

HOUSE BILL 2123

By Stewart

AN ACT to amend Tennessee Code Annotated, Title 33;
Title 63 and Title 68, relative to training of health
professionals.

WHEREAS, the General Assembly finds that according to the Tennessee Department of Health there are more than nine hundred (900) suicide deaths in the State of Tennessee annually, more than the number killed by homicide, HIV infection, and drunk driving; and

WHEREAS, four thousand seven hundred thirty (4,730) Tennesseans died by suicide between 2008 and 2012; and

WHEREAS, the Tennessee Department of Health estimates that there were an additional four hundred seventy-three (473) unreported suicides during this period, and that one (1) out of every twelve (12) people in Tennessee has personally been affected by a suicide death; and

WHEREAS, between 2008 and 2012, the suicide rate for the State of Tennessee has exceeded the national average; and

WHEREAS, suicide is the ninth-leading cause of death in the State of Tennessee and the third-leading cause of death among people between the ages of fifteen (15) and twenty-four (24); and

WHEREAS, national studies have shown that veterans, active duty military personnel and National Guardsmen face an elevated risk of suicide as compared to the general population, and that a positive correlation exists between post-traumatic stress disorder and suicide; and

WHEREAS, numerous men and women from Tennessee have deployed in support of the wars in Afghanistan and Iraq; and

WHEREAS, research continues on how the effects of wartime service and injuries such as traumatic brain injury, post-traumatic stress disorder, and other service-related conditions may increase the risk of suicide in veterans; and

WHEREAS, as more men and women separate from the military and transition back into civilian life, community mental health providers will become a vital resource to help these veterans and their families deal with issues that may arise; and

WHEREAS, nationally, the number of adults aged forty-five (45) to sixty-four (64) in Tennessee who died by suicide rose by seventeen percent (17%) between 2006 and 2010, even as the overall rate increased by only eleven percent (11%); and

WHEREAS, suicide is one of the most disruptive and tragic events a family and a community can experience; and

WHEREAS, approximately ninety percent (90%) of people who die by suicide have a diagnosable psychiatric disorder at the time of their death, and most of them exhibit warning signs or behaviors prior to an attempt; and

WHEREAS, it is the intent of the General Assembly to help lower the suicide rate in the State of Tennessee by requiring certain health professional to complete training in suicide assessment, treatment, and management as part of their continuing education, continuing competency, and recertification requirements; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:

63-1-122.

(a) This section shall be known and may be cited as the “Kenneth and Madge Tullis, MD, Suicide Prevention Training Act of 2014”.

(b) As used in this section:

(1) “Board” means a health related board created in this title or title 68

and includes the:

- (A) Board for professional counselors, marital and family therapists, and clinical pastoral therapists, created by § 63-22-101;
- (B) Board of social work licensure, created by § 63-23-101;
- (C) Board of alcohol and drug abuse counselors, created by § 68-24-601;
- (D) Board of examiners in psychology, created by § 63-11-101;
- (E) Board of nursing, created by § 63-7-201; and
- (F) Board of occupational therapy, created by § 63-13-216;

(2) “Department” means the department of mental health and substance abuse services, created by §§ 4-3-101 and 4-3-1601; and

(3) “Training program” means an empirically supported training program in suicide assessment, treatment, and management approved by a board that covers the following elements:

- (A) Suicide assessment, including screening and referral;
- (B) Suicide treatment; and
- (C) Suicide management.

(c) The department shall:

(1) Develop, in collaboration with the Tennessee Suicide Prevention Network, a model list of training programs in suicide assessment, treatment, and management;

(2) When developing the model list, consider suicide assessment, treatment, and management training programs of at least two (2) to six (6) hours in length which are evidence-based, based on expert consensus and/or adhere to high standards of suicide prevention;

(3) When developing the model list, consult with the boards, public and private institutions of higher education, experts in suicide assessment, treatment, and management, and affected professional associations; and

(4) Report, in collaboration with the Tennessee Suicide Prevention Network, the model list of training programs to the department of health no later than December 15, 2015.

(d)

(1) A board may approve a training program that excludes one (1) of the elements described in subdivision (b)(3) if the element is inappropriate for the profession in question or inappropriate for the level of licensure or credentialing of that profession based on the profession's scope of practice.

(2) A training program that includes only screening and referral elements shall be at least two (2) hours in length. All other training programs approved under this section shall be at least six (6) hours in length.

(e) Beginning January 1, 2016, each of the following professionals certified or licensed under this title or title 68 shall, at least once every six (6) years, complete a training program in suicide assessment, treatment, and management that is approved by rule by the respective boards:

(1) A social worker licensed under chapter 23 of this title;

(2) A marriage and family therapist, professional counselor, or pastoral counselor certified or licensed under chapter 22 of this title;

(3) An alcohol and drug abuse counselor certified under title 68, chapter 24;

(4) A psychologist licensed or certified under chapter 11 of this title;

(5) A nurse licensed under chapter 7 of this title;

(6) An occupational therapist licensed under chapter 13 of this title; and

(7) Any other professionals working in the field of mental health and substance abuse.

(f)

(1) Except as provided in subdivision (f)(2), a professional listed in subsection (e) must complete a training program required by this section no later than July 31, 2016.

(2) A professional listed in subsection (e) applying for initial licensure or certification on or after July 1, 2014, is not required to complete the training program required by this section for six (6) years after initial licensure or certification if the professional can demonstrate successful completion of a six-hour academic training program in suicide assessment, treatment, and management that was completed no more than six (6) years prior to the application for initial licensure or certification.

(g) The hours spent completing the training program under this section count toward meeting any applicable continuing education requirements for each profession.

(h) Nothing in this section may be interpreted to expand or limit the scope of practice of any profession regulated under this title or title 68.

SECTION 2. The department of health, the department of mental health and substance abuse services, and each board identified in this act is authorized to promulgate rules to effectuate the purposes of this act. All rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.