AN ACT Relating to suicide prevention;

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

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

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

(i) An adviser or counselor certified under chapter 18.19 RCW;
(ii) A chemical dependency professional licensed under chapter 18.205 RCW;
(iii) A marriage and family therapist licensed under chapter 18.225 RCW;
(iv) A mental health counselor licensed under chapter 18.225 RCW;
(v) An occupational therapy practitioner licensed under chapter 18.59 RCW;
(vi) A psychologist licensed under chapter 18.83 RCW;
(vii) An advanced social worker or independent clinical social worker licensed under chapter 18.225 RCW; ((and))
(viii) A social worker associate--advanced or social worker associate--independent clinical licensed under chapter 18.225 RCW;
(ix) A chiropractor licensed under chapter 18.25 RCW;
(x) A naturopath licensed under chapter 18.36A RCW;
(xi) A licensed practical nurse, registered nurse, or advanced registered nurse practitioner licensed under chapter 18.79 RCW;
(xii) An osteopathic physician and surgeon licensed under chapter 18.57 RCW;
(xiii) An osteopathic physician assistant licensed under chapter 18.57A RCW;
(xiv) A physical therapist or physical therapist assistant licensed under chapter 18.74 RCW; and
(xiv) A physician assistant licensed under chapter 18.71A RCW.
(b) A physician licensed under chapter 18.71 RCW shall, at least once every eight years, complete training in suicide assessment, treatment, and management that is approved, in rule, by the medical quality assurance commission.
(c) The requirements in (a) and (b) of this subsection apply to a person holding a retired active license for one of the professions in (a) or (b) of this subsection.
(d) The training required by this subsection must be at least six hours in length, unless a disciplinary authority has determined, under subsection (8)(b) of this section, that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length.
(2)(a)(i) Except as provided in (a)(ii) of this subsection, a professional listed in subsection (1)(a) or (b) of this section must complete the first training required by this section during the first full continuing education reporting period after January 1, 2014, or
the first full continuing education reporting period after initial licensure or certification, whichever occurs later.

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

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

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

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

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

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

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

(ii) Consult with public and private institutions of higher education, experts in suicide assessment, treatment, and management, and affected professional associations.
(c) The secretary and the disciplining authorities shall report the model list of training programs to the appropriate committees of the legislature no later than December 15, 2013.

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

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

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

(8) For purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

32 (3) The department shall assist local health departments to collect the reports of any adult mortality reviews conducted by local health departments and assist with entering the reports into a
database to the extent that the data are not protected under subsection (2) of this section. Notwithstanding subsection (2) of this section, the department shall respond to any requests for data from the database to the extent permitted for health care information under chapter 70.02 RCW. In addition, the department shall provide technical assistance to local health departments and adult death review coordinators conducting adult mortality reviews and encourage communication among adult death review teams. The department shall conduct these activities using only federal and private funding.

(5) This section does not prevent a local health department from publishing statistical compilations and reports related to the adult mortality review. Any portions of such compilations and reports that identify individual cases and sources of information must be redacted.

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

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

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