

HOUSE BILL NO. 1223

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health and Human Services

on _____)

(Patron Prior to Substitute—Delegate Delaney)

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2400.1:1, relating to health professionals; mandatory suicide training required.

Be it enacted by the General Assembly of Virginia:**1. That the Code of Virginia is amended by adding a section numbered 54.1-2400.1:1 as follows:****§ 54.1-2400.1:1. Mandatory suicide training for health care professionals.**

A. Each of the following professionals certified or licensed by a health regulatory board of the Department of Health Professions pursuant to this subtitle shall, at least once every six years, complete training in suicide assessment, treatment, and management that is approved by the relevant health regulatory board:

- 1. Counselors;*
- 2. Licensed substance abuse treatment practitioners;*
- 3. Marriage and family therapists;*
- 4. Behavioral health technicians;*
- 5. Qualified mental health professionals;*
- 6. Occupational therapists;*
- 7. Psychologists; and*
- 8. Social workers.*

The training required pursuant to this subsection shall be at least six hours in length. Such training required by this subsection shall be included on the model list developed pursuant to subsection E. Nothing in this subsection shall affect the validity of training completed prior to July 1, 2027.

B. Each of the following professionals certified or licensed by a health regulatory board of the Department of Health Professions pursuant to this subtitle who are not included in the list of professionals in subsection A shall complete a one-time training in suicide assessment, treatment, and management that is approved by the relevant health regulatory board:

- 1. All professionals certified or licensed by the Board of Counseling except for behavioral health technician assistants registered pursuant to § 54.1-3519;*
- 2. Physicians, interns, and residents;*

3. Physician assistants;

4. Genetic counselors;

5. Occupational therapy assistants;

6. Licensed midwives;

7. Behavior analysts and assistant behavior analysts;

8. All professionals certified or licensed by the Board of Nursing except for massage therapists licensed pursuant to § 54.1-3029;

9. Pharmacists;

10. Pharmacy technicians;

11. Pharmacy interns;

12. Physical therapists; and

13. Certified sex offender treatment providers.

C. A professional listed in subsection A or B shall complete the first training required pursuant to this section by the end of the first full continuing education reporting period after July 1, 2027, or during the first full continuing education reporting period after initial licensure or certification, whichever occurs later. A professional listed in subsection A applying for initial licensure may delay completion of the first training required by this section for six years after initial licensure if he can demonstrate successful completion of the training required pursuant to subsection A no more than two years prior to the application for initial licensure. The relevant health regulatory board shall accept training that meets the requirements of this section completed between January 1, 2025, and July 1, 2027, by a professional listed in subsection B as satisfactory to meet the one-time training requirement of subsection B.

D. The hours spent completing training pursuant to the requirements of subsection A or B shall count toward meeting any applicable continuing education or continuing competency requirements for each profession.

E. The Commissioner of Health and the Department of Health Professions shall work collaboratively to develop a model list of training programs in suicide assessment, treatment, and management and shall update such list at least once every two years.

1. By January 1, 2027, the Department of Health Professions shall adopt rules establishing minimum standards for the training programs included on the model list. The minimum standards shall require that six-hour trainings, which may occur all at once or in segments, include:

a. Content specific to veterans;

- 64 *b. Assessment of issues related to imminent harm via lethal means or self-injurious behaviors; and*
65 *c. Content specific to the availability of, services offered by, and best practices for assisting persons with*
66 *accessing the 988 crisis hotline and the behavioral health crisis response and suicide prevention system.*
- 67 *2. In developing the model list required pursuant to this subsection, the Commissioner of Health and the*
68 *Department of Health Professions shall consult with (i) the affected health regulatory boards; (ii) public and*
69 *private institutions of higher education; (iii) educators; (iv) experts in suicide assessment, treatment, and*
70 *management; (v) the Department of Veterans Services; and (vi) relevant professional associations.*