

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015**

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SENATE BILL 736*

Short Title: Study Suicide Prevention. (Public)

Sponsors: Senators Pate, Robinson (Primary Sponsors); and Waddell.

Referred to: Health Care

April 26, 2016

A BILL TO BE ENTITLED
AN ACT DIRECTING THE APPOINTMENT OF A SUBCOMMITTEE TO STUDY SUICIDE
PREVENTION, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT
COMMITTEE ON HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Joint Legislative Oversight Committee on Health and Human Services shall appoint a subcommittee to meet during the interim period between the 2016 and 2017 Regular Sessions of the North Carolina General Assembly to study the role of health care providers and other key gatekeepers in suicide prevention, particularly among individuals under age 25, firefighters, law enforcement officers, emergency medical services personnel as defined in G.S. 131E-155, active duty military personnel, and veterans. In conducting the study, the subcommittee may examine all of the following:

- (1) The effect of evidence-based suicide assessment, treatment, and management training on the ability of a licensed health care provider to identify, refer, treat, and manage patients with suicidal ideation. In conducting this examination, the subcommittee shall, at a minimum:
 - a. Review available research and literature regarding (i) best practices in assessing, treating, and managing patients with suicidal ideation and (ii) the relationship between completion of training in these best practices and patient suicide rates.
 - b. Assess which licensed health care providers are best situated to positively influence the mental health behavior of individuals with suicidal ideation.
 - c. Evaluate the impact of suicide assessment, treatment, and management training on active duty military personnel and veterans with suicidal ideation.
 - d. Review curricula of health care profession programs offered at the State institutions of higher education regarding suicide prevention.
- (2) The categories of licensed health care providers in this State that should be required to complete training in suicide assessment, treatment, and management as part of their continuing education requirements.
- (3) For each category of health care providers identified pursuant to sub-subdivision (1)b. of this section, (i) the minimum number of required hours and the specific elements of any suicide prevention training the Department of Health and Human Services (Department) determines would be beneficial and



- 1 (ii) any of the Department's recommended exemptions from the proposed
- 2 minimum training requirements.
- 3 (4) The feasibility and effectiveness of providing training to school personnel,
- 4 clergy, and law enforcement personnel on how to recognize at-risk behavior
- 5 and how to make appropriate referrals for treatment.
- 6 (5) Methods for credentialing and identifying, through a badge or other form of
- 7 identification, all persons trained in recognizing at-risk behavior and how to
- 8 make appropriate referrals for treatment.
- 9 (6) Methods for ensuring that nonidentifying information derived from suicide
- 10 investigations is shared for statistical, research, and other purposes consistent
- 11 with State and federal confidentiality laws with relevant stakeholders, including
- 12 health care providers; educational institutions; organizations representing
- 13 firefighters, law enforcement officers, emergency medical services personnel,
- 14 active duty military personnel, and veterans; community-based organizations
- 15 that provide mental health services to individuals with suicidal ideation; State
- 16 agencies, including the Department of Health and Human Services; and the
- 17 Child Fatality Task Force.
- 18 (7) Any other relevant issues the subcommittee deems appropriate.

19 **SECTION 1.(b)** The subcommittee may seek input from other states, stakeholders,
20 and national experts on suicide prevention as it deems necessary.

21 **SECTION 1.(c)** The subcommittee shall submit a report on its findings and
22 recommendations, including any proposed legislation, to the Joint Legislative Oversight
23 Committee on Health and Human Services on or before November 1, 2016, at which time the
24 subcommittee shall terminate.

25 **SECTION 2.** This act is effective when it becomes law.