

1 Whereas, suicide risk factors cut across multiple disciplines, psychological, biological,
2 and social, suggesting that successful prevention efforts must reflect collaborative efforts across a
3 broad spectrum of agencies, institutions, schools, and community-based organizations; and

4 Whereas, adults that are regularly in contact with people at risk for suicide need to be
5 trained in order to be able to recognize factors that may indicate thoughts of suicide; and

6 Whereas, due to the strong association between suicidal behavior and mental illness,
7 substance abuse, or both, in all age groups, prevention and treatment services for mental illness
8 and substance abuse must be available when and where people need them; and

9 Whereas, despite the increased recognition that suicide is a public health problem,
10 studies indicate that adults who are regularly in contact with people at risk for suicide are not
11 adequately trained to recognize factors that may indicate thoughts of suicide and that many health
12 care providers are not adequately trained to provide proper assessment, treatment, or referrals; and

13 Whereas, improved training and education in suicide assessment, treatment, and
14 management have been recommended by a variety of organizations, including the United States
15 Department of Health and Human Services and the Institute of Medicine; Now, therefore,
16 The General Assembly of North Carolina enacts:

17 **SECTION 1.** The Legislative Research Commission (LRC) shall study the role of
18 health care providers and other key gatekeepers in suicide prevention, particularly among
19 individuals under age 25, firefighters, law enforcement officers, emergency medical services
20 personnel as defined in G.S. 131E-155, and veterans. The study shall include an examination of at
21 least all of the following:

- 22 (1) The effect of evidence-based suicide assessment, treatment, and management
23 training on the ability of a licensed health care provider to identify, refer, treat,
24 and manage patients with suicidal ideation. In conducting this examination, the
25 Commission shall, at a minimum:
 - 26 a. Review available research and literature regarding (i) best practices in
27 assessing, treating, and managing patients with suicidal ideation and (ii)
28 the relationship between completion of training in these best practices
29 and patient suicide rates.
 - 30 b. Assess which licensed health care providers are best situated to
31 positively influence the mental health behavior of individuals with
32 suicidal ideation.
 - 33 c. Evaluate the impact of suicide assessment, treatment, and management
34 training on veterans with suicidal ideation.
 - 35 d. Review curricula of health care profession programs offered at the State
36 institutions of higher education regarding suicide prevention.
- 37 (2) The categories of licensed health care providers in this State that should be
38 required to complete training in suicide assessment, treatment, and management
39 as part of their continuing education requirements.
- 40 (3) For each category of health care providers identified pursuant to
41 sub-subdivision b. of subdivision (1) of this section, (i) the minimum number of
42 required hours and the specific elements of any suicide prevention training the
43 Department determines would be beneficial and (ii) any recommended
44 exemptions from the proposed minimum training requirements.
- 45 (4) The feasibility and effectiveness of providing training to school personnel,
46 clergy, and law enforcement personnel on how to recognize at-risk behavior
47 and how to make appropriate referrals for treatment.
- 48 (5) Methods for credentialing and identifying, through a badge or other form of
49 identification, all persons trained in recognizing at-risk behavior and how to
50 make appropriate referrals for treatment.

- 1 (6) Methods for ensuring that nonidentifying information derived from suicide
2 investigations is shared for statistical, research, and other purposes consistent
3 with State and federal confidentiality laws with relevant stakeholders, including
4 health care providers; educational institutions; organizations representing
5 firefighters, law enforcement officers, emergency medical services personnel,
6 and veterans; community-based organizations that provide mental health
7 services to individuals with suicidal ideation; State agencies, including the
8 Department of Health and Human Services; and the Child Fatality Task Force.
 - 9 (7) Any other issues the Commission deems necessary to complete its report.
- 10 **SECTION 2.** The Legislative Research Commission shall make its final report,
11 including any proposed legislation, to the 2017 General Assembly when it convenes.
- 12 **SECTION 3.** This act is effective when it becomes law.