

2018 Regular Session

HOUSE BILL NO. 148

BY REPRESENTATIVES FALCONER, ANDERS, BACALA, BAGLEY, BAGNERIS,  
BILLIOT, BRASS, TERRY BROWN, CARMODY, GARY CARTER, CHANEY,  
COX, DEVILLIER, EDMONDS, EMERSON, FOIL, GISCLAIR, HENRY,  
HODGES, HORTON, JACKSON, LEGER, LYONS, MCFARLAND, GREGORY  
MILLER, POPE, REYNOLDS, RICHARD, SIMON, AND STAGNI

HEALTH/BEHAVIORAL: Provides for implementation of the zero suicide initiative and  
a state suicide prevention plan

1 AN ACT

2 To enact Chapter 12 of Title 28 of the Louisiana Revised Statutes of 1950, to be comprised  
3 of R.S. 28:801 through 813, relative to suicide prevention; to create and provide for  
4 a program to be known as the zero suicide initiative; to provide for administration  
5 of the program by the office of behavioral health of the Louisiana Department of  
6 Health; to provide for creation of the Louisiana suicide prevention plan; to provide  
7 for legislative findings and intent; to provide for promulgation of administrative  
8 rules; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. Chapter 12 of Title 28 of the Louisiana Revised Statutes of 1950,  
11 comprised of R.S. 28:801 through 813, is hereby enacted to read as follows:

12 CHAPTER 12. SUICIDE PREVENTION

13 PART I. GENERAL PROVISIONS

14 §801. Short title

15 This Chapter shall be known and may be cited as the "Louisiana Suicide  
16 Prevention Act".

1        §802. Definitions

2                For purposes of this Chapter, the following terms have the meaning ascribed  
3        to them in this Section:

4                (1) "America's Health Rankings report" means the annual report of that name  
5        published by the United Health Foundation.

6                (2) "Department" means the Louisiana Department of Health.

7                (3) "Office of behavioral health" means the office of behavioral health of the  
8        Louisiana Department of Health.

9                (4) "State suicide prevention plan" means the Louisiana suicide prevention  
10       plan required by and provided for more specifically in Part III of this Chapter.

11               (5) "Suicide Prevention Resource Center" means the resource center of that  
12       name operated by the Education Development Center, Incorporated, which is  
13       devoted to advancing the National Strategy for Suicide Prevention.

14               (6) "Zero suicide initiative" means the program for suicide prevention  
15       created by the provisions of Part II of this Chapter.

16        §803. Legislative findings and declaration; purpose

17               A. The legislature hereby finds and declares all of the following:

18               (1) An individual suicide is a tragic event, and suicide generally is now  
19       recognized as a serious public health concern.

20               (2) According to the 2016 America's Health Rankings report, the number of  
21       deaths due to suicide per one hundred thousand population in the United States rose  
22       steadily from 2012 through 2016, and Louisiana's rate of deaths from suicide is  
23       nearly ten percent higher than the national average.

24               (3) While suicide occurs among persons of all ages, ethnic backgrounds, and  
25       income levels, it is an especially troubling problem among youth in Louisiana, with  
26       suicide ranking as the second-leading cause of death in this state for persons between  
27       the ages of ten and twenty-four in 2014, the most recent year for which complete  
28       data is available.

1           (4) Suicide is a pronounced public health concern among military veterans  
2           nationwide and in Louisiana particularly, as Louisiana's veteran suicide rate is over  
3           ten percent higher than that of the nation and of the southern region.

4           (5) Enhancing suicide awareness and prevention has been a priority of the  
5           Legislature of Louisiana as evidenced by the final passage, or final adoption and  
6           concurrence, of all of the following bills and concurrent resolutions:

7           (a) House Bill No. 452 of the 2017 Regular Session, providing for in-service  
8           training on suicide prevention for teachers and other employees of nonpublic and  
9           charter schools, as had previously been provided in law for teachers and other  
10          employees of traditional public schools.

11          (b) Senate Bill No. 539 of the 2014 Regular Session, providing relative to  
12          suicide assessment, intervention, treatment, and management training for several  
13          health professions.

14          (c) House Concurrent Resolution No. 152 of the 2016 Regular Session,  
15          recognizing the month of September as suicide prevention awareness month in this  
16          state and urging greater awareness of the problem of suicide, particularly among  
17          military veterans.

18          (d) Senate Concurrent Resolution No. 75 of the 2014 Regular Session,  
19          requesting that the department develop a list of best practice suicide prevention  
20          training programs to make available for groups of professionals and citizens to take  
21          voluntarily.

22          (e) House Concurrent Resolution No. 15 of the 2013 Regular Session,  
23          requesting the department to study the most effective means by which to reduce the  
24          rate of suicide in this state and report its findings to the legislative committees on  
25          health and welfare.

26          (6) Healthcare settings, including mental and behavioral health systems,  
27          primary care clinics, physical and mental health clinics in educational institutions,  
28          and hospitals are valuable access points to reach those at risk for suicide.

29          (7) National data indicate all of the following:

1           (a) Over thirty percent of individuals are receiving mental health care at the  
2           time of their deaths by suicide.

3           (b) Approximately forty-five percent of persons who die by suicide have  
4           seen a primary care physician within one month of their deaths, illustrating that  
5           primary care is often the entry point into the health system for individuals who are  
6           less likely to seek out mental health services.

7           (c) Approximately twenty-five percent of those who die by suicide visited  
8           an emergency department in the month prior to their deaths.

9           (8) Healthcare facilities and providers including but not limited to mental  
10          health professionals, behavioral health services providers, primary care providers,  
11          and hospitals that have implemented a suicide prevention model such as that  
12          provided for in Part II of this Chapter have noted significant reductions in suicide  
13          deaths among patients within their care.

14          (9) Identifying and putting into practice an effective means of suicide  
15          prevention such as that provided for in this Chapter is a vital public health priority  
16          for this state.

17          B. The legislature hereby declares that the purpose of this Chapter is to  
18          combat a dire public problem in this state by creating and providing for the zero  
19          suicide initiative, a systems approach and national best practice for addressing  
20          suicide as a public health issue.

21          §804. Sources of funding authorized

22                 The office of behavioral health may receive and expend funds as may be  
23                 necessary to carry out the requirements of this Chapter, including but not limited to  
24                 funds appropriated by the legislature, including any appropriation of federal funds;  
25                 and any public or private donations, gifts, or grants from governmental sources,  
26                 individuals, corporations, nonprofit organizations, business entities, and any other  
27                 lawful source.

1                                    PART II. ZERO SUICIDE INITIATIVE

2            §807. Zero suicide initiative; creation

3                    A. The legislature hereby creates the zero suicide initiative, which shall be  
4            administered by the office of behavioral health in accordance with the provisions of  
5            this Part.

6                    B. The legislature hereby declares that the zero suicide initiative embodies  
7            the foundational belief and aspirational goal that suicide deaths of individuals who  
8            are under the care of any part of the health system in this state, including providers  
9            of mental health and behavioral health services, are frequently preventable.

10                   C. The zero suicide initiative of this state shall be based upon the model set  
11            forth in the National Strategy for Suicide Prevention published in 2012 by the United  
12            States Surgeon General and further developed, refined, and promoted by the Suicide  
13            Prevention Resource Center or its successor.

14            §808. Zero suicide initiative; administration; duties of the office of behavioral  
15            health

16                   A. In administering the zero suicide initiative, the office of behavioral health  
17            shall ensure that the initiative incorporates, at minimum, all of the following  
18            components as set forth by the zero suicide model of the Suicide Prevention  
19            Resource Center:

- 20                   (1) Leadership development.  
21                   (2) Healthcare provider training.  
22                   (3) Identification of suicide risk factors.  
23                   (4) Patient engagement.  
24                   (5) Treatment.  
25                   (6) Health system transition.  
26                   (7) Health system quality improvement.

27                   B. The office of behavioral health shall ensure that administrators of all  
28            healthcare facilities licensed by the department and that all healthcare professionals  
29            licensed by any board or commission of the department have ready access to

1 informational resources and technical assistance necessary for implementation of the  
2 zero suicide initiative.

3 C.(1) Subject to the limitations of Paragraph (2) of this Subsection, the office  
4 of behavioral health shall examine and coordinate the use of existing data to identify  
5 priority groups of patients, improve the quality of care for persons who are suicidal,  
6 and provide a basis for measuring progress in the ongoing operation of the zero  
7 suicide initiative.

8 (2) The office of behavioral health shall carry out the requirements of  
9 Paragraph (1) of this Subsection in a manner that protects the privacy of individuals,  
10 and shall comply with all applicable state and federal laws and regulations relative  
11 to privacy of health information.

12 D. The department shall promulgate all rules and regulations in accordance  
13 with the Administrative Procedure Act as may be necessary to implement the  
14 provisions of this Part.

15 §809. Legislative intent; stakeholder collaboration and coordination in the zero  
16 suicide initiative

17 Because suicide in Louisiana is a primary public health concern, the  
18 legislature intends that the office of behavioral health, state and local criminal justice  
19 systems, healthcare facilities and providers including but not limited to mental health  
20 professionals, behavioral health services providers, primary care providers, hospitals,  
21 and physical and mental health clinics in educational institutions throughout this  
22 state do all of the following:

23 (1) Work in collaboration to adopt and operate the zero suicide initiative as  
24 promulgated in administrative rules of the department.

25 (2) Work with advocacy groups, faith-based organizations, and any other  
26 entities with an interest in suicide prevention to support the adoption by health  
27 systems in Louisiana of the suicide prevention plan provided for in Part III of this  
28 Chapter.

1           (3) Make efforts to connect persons and groups who are at higher risk for  
2           suicide with services provided under the suicide prevention plan provided for in Part  
3           III of this Chapter.

4                     PART III. STATE SUICIDE PREVENTION PLAN

5           §811. State suicide prevention plan; creation; goals; publication; report to governor  
6           and legislature

7           A. The Louisiana suicide prevention plan, referred to in this Section as the  
8           "state suicide prevention plan", is hereby created as an initiative of the office of  
9           behavioral health, which shall lead the development of and publish the plan. The  
10          goal and purpose of the state suicide prevention plan is to reduce the incidence of  
11          suicide in Louisiana through system-level implementation of the plan in criminal  
12          justice and health systems statewide, including mental health and behavioral health  
13          systems.

14          B.(1) The office of behavioral health shall collaborate with criminal justice  
15          and health systems, including mental health and behavioral health systems, primary  
16          care providers, physical and mental health clinics in educational institutions, colleges  
17          and universities, community mental health centers, advocacy groups, emergency  
18          medical services professionals, public and private insurers, hospital chaplains, and  
19          faith-based organizations to develop and implement all of the following:

20                 (a) A plan to improve training on means by which to identify a person with  
21                 trends, attributes, and indicators of suicidal thoughts and behavior across criminal  
22                 justice and health systems.

23                 (b) A plan to improve training on the provisions of the Health Insurance  
24                 Portability and Accountability Act (42 U.S.C. 1320d et seq.) and regulations issued  
25                 pursuant thereto and on other applicable federal and state laws and regulations  
26                 concerning privacy of health information.

27                 (c) Professional development resources and training opportunities regarding  
28                 indicators of suicidal thoughts and behavior, risk assessment, treatment, and  
29                 management.

1           (2) The office of behavioral health shall include as elements within the state  
2           suicide prevention plan the items required by Paragraph (1) of this Subsection.

3           C. As a demonstration of commitment to patient safety, criminal justice and  
4           health systems, including mental and behavioral health systems, primary care  
5           providers, and hospitals throughout the state are encouraged to contribute to and  
6           implement the state suicide prevention plan.

7           D.(1) The office of behavioral health shall publish the state suicide  
8           prevention plan on or before December 31, 2020.

9           (2) At the time of publication of the state suicide prevention plan, the office  
10          of behavioral health shall transmit a summary of the plan in a report to the governor  
11          and to the legislature.

12          §812. Stakeholder collaboration and coordination in suicide prevention plan

13          The legislature intends that the following systems and organizations  
14          contribute to the development and implementation of the state suicide prevention  
15          plan:

16               (1) Community mental health centers.

17               (2) Behavioral health services providers.

18               (3) Hospitals.

19               (4) Emergency medical services professionals and responders.

20               (5) Regional health systems.

21               (6) Physical and mental health clinics in educational institutions.

22               (7) State and local criminal justice systems.

23               (8) Advocacy groups with an interest in suicide prevention.

24               (9) Faith-based organizations.

25               (10) Colleges and universities.

26          §813. Administrative rulemaking

27          The department shall promulgate all rules and regulations in accordance with  
28          the Administrative Procedure Act as may be necessary to implement the provisions  
29          of this Part.



---

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

---

HB 148 Reengrossed

2018 Regular Session

Falconer

**Abstract:** Provides for implementation of the "zero suicide initiative", a state suicide prevention plan, and duties of the office of behavioral health of the La. Department of Health with respect to suicide prevention.

**General Provisions**

Proposed law provides legislative findings concerning suicide prevention, noting especially the problem of suicide among young people and military veterans, and provides the following declaration:

The purpose of proposed law is to combat a dire public problem by creating and providing for the zero suicide initiative, a systems approach and national best practice for addressing suicide as a public health issue.

Proposed law provides that it shall be known and may be cited as the "Louisiana Suicide Prevention Act".

**Zero Suicide Initiative**

Proposed law creates the zero suicide initiative to be administered by the office of behavioral health of the La. Department of Health (LDH) in accordance with the provisions of proposed law.

Proposed law provides that the zero suicide initiative shall be based upon the model set forth in the National Strategy for Suicide Prevention published in 2012 by the U.S. Surgeon General and further developed by the Suicide Prevention Resource Center.

Proposed law stipulates that in administering the zero suicide initiative, the office of behavioral health shall ensure that the initiative incorporates, at minimum, all of the following components as set forth by the zero suicide model of the Suicide Prevention Resource Center:

- (1) Leadership development.
- (2) Healthcare provider training.
- (3) Identification of suicide risk factors.
- (4) Patient engagement.
- (5) Treatment.
- (6) Health system transition.
- (7) Health system quality improvement.

Proposed law requires the office of behavioral health to ensure that administrators of all healthcare facilities licensed by LDH and that all healthcare professionals licensed by any

La. board or commission have ready access to informational resources and technical assistance necessary for implementation of the zero suicide initiative.

Proposed law requires the office of behavioral health to examine and coordinate the use of existing data to identify priority groups of patients, improve the quality of care for persons who are suicidal, and provide a basis for measuring progress in the ongoing operation of the zero suicide initiative.

Proposed law expresses the intent that La. healthcare providers do the following:

- (1) Work in collaboration to adopt and operate the zero suicide initiative as promulgated in administrative rules by LDH.
- (2) Work with advocacy groups, faith-based organizations, and any other entities with an interest in suicide prevention to support the adoption by health systems in La. of the suicide prevention plan provided for in proposed law.
- (3) Make efforts to connect persons and groups who are at higher risk for suicide with services provided under the suicide prevention plan established by proposed law .

### **State Suicide Prevention Plan**

Proposed law requires the creation of the La. suicide prevention plan by the office of behavioral health.

Proposed law provides that the goal and purpose of the La. suicide prevention plan is to reduce the incidence of suicide through system-level implementation of the plan in criminal justice and health systems statewide, including mental health and behavioral health systems.

Proposed law provides that the office of behavioral health shall collaborate with criminal justice and health systems, including mental health and behavioral health systems, primary care providers, physical and mental health clinics in educational institutions, colleges and universities, community mental health centers, advocacy groups, emergency medical services professionals, public and private insurers, hospital chaplains, and faith-based organizations to develop and implement all of the following, which shall be included as elements within the state suicide prevention plan:

- (1) A plan to improve training on means by which to identify a person with trends, attributes, and indicators of suicidal thoughts and behavior across criminal justice and health systems.
- (2) A plan to improve training on the provisions of the federal Health Insurance Portability and Accountability Act and regulations issued pursuant thereto; and on other applicable federal and state laws and regulations concerning privacy of health information.
- (3) Professional development resources and training opportunities regarding indicators of suicidal thoughts and behavior, risk assessment, treatment, and management.

Proposed law encourages criminal justice and health systems, including mental and behavioral health systems, primary care providers, and hospitals throughout the state to contribute to and implement the state suicide prevention plan.

Proposed law requires the office of behavioral health to publish the state suicide prevention plan on or before Dec. 31, 2020. Provides that at the time of publication of the plan, the office shall transmit a summary of the plan in a report to the governor and to the legislature.

Proposed law expresses the intent of the legislature that the following systems and organizations contribute to the development and implementation of the state suicide prevention plan:

- (1) Community mental health centers.
- (2) Behavioral health services providers.
- (3) Hospitals.
- (4) Emergency medical services professionals and responders.
- (5) Regional health systems.
- (6) Physical and mental health clinics in educational institutions.
- (7) State and local criminal justice systems.
- (8) Advocacy groups with an interest in suicide prevention.
- (9) Faith-based organizations.
- (10) Colleges and universities.

(Adds R.S. 28:801-813)