chapter 18.225
7 RCW;

8 (iv) A mental health counselor licensed under chapter 18.225 RCW;

9 (v) An occupational therapy practitioner licensed under chapter
10 18.59 RCW;

11 (vi) A psychologist licensed under chapter 18.83 RCW;

12 (vii) An advanced social worker or independent clinical social
13 worker licensed under chapter 18.225 RCW; (~~and~~)

14 (viii) A social worker associate--advanced or social worker
15 associate--independent clinical licensed under chapter 18.225 RCW;

16 (ix) A chiropractor licensed under chapter 18.25 RCW;

17 (x) A naturopath licensed under chapter 18.36A RCW;

18 (xi) A licensed practical nurse, registered nurse, or advanced
19 registered nurse practitioner licensed under chapter 18.79 RCW;

20 (xii) An osteopathic physician and surgeon licensed under chapter
21 18.57 RCW;

22 (xiii) An osteopathic physician assistant licensed under chapter
23 18.57A RCW;

24 (xiv) A physical therapist or physical therapist assistant licensed
25 under chapter 18.74 RCW; and

26 (xv) A physician assistant licensed under chapter 18.71A RCW.

27 (b) A physician licensed under chapter 18.71 RCW shall, at least
28 once every eight years, complete training in suicide assessment,
29 treatment, and management that is approved, in rule, by the medical
30 quality assurance commission.

31 ~~((b))~~ (c) The requirements in (a) and (b) of this subsection
32 apply to a person holding a retired active license for one of the
33 professions in (a) or (b) of this subsection.

34 ~~((e))~~ (d) The training required by this subsection must be at
35 least six hours in length, unless a disciplinary authority has
36 determined, under subsection (8)(b) of this section, that training that
37 includes only screening and referral elements is appropriate for the

1 profession in question, in which case the training must be at least
2 three hours in length.

3 (2)(a) Except as provided in (b) of this subsection(~~(7)~~):

4 (i) A professional listed in subsection (1)(a)(i) through (viii) of
5 this section must complete the first training required by this section
6 during the first full continuing education reporting period after
7 January 1, 2014, or the first full continuing education reporting
8 period after initial licensure or certification, whichever occurs
9 later; and

10 (ii) A professional listed in subsection (1)(a)(ix) through (xiv)
11 or (b) of this section must complete the first training required by
12 this section during the first full continuing education reporting
13 period after the effective date of this section or the first full
14 continuing education reporting period after initial licensure or
15 certification, whichever is later.

16 (b) A professional listed in subsection (1)(a) or (b) of this
17 section applying for initial licensure (~~(on or after January 1, 2014,)~~)
18 may delay completion of the first training required by this section for
19 six years after initial licensure if he or she can demonstrate
20 successful completion of the training required in subsection (1) of
21 this section no more than six years prior to the application for
22 initial licensure.

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

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

30 (b) The board of occupational therapy practice may exempt an
31 occupational therapy practitioner from the training requirements of
32 subsection (1) of this section if the occupational therapy practitioner
33 has only brief or limited 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 (d) The secretary and the disciplining authorities shall update the
12 list at least once every two years. When updating the list, the
13 secretary and the disciplining authorities shall, to the extent
14 practicable, endeavor to include training on the model list that
15 includes content specific to veterans. When identifying veteran-
16 specific content under this subsection, the secretary and the
17 disciplining authorities shall consult with the Washington department
18 of veterans affairs.

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

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

24 (8) For purposes of this section:

25 (a) "Disciplining authority" has the same meaning as in RCW
26 18.130.020.

27 (b) "Training in suicide assessment, treatment, and management"
28 means empirically supported training approved by the appropriate
29 disciplining authority that contains the following elements: Suicide
30 assessment, including screening and referral, suicide treatment, and
31 suicide management. However, the disciplining authority may approve
32 training that includes only screening and referral elements if
33 appropriate for the profession in question based on the profession's
34 scope of practice. The board of occupational therapy may also approve
35 training that includes only screening and referral elements if
36 appropriate for occupational therapy practitioners based on practice
37 setting.

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

7 (10) An employee of a community mental health agency licensed under
8 chapter 71.24 RCW or a chemical dependency program certified under
9 chapter 70.96A RCW is exempt from the requirements of this section if
10 he or she receives a total of at least six hours of training in suicide
11 assessment, treatment, and management from his or her employer every
12 six years. For purposes of this subsection, the training may be
13 provided in one six-hour block or may be spread among shorter training
14 sessions at the employer's discretion.

15 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24 RCW
16 to read as follows:

17 To the extent that funds are specifically appropriated for this
18 purpose, the department shall implement a pilot program to support
19 primary care providers in the assessment and provision of appropriate
20 diagnosis and treatment of adults with mental and behavioral health
21 disorders and track outcomes of the program. The program must be
22 designed to promote more accurate diagnoses and treatment through
23 timely case consultation between primary care providers and psychiatric
24 specialists, and focused on educational learning collaboratives with
25 primary care providers.

26 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.70 RCW
27 to read as follows:

28 (1) The secretary, in consultation with the steering committee
29 convened in subsection (3) of this section, shall develop a Washington
30 plan for suicide prevention. The plan must, at a minimum:

31 (a) Examine data relating to suicide in order to identify patterns
32 and key demographic factors;

33 (b) Identify key risk and protective factors relating to suicide;
34 and

35 (c) Identify goals, action areas, and implementation strategies
36 relating to suicide prevention.

1 (2) When developing the plan, the secretary shall consider national
2 research and practices employed by the federal government, tribal
3 governments, and other states, including the national strategy for
4 suicide prevention. The plan must be written in a manner that is
5 accessible, and useful to, a broad audience. The secretary shall
6 periodically update the plan as needed.

7 (3) The secretary shall convene a steering committee to advise him
8 or her in the development of the Washington plan for suicide
9 prevention. The committee must consist of representatives from the
10 following:

- 11 (a) Experts on suicide assessment, treatment, and management;
- 12 (b) Institutions of higher education;
- 13 (c) Tribal governments;
- 14 (d) The state department of veterans affairs;
- 15 (e) Suicide prevention advocates, at least one of whom must be a
16 suicide survivor and at least one of whom must be a survivor of a
17 suicide attempt;
- 18 (f) Local health departments or districts; and
- 19 (g) Any other organizations or groups the secretary deems
20 appropriate.

21 (4) The secretary shall complete the plan no later than November
22 15, 2015, publish the report on the department's web site, and submit
23 copies to the governor and the relevant standing committees of the
24 legislature.

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