

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015**

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**HOUSE BILL 451
PROPOSED COMMITTEE SUBSTITUTE H451-PCS40644-TG-61**

Short Title: LRC/Study Suicide Prevention.

(Public)

Sponsors:

Referred to:

April 2, 2015

A BILL TO BE ENTITLED

1 AN ACT DIRECTING THE LEGISLATIVE RESEARCH COMMISSION TO EXAMINE
2 WAYS TO PREVENT SUICIDE AMONG MINORS, VETERANS, AND EMERGENCY
3 RESPONDERS IN NORTH CAROLINA.
4

5 Whereas, suicidal behavior is a serious and persistent public health problem with
6 devastating effects on victims, families, and communities; and

7 Whereas, suicide resulted in more years of potential life lost than other common causes
8 of early death in North Carolina, including homicide, congenital abnormalities, cerebrovascular
9 disease, human immunodeficiency virus (HIV), and diabetes mellitus; and

10 Whereas, hospitalization charges for self-inflicted injuries in North Carolina totaled
11 three hundred fifteen million dollars (\$315,000,000) from 2004 to 2008; and

12 Whereas, suicidal behavior in youth and young adults (ages 10 to 24 years) is a
13 significant concern because this age group has the highest rates of self-inflicted injury requiring
14 hospitalization or a visit to the emergency department; and

15 Whereas, suicide is the third leading cause of death among youth in North Carolina;
16 and

17 Whereas, according to a national study, there has been an increase in the suicide rate of
18 firefighters, law enforcement officers, and emergency medical services personnel as compared to
19 the general population; and

20 Whereas, a national study indicates that fighting fires, responding to emergency law
21 enforcement situations, and responding to emergency medical situations negatively impacts the
22 mental well-being of these responders, putting them at greater risk of developing behavioral health
23 issues as compared to the general population; and

24 Whereas, according to a national study, veterans also face an elevated risk of suicide as
25 compared to the general population; and

26 Whereas, a total of 1,148 North Carolina veterans died from suicide during the time
27 period from 2004 to 2008, resulting in a veteran suicide rate (29.6 per 100,000), twice the overall
28 suicide rate in North Carolina (14.0 per 100,000); and

29 Whereas, research continues on how the effects of wartime service and injuries, such as
30 traumatic brain injury, posttraumatic stress disorder, or other service-related conditions, may
31 increase the number of veterans who attempt suicide; and

32 Whereas, approximately ninety percent (90%) of people who die by suicide had a
33 diagnosable psychiatric disorder at the time of death, such as depression; and

34 Whereas, most suicide victims exhibit warning signs or behaviors prior to an attempt;
35 and



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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.