

HOUSE BILL NO. 71

INTRODUCED BY W. MCKAMEY

BY REQUEST OF THE STATE ADMINISTRATION AND VETERANS' AFFAIRS INTERIM COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING CERTAIN LICENSED HEALTH AND EMERGENCY CARE PROFESSIONALS TO COMPLETE TRAINING RELATED TO SUICIDE PREVENTION; ESTABLISHING CRITERIA; AND REQUIRING CERTAIN ACTIONS AND PROVIDING FOR CERTAIN DISCRETION BY LICENSING BOARDS AND THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES IN IMPLEMENTING THE TRAINING REQUIREMENTS."

WHEREAS, the State Administration and Veterans' Affairs Interim Committee examined Montana's high suicide rate among veterans; and

WHEREAS, in conducting its examination, the committee learned that according to the Montana Suicide Mortality Review Team report for 2016, national data shows that 45% of those who die by suicide see their primary care providers within 24 hours of their suicides and that 73% of those 65 years old or older who die by suicide see their primary care providers within a month of their suicides; and

WHEREAS, the committee voted unanimously to recommend a committee bill to enact a recommendation by the Montana Suicide Mortality Review Team that primary care providers be required to receive suicide risk assessment and prevention training based in part on House Bill No. 568 from the 2015 session.

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

NEW SECTION. **Section 1. Suicidality assessment, treatment, and management training.** (1) The following licensees are required to complete suicidality assessment, treatment, and management training under the provisions of this section:

- (a) a physician who has responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for initiating referrals for specialist care licensed under Title 37, chapter 3;
- (b) a registered nurse, a licensed practical nurse, or any other nurse licensed under Title 37, chapter 8;
- (c) a physician assistant licensed under Title 37, chapter 20;
- (d) an emergency care provider who is an ECP as defined in 37-3-102 licensed under Title 37, chapter

1 3;

2 (e) a psychologist licensed under Title 37, chapter 17;

3 (f) a professional counselor licensed under Title 37, chapter 23; and

4 (g) a social worker licensed under Title 37, chapter 22.

5 (2) A licensee listed in subsection (1) must complete at least 6 hours of suicidality assessment,
6 treatment, and management training in each 5-year period that the licensee holds a license in good standing.

7 (3) (a) Except as provided in subsections (3)(b) and (3)(c), training that satisfies the requirements of this
8 section must contain the following elements:

9 (i) suicidality assessment, including screening and referral;

10 (ii) suicidality treatment; and

11 (iii) suicidality management.

12 (b) A board that oversees a licensee listed in subsection (1) may approve training that includes only
13 screening and referral elements if it is appropriate for that profession based on the profession's scope of practice.

14 (4) The hours spent completing training in suicidality assessment, treatment, and management must be
15 counted toward meeting any applicable continuing education or continuing competency requirements for each
16 profession.

17 (5) (a) The department shall assist the boards that oversee each of the licensees listed in subsection
18 (1) to develop a model list of training programs in suicidality assessment, treatment, and management. When
19 developing the model list, the department and the boards shall:

20 (i) consider suicidality assessment, treatment, and management training programs of at least 6 hours
21 in length that are listed on the best practices registries of the American foundation for suicide prevention and the
22 suicide prevention resource center;

23 (ii) consult with public and private institutions of higher education, experts in suicidality assessment,
24 treatment, and management, and affected professional associations.

25 (b) The department and the boards shall update the model list at least once every 2 years. The
26 department and the boards shall include on the model list, to the extent practicable, training that includes content
27 specific to veterans. When identifying training with veteran-specific content, the department and the boards shall
28 consult with the United States department of veterans affairs.

29 (6) (a) The department and the boards shall develop the initial model list of training programs by
30 December 31, 2017.

1 (b) A licensee listed in subsection (1) shall complete the first required 6 hours of suicidality assessment,
2 treatment, and management training by June 30, 2019.

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4 **NEW SECTION. Section 2. Codification instruction.** [Section 1] is intended to be codified as an
5 integral part of Title 53, chapter 21, part 11, and the provisions of Title 53, chapter 21, part 11, apply to [section
6 1].

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