

1 HOUSE BILL NO. 71

2 INTRODUCED BY W. MCKAMEY

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

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

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

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

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

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

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

26 ~~(a) a physician who has responsibility for providing initial and primary care to patients, for maintaining~~
27 ~~the continuity of patient care, and for initiating referrals for specialist care licensed under Title 37, chapter 3;~~

28 ~~(b)(A)~~ a registered nurse, a licensed practical nurse, or any other nurse licensed under Title 37, chapter
29 8;

30 ~~(c)(B)~~ a physician assistant licensed under Title 37, chapter 20;

1 ~~(d)~~(C) an emergency care provider who is an ECP as defined in 37-3-102 licensed under Title 37, chapter
2 3;

3 ~~(e)~~(D) a psychologist licensed under Title 37, chapter 17;

4 ~~(f)~~(E) a professional counselor licensed under Title 37, chapter 23; ~~and~~

5 ~~(g)~~(F) a social worker licensed under Title 37, chapter 22;

6 (G) AN ADDICTION COUNSELOR LICENSED UNDER TITLE 37, CHAPTER 35; AND

7 (H) A MARRIAGE AND FAMILY THERAPIST LICENSED UNDER TITLE 37, CHAPTER 37.

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

10 (3) (a) Except as provided in ~~subsections (3)(b) and (3)(c)~~ SUBSECTION (3)(B), training that satisfies the
11 requirements of this section must contain the following elements:

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

13 (ii) suicidality treatment; and

14 (iii) suicidality management.

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

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

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

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

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

28 (b) The department and the boards shall update the model list at least once every 2 years. The
29 department and the boards shall include on the model list, to the extent practicable, training that includes content
30 specific to veterans. When identifying training with veteran-specific content, the department and the boards shall

1 consult with the United States department of veterans affairs.

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

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

6 (7) (A) A PHYSICIAN LICENSED PURSUANT TO TITLE 37, CHAPTER 3, WHO HAS RESPONSIBILITY FOR PROVIDING
7 INITIAL AND PRIMARY CARE TO PATIENTS, FOR MAINTAINING THE CONTINUITY OF PATIENT CARE, AND FOR INITIATING
8 REFERRALS FOR SPECIALIST CARE MAY COMPLETE SUICIDALITY ASSESSMENT, TREATMENT, AND MANAGEMENT TRAINING
9 AS PROVIDED IN THIS SECTION.

10 (B) THE BOARD OF MEDICAL EXAMINERS SHALL APPROVE AND MAKE AVAILABLE TRAINING THAT SATISFIES THE
11 REQUIREMENTS LISTED IN SUBSECTION (3).

12
13 NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an
14 integral part of Title 53, chapter 21, part 11, and the provisions of Title 53, chapter 21, part 11, apply to [section
15 1].

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