

ACT No. 450

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, NANCY LANDRY, LEGER, LYONS, MCFARLAND, GREGORY MILLER, POPE, REYNOLDS, RICHARD, SIMON, AND STAGNI AND SENATORS BISHOP AND WALSWORTH

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 814, 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 814, 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 are 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 acts and concurrent resolutions:

7 (a) Act 86 of the 2017 Regular Session, providing for in-service training on
8 suicide prevention for teachers and other employees of nonpublic and charter
9 schools, as had previously been provided in law for teachers and other employees of
10 traditional public schools.

11 (b) Act 582 of the 2014 Regular Session, providing relative to suicide
12 assessment, intervention, treatment, and management training for several health
13 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.

1 §814. Implementation

2 Implementation of this Chapter shall be contingent upon receipt of grant

3 funding.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____