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House Health Care & Wellness Committee
November 8, 2013 (3:05 PM)

1 AN ACT Relating to suicide prevention;

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

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5 **Sec. 1.** RCW 43.70.442 and 2013 c 73 s 26 and 2013 c 78 s 1 are
6 each reenacted and amended to read as follows:

7 (1)(a) Beginning January 1, 2014, each of the following
8 professionals certified or licensed under Title 18 RCW shall, at least
9 once every six years, complete training in suicide assessment,
10 treatment, and management that is approved, in rule, by the relevant
11 disciplining authority:

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

13 (ii) A chemical dependency professional licensed under chapter
14 18.205 RCW;

15 (iii) A marriage and family therapist licensed under chapter
16 18.225 RCW;

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

18 (v) An occupational therapy practitioner licensed under chapter
19 18.59 RCW;

1 (vi) A psychologist licensed under chapter 18.83 RCW;
2 (vii) An advanced social worker or independent clinical social
3 worker licensed under chapter 18.225 RCW; ~~((and))~~
4 (viii) A social worker associate--advanced or social worker
5 associate--independent clinical licensed under chapter 18.225 RCW;
6 (ix) A chiropractor licensed under chapter 18.25 RCW;
7 (x) A naturopath licensed under chapter 18.36A RCW;
8 (xi) A licensed practical nurse, registered nurse, or advanced
9 registered nurse practitioner licensed under chapter 18.79 RCW;
10 (xii) An osteopathic physician and surgeon licensed under chapter
11 18.57 RCW;
12 (xiii) An osteopathic physician assistant licensed under chapter
13 18.57A RCW;
14 (xiv) A physical therapist or physical therapist assistant
15 licensed under chapter 18.74 RCW; and
16 (xiv) A physician assistant licensed under chapter 18.71A RCW.
17 (b) A physician licensed under chapter 18.71 RCW shall, at least
18 once every eight years, complete training in suicide assessment,
19 treatment, and management that is approved, in rule, by the medical
20 quality assurance commission.
21 ~~((b))~~ (c) The requirements in (a) and (b) of this subsection
22 apply to a person holding a retired active license for one of the
23 professions in (a) or (b) of this subsection.
24 ~~((e))~~ (d) The training required by this subsection must be at
25 least six hours in length, unless a disciplinary authority has
26 determined, under subsection (8)(b) of this section, that training
27 that includes only screening and referral elements is appropriate for
28 the profession in question, in which case the training must be at
29 least three hours in length.
30 (2)(a)(i) Except as provided in (a)(ii) of this subsection, a
31 professional listed in subsection (1)(a) or (b) of this section must
32 complete the first training required by this section during the first
33 full continuing education reporting period after January 1, 2014, or
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1 the first full continuing education reporting period after initial
2 licensure or certification, whichever occurs later.

3 (ii) A professional listed in subsection (1)(a) or (b) of this
4 section applying for initial licensure on or after January 1, 2014,
5 may delay completion of the first training required by this section
6 for six years after initial licensure if he or she can demonstrate
7 successful completion of the training required in subsection (1) of
8 this section no more than six years prior to the application for
9 initial licensure.

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

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

17 (b) The board of occupational therapy practice may exempt an
18 occupational therapy practitioner from the training requirements of
19 subsection (1) of this section if the occupational therapy
20 practitioner has only brief or limited patient contact.

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

24 (b) When developing the model list, the secretary and the
25 disciplining authorities shall:

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

30 (ii) Consult with public and private institutions of higher
31 education, experts in suicide assessment, treatment, and management,
32 and affected professional associations.

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

4 (d) The secretary and the disciplining authorities shall update
5 the list at least once every two years. When updating the list, the
6 secretary and the disciplining authorities shall, to the extent
7 practicable, endeavor to include training on the model list that
8 includes content specific to veterans. When identifying veteran-
9 specific content under this subsection, the secretary and the
10 disciplining authorities shall consult with the Washington department
11 of veterans affairs.

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

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

18 (8) For purposes of this section:

19 (a) "Disciplining authority" has the same meaning as in RCW
20 18.130.020.

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

32 (9) A state or local government employee is exempt from the
33 requirements of this section if he or she receives a total of at least
34 six hours of training in suicide assessment, treatment, and management

1 from his or her employer every six years. For purposes of this
2 subsection, the training may be provided in one six-hour block or may
3 be spread among shorter training sessions at the employer's
4 discretion.

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

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14 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.05 RCW
15 to read as follows: (1) As used in this section, "adult mortality
16 review" means a process authorized by a local health department as
17 defined in RCW 70.05.010 for examining factors that contribute to the
18 deaths of adults eighteen years of age or older. The process may
19 include a systematic review of medical, clinical, or hospital records;
20 home interviews of family members of adults who have died; analysis of
21 individual case information, including, but not limited to
22 ascertaining whether the subject of the review served in the military
23 at any time in his or her lifetime; and review of this information by
24 a team of professionals in order to identify modifiable medical,
25 socioeconomic, public health, behavioral, administrative, educational,
26 and environmental factors associated with each death.

27 (2) Local health departments are authorized to conduct adult
28 mortality reviews. In conducting such reviews, the following
29 provisions apply:

30 (a) All health care information collected as part of an adult
31 mortality review is confidential, subject to the restrictions on
32 disclosure provided for in chapter 70.02 RCW. When documents are
33 collected as part of an adult mortality review, the records may be
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1 used solely by local health departments for the purposes of the
2 review.

3 (b) No identifying information related to the deceased adult or
4 anyone interviewed as part of the adult's mortality review may be
5 disclosed. Any such information shall be redacted from any records
6 produced as part of the review.

7 (c) Any witness statements or documents collected from witnesses,
8 or summaries or analyses of those statements or records prepared
9 exclusively for purposes of an adult mortality review, are not subject
10 to public disclosure, discovery, subpoena, or introduction into
11 evidence in any administrative, civil, or criminal proceeding related
12 to the death of an adult reviewed. This provision does not restrict
13 or limit the discovery or subpoena from a health care provider of
14 records or documents maintained by such health care provider in the
15 ordinary course of business, whether or not such records or documents
16 may have been supplied to a local health department pursuant to this
17 section. This provision shall not restrict or limit the discovery or
18 subpoena of documents from such witnesses simply because a copy of a
19 document was collected as part of an adult mortality review.

20 (d) No local health department official or employee, and no
21 members of technical committees established to perform case reviews of
22 selected adult deaths may be examined in any administrative, civil, or
23 criminal proceeding as to the existence or contents of documents
24 assembled, prepared, or maintained for purposes of an adult mortality
25 review.

26 (e) This section shall not be construed to prohibit or restrict
27 any person from reporting the suspected abandonment, abuse, financial
28 exploitation, or neglect of a vulnerable adult under chapter 74.34 RCW
29 nor to limit access to or use of any records, documents, information,
30 or testimony in any civil or criminal action arising out of any report
31 made pursuant to chapter 74.34 RCW.

32 (3) The department shall assist local health departments to
33 collect the reports of any adult mortality reviews conducted by local
34 health departments and assist with entering the reports into a

1 database to the extent that the data are not protected under
2 subsection (2) of this section. Notwithstanding subsection (2) of
3 this section, the department shall respond to any requests for data
4 from the database to the extent permitted for health care information
5 under chapter 70.02 RCW. In addition, the department shall provide
6 technical assistance to local health departments and adult death
7 review coordinators conducting adult mortality reviews and encourage
8 communication among adult death review teams. The department shall
9 conduct these activities using only federal and private funding.

10 (5) This section does not prevent a local health department from
11 publishing statistical compilations and reports related to the adult
12 mortality review. Any portions of such compilations and reports that
13 identify individual cases and sources of information must be redacted.
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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 in collaboration with the evidence-based
19 practice institute shall implement a pilot program to support primary
20 care providers in the assessment and provision of appropriate
21 diagnosis and treatment of adults with mental and behavioral health
22 disorders and track outcomes of the program. The program must be
23 designed to promote more accurate diagnoses and treatment through
24 timely case consultation between primary care providers and
25 psychiatric specialists, and focused on educational learning
26 collaboratives with primary care providers.

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