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ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2793

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State of Washington

64th Legislature

2016 Regular Session

By House Finance (originally sponsored by Representatives Orwall, Blake, Kretz, Sullivan, Cody, Jenkins, Kagi, Goodman, Ormsby, Tharinger, Rossetti, and Reykdal)

READ FIRST TIME 02/09/16.

1 AN ACT Relating to providing for suicide awareness and prevention  
2 education for safer homes; amending RCW 9.41.310 and 43.70.442;  
3 adding a new section to chapter 43.70 RCW; creating new sections;  
4 providing an effective date; and providing expiration dates.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature finds that: Washington's  
7 suicide rate is fourteen percent higher than the national average; on  
8 average, two young people between the ages of ten and twenty-four die  
9 by suicide each week; almost a quarter of those who die by suicide  
10 are veterans; and many of the state's rural and tribal communities  
11 have the highest suicide rates. The legislature further finds that  
12 when suicide occurs, it has devastating consequences for communities  
13 and schools, yet, according to the United States surgeon general,  
14 suicide is the nation's most preventable form of death. The  
15 legislature further finds that one of the most immediate ways to  
16 reduce the tragedy of suicide is through suicide awareness and  
17 prevention education coupled with safe storage of lethal means  
18 commonly used in suicides, such as firearms and prescription  
19 medications. The legislature further finds that incentivizing  
20 firearms dealers to participate in suicide awareness and prevention  
21 education programs and provide certain safe storage devices at cost

1 is an important step in creating safer homes and reducing suicide  
2 deaths in the state.

3 NEW SECTION. **Sec. 2.** (1)(a) A safe homes task force is  
4 established to raise public awareness and increase suicide prevention  
5 education among new partners who are in key positions to help reduce  
6 suicide. The task force shall be administered and staffed by the  
7 University of Washington school of social work.

8 (b) The safe homes task force shall consist of the members  
9 comprised of a suicide prevention and firearms subcommittee and a  
10 suicide prevention and pharmacy subcommittee, as follows:

11 (i) The suicide prevention and firearms subcommittee shall  
12 consist of the following members and be cochaired by the University  
13 of Washington school of social work and a member identified in  
14 (b)(i)(A) of this subsection (1):

15 (A) A representative of the national rifle association and a  
16 representative of the second amendment foundation;

17 (B) Two representatives of suicide prevention organizations,  
18 selected by the cochaairs of the subcommittee;

19 (C) Two representatives of the firearms industry, selected by the  
20 cochaairs of the subcommittee;

21 (D) Two individuals who are suicide attempt survivors or who have  
22 experienced suicide loss, selected by the cochaairs of the  
23 subcommittee;

24 (E) Two representatives of law enforcement agencies, selected by  
25 the cochaairs of the subcommittee;

26 (F) One representative from the department of health;

27 (G) One representative from the department of veterans affairs,  
28 and one other individual representing veterans to be selected by the  
29 cochaairs of the subcommittee; and

30 (H) No more than two other interested parties, selected by the  
31 cochaairs of the subcommittee.

32 (ii) The suicide prevention and pharmacy subcommittee shall  
33 consist of the following members and be cochaired by the University  
34 of Washington school of social work and a member identified in  
35 (b)(ii)(A) of this subsection (1):

36 (A) Two representatives of the Washington state pharmacy  
37 association;

38 (B) Two representatives of retailers who operate pharmacies,  
39 selected by the cochaairs of the subcommittee;

1 (C) One faculty member from the University of Washington school  
2 of pharmacy and one faculty member from the Washington State  
3 University school of pharmacy;

4 (D) One representative of the department of health;

5 (E) One representative of the pharmacy quality assurance  
6 commission;

7 (F) Two representatives of the Washington state poison control  
8 center;

9 (G) One representative of the department of veterans affairs, and  
10 one other individual representing veterans to be selected by the  
11 cochairs of the subcommittee; and

12 (H) No more than two other interested parties, selected by the  
13 cochairs of the subcommittee.

14 (c) The University of Washington school of social work shall  
15 convene the initial meeting of the task force.

16 (2) The task force shall:

17 (a) Develop and prepare to disseminate online trainings on  
18 suicide awareness and prevention for firearms dealers and their  
19 employees and firearm range owners and their employees;

20 (b) In consultation with the department of fish and wildlife,  
21 review the firearm safety pamphlet produced by the department of fish  
22 and wildlife under RCW 9.41.310 and, by January 1, 2017, recommend  
23 changes to the pamphlet to incorporate information on suicide  
24 awareness and prevention;

25 (c) Develop suicide awareness and prevention messages for posters  
26 and brochures that are tailored to be effective for firearms owners  
27 for distribution to firearms dealers and firearm ranges;

28 (d) Develop suicide awareness and prevention messages for posters  
29 and brochures for distribution to pharmacies;

30 (e) In consultation with the department of fish and wildlife,  
31 develop strategies for creating and disseminating suicide awareness  
32 and prevention information for hunting safety classes, including  
33 messages to parents that can be shared during online registration, in  
34 either follow up electronic mail communications, or in writing, or  
35 both;

36 (f) Develop suicide awareness and prevention messages for  
37 training for the schools of pharmacy and provide input on trainings  
38 being developed for community pharmacists;

1 (g) Provide input to the department of health on the  
2 implementation of the safe homes project established in section 3 of  
3 this act;

4 (h) Create a web site that will be a clearinghouse for the newly  
5 created suicide awareness and prevention materials developed by the  
6 task force; and

7 (i) Conduct a survey of firearms dealers and firearms ranges in  
8 the state to determine the types and amounts of incentives that would  
9 be effective in encouraging those entities to participate in the safe  
10 homes project created in section 3 of this act;

11 (j) Create, implement, and evaluate a suicide awareness and  
12 prevention pilot program in two counties, one rural and one urban,  
13 that have high suicide rates. The pilot program shall include:

14 (i) Developing and directing advocacy efforts with firearms  
15 dealers to pair suicide awareness and prevention training with  
16 distribution of safe storage devices;

17 (ii) Developing and directing advocacy efforts with pharmacies to  
18 pair suicide awareness and prevention training with distribution of  
19 medication disposal kits and safe storage devices;

20 (iii) Training health care providers on suicide awareness and  
21 prevention, paired with distribution of medication disposal kits and  
22 safe storage devices; and

23 (iv) Training local law enforcement officers on suicide awareness  
24 and prevention, paired with distribution of medication disposal kits  
25 and safe storage devices.

26 (3) The task force shall consult with the department of health to  
27 develop timelines for the completion of the necessary tasks  
28 identified in subsection (2) of this section so that the department  
29 of health is able to implement the safe homes project under section 3  
30 of this act by January 1, 2018.

31 (4) Beginning December 1, 2016, the task force shall annually  
32 report to the legislature on the status of its work. The task force  
33 shall submit a final report by December 1, 2019, that includes the  
34 findings of the suicide awareness and prevention pilot program  
35 evaluation under subsection (2) of this section and recommendations  
36 on possible continuation of the program. The task force shall submit  
37 its reports in accordance with RCW 43.01.036.

38 (5) This section expires July 1, 2020.

1        NEW SECTION.    **Sec. 3.**    A new section is added to chapter 43.70  
2    RCW to read as follows:

3        (1) The department shall develop and administer a safe homes  
4    project for firearms dealers and firearms ranges to encourage  
5    voluntary participation in a program to implement suicide awareness  
6    and prevention strategies.

7        (2) As part of the safe homes project, the department shall  
8    certify a firearms dealer or firearms range that meets the  
9    requirements of subsection (3) of this section as a safe homes  
10   partner.

11       (3) The department, in consultation with the safe homes task  
12   force created in section 2 of this act, shall develop criteria for  
13   certification of a firearms dealer or firearms range as a safe homes  
14   partner that include, at a minimum, the following requirements:

15       (a) Posting of suicide awareness and prevention posters,  
16   developed by the safe homes task force, at the firearms dealer's or  
17   firearms range's premises;

18       (b) Distribution of suicide awareness and prevention brochures,  
19   developed by the safe homes task force, to firearms purchasers and  
20   customers;

21       (c) Completion by the firearms dealer and employees, or firearms  
22   range and employees, of an online suicide awareness and prevention  
23   training developed by the safe homes task force; and

24       (d) Offering safe storage devices, in the form of a lock box or  
25   life jacket, for sale at cost to firearms purchasers, or customers.

26       (4) The department shall:

27       (a) Provide technical assistance to firearms dealers and firearms  
28   ranges that want to participate in the safe homes project;

29       (b) Track and report status updates of the program to the  
30   legislature in accordance with RCW 43.01.036; and

31       (c) Conduct, or contract with local health departments to  
32   conduct, random audits of businesses who participate in the safe  
33   homes project to ensure compliance with the requirements of this  
34   section.

35       (5) The department shall implement the safe homes project  
36   beginning January 1, 2018.

37       (6) For the purposes of this section:

38       (a) "Firearms dealer" means a firearms dealer licensed under RCW  
39   9.41.110; and

1 (b) "Firearms range" means an entity that operates an area or  
2 facility designed for the safe discharge or other use of firearms for  
3 sport, recreational, or competitive shooting or training purposes.

4 **Sec. 4.** RCW 9.41.310 and 1994 c 264 s 2 are each amended to read  
5 as follows:

6 (1) After a public hearing, the department of fish and wildlife  
7 shall publish a pamphlet on firearms safety and the legal limits of  
8 the use of firearms. The pamphlet shall include current information  
9 on firearms laws and regulations and state preemption of local  
10 firearms laws. By July 1, 2017, the department of fish and wildlife  
11 shall update the pamphlet to incorporate information on suicide  
12 awareness and prevention as recommended by the safe homes task force  
13 established in section 2 of this act.

14 (2) This pamphlet may be used in the department's hunter safety  
15 education program and shall be provided to the department of  
16 licensing for distribution to firearms dealers and persons authorized  
17 to issue concealed pistol licenses. The department of fish and  
18 wildlife shall reimburse the department of licensing for costs  
19 associated with distribution of the pamphlet.

20 **Sec. 5.** RCW 43.70.442 and 2015 c 249 s 1 are each amended to  
21 read as follows:

22 (1)(a) Each of the following professionals certified or licensed  
23 under Title 18 RCW shall, at least once every six years, complete  
24 training in suicide assessment, treatment, and management that is  
25 approved, in rule, by the relevant disciplining authority:

26 (i) An adviser or counselor certified under chapter 18.19 RCW;

27 (ii) A chemical dependency professional licensed under chapter  
28 18.205 RCW;

29 (iii) A marriage and family therapist licensed under chapter  
30 18.225 RCW;

31 (iv) A mental health counselor licensed under chapter 18.225 RCW;

32 (v) An occupational therapy practitioner licensed under chapter  
33 18.59 RCW;

34 (vi) A psychologist licensed under chapter 18.83 RCW;

35 (vii) An advanced social worker or independent clinical social  
36 worker licensed under chapter 18.225 RCW; and

37 (viii) A social worker associate—advanced or social worker  
38 associate—independent clinical licensed under chapter 18.225 RCW.

1 (b) The requirements in (a) of this subsection apply to a person  
2 holding a retired active license for one of the professions in (a) of  
3 this subsection.

4 (c) The training required by this subsection must be at least six  
5 hours in length, unless a disciplining authority has determined,  
6 under subsection (~~(9)~~) (10)(b) of this section, that training that  
7 includes only screening and referral elements is appropriate for the  
8 profession in question, in which case the training must be at least  
9 three hours in length.

10 (d) Beginning July 1, 2017, the training required by this  
11 subsection must be on the model list developed under subsection (6)  
12 of this section. Nothing in this subsection (1)(d) affects the  
13 validity of training completed prior to July 1, 2017.

14 (2)(a) Except as provided in (b) of this subsection, a  
15 professional listed in subsection (1)(a) of this section must  
16 complete the first training required by this section by the end of  
17 the first full continuing education reporting period after January 1,  
18 2014, or during the first full continuing education reporting period  
19 after initial licensure or certification, whichever occurs later.

20 (b) A professional listed in subsection (1)(a) of this section  
21 applying for initial licensure may delay completion of the first  
22 training required by this section for six years after initial  
23 licensure if he or she can demonstrate successful completion of the  
24 training required in subsection (1) of this section no more than six  
25 years prior to the application for initial licensure.

26 (3) The hours spent completing training in suicide assessment,  
27 treatment, and management under this section count toward meeting any  
28 applicable continuing education or continuing competency requirements  
29 for each profession.

30 (4)(a) A disciplining authority may, by rule, specify minimum  
31 training and experience that is sufficient to exempt an individual  
32 professional from the training requirements in subsections (1) and  
33 (5) of this section. Nothing in this subsection (4)(a) allows a  
34 disciplining authority to provide blanket exemptions to broad  
35 categories or specialties within a profession.

36 (b) A disciplining authority may exempt a professional from the  
37 training requirements of subsections (1) and (5) of this section if  
38 the professional has only brief or limited patient contact.

39 (5)(a) (~~Beginning January 1, 2016,~~) Each of the following  
40 professionals credentialed under Title 18 RCW shall complete a one-

1 time training in suicide assessment, treatment, and management that  
2 is approved by the relevant disciplining authority:

3 (i) A chiropractor licensed under chapter 18.25 RCW;

4 (ii) A naturopath licensed under chapter 18.36A RCW;

5 (iii) A licensed practical nurse, registered nurse, or advanced  
6 registered nurse practitioner, other than a certified registered  
7 nurse anesthetist, licensed under chapter 18.79 RCW;

8 (iv) An osteopathic physician and surgeon licensed under chapter  
9 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
10 and surgery license issued under RCW 18.57.035;

11 (v) An osteopathic physician assistant licensed under chapter  
12 18.57A RCW;

13 (vi) A physical therapist or physical therapist assistant  
14 licensed under chapter 18.74 RCW;

15 (vii) A physician licensed under chapter 18.71 RCW, other than a  
16 resident holding a limited license issued under RCW 18.71.095(3);

17 (viii) A physician assistant licensed under chapter 18.71A RCW;  
18 ((and))

19 (ix) A pharmacist licensed under chapter 18.64 RCW; and

20 (x) A person holding a retired active license for one of the  
21 professions listed in (a)(i) through ((viii)) (ix) of this  
22 subsection.

23 (b)(i) A professional listed in (a)(i) through (viii) of this  
24 subsection or a person holding a retired active license for one of  
25 the professions listed in (a)(i) through (viii) of this subsection  
26 must complete the one-time training by the end of the first full  
27 continuing education reporting period after January 1, 2016, or  
28 during the first full continuing education reporting period after  
29 initial licensure, whichever is later. Training completed between  
30 June 12, 2014, and January 1, 2016, that meets the requirements of  
31 this section, other than the timing requirements of this subsection  
32 (5)(b), must be accepted by the disciplining authority as meeting the  
33 one-time training requirement of this subsection (5).

34 (ii) A licensed pharmacist or a person holding a retired active  
35 pharmacist license must complete the one-time training by the end of  
36 the first full continuing education reporting period after January 1,  
37 2017, or during the first full continuing education reporting period  
38 after initial licensure, whichever is later.

39 (c) The training required by this subsection must be at least six  
40 hours in length, unless a disciplining authority has determined,



1 under subsection (~~(9)~~) (10)(b) of this section, that training that  
2 includes only screening and referral elements is appropriate for the  
3 profession in question, in which case the training must be at least  
4 three hours in length.

5 (d) Beginning July 1, 2017, the training required by this  
6 subsection must be on the model list developed under subsection (6)  
7 of this section. Nothing in this subsection (5)(d) affects the  
8 validity of training completed prior to July 1, 2017.

9 (6)(a) The secretary and the disciplining authorities shall work  
10 collaboratively to develop a model list of training programs in  
11 suicide assessment, treatment, and management.

12 (b) The secretary and the disciplining authorities shall update  
13 the list at least once every two years.

14 (c) By June 30, 2016, the department shall adopt rules  
15 establishing minimum standards for the training programs included on  
16 the model list. The minimum standards must require that six-hour  
17 trainings include content specific to veterans and the assessment of  
18 issues related to imminent harm via lethal means or self-injurious  
19 behaviors and that three-hour trainings for pharmacists include  
20 content related to the assessment of issues related to imminent harm  
21 via lethal means. When adopting the rules required under this  
22 subsection (6)(c), the department shall:

23 (i) Consult with the affected disciplining authorities, public  
24 and private institutions of higher education, educators, experts in  
25 suicide assessment, treatment, and management, the Washington  
26 department of veterans affairs, and affected professional  
27 associations; and

28 (ii) Consider standards related to the best practices registry of  
29 the American foundation for suicide prevention and the suicide  
30 prevention resource center.

31 (d) Beginning January 1, 2017:

32 (i) The model list must include only trainings that meet the  
33 minimum standards established in the rules adopted under (c) of this  
34 subsection and any three-hour trainings that met the requirements of  
35 this section on or before July 24, 2015;

36 (ii) The model list must include six-hour trainings in suicide  
37 assessment, treatment, and management, and three-hour trainings that  
38 include only screening and referral elements; and

39 (iii) A person or entity providing the training required in this  
40 section may petition the department for inclusion on the model list.

1 The department shall add the training to the list only if the  
2 department determines that the training meets the minimum standards  
3 established in the rules adopted under (c) of this subsection.

4 (7) The department shall provide the health profession training  
5 standards created in this section to the professional (~~(education~~  
6 ~~[educator])~~) educator standards board as a model in meeting the  
7 requirements of RCW 28A.410.226 and provide technical assistance, as  
8 requested, in the review and evaluation of educator training  
9 programs. The educator training programs approved by the professional  
10 educator standards board may be included in the department's model  
11 list.

12 (8) Nothing in this section may be interpreted to expand or limit  
13 the scope of practice of any profession regulated under chapter  
14 18.130 RCW.

15 (9) The secretary and the disciplining authorities affected by  
16 this section shall adopt any rules necessary to implement this  
17 section.

18 (10) For purposes of this section:

19 (a) "Disciplining authority" has the same meaning as in RCW  
20 18.130.020.

21 (b) "Training in suicide assessment, treatment, and management"  
22 means empirically supported training approved by the appropriate  
23 disciplining authority that contains the following elements: Suicide  
24 assessment, including screening and referral, suicide treatment, and  
25 suicide management. However, the disciplining authority may approve  
26 training that includes only screening and referral elements if  
27 appropriate for the profession in question based on the profession's  
28 scope of practice. The board of occupational therapy may also approve  
29 training that includes only screening and referral elements if  
30 appropriate for occupational therapy practitioners based on practice  
31 setting.

32 (11) A state or local government employee is exempt from the  
33 requirements of this section if he or she receives a total of at  
34 least six hours of training in suicide assessment, treatment, and  
35 management from his or her employer every six years. For purposes of  
36 this subsection, the training may be provided in one six-hour block  
37 or may be spread among shorter training sessions at the employer's  
38 discretion.

39 (12) An employee of a community mental health agency licensed  
40 under chapter 71.24 RCW or a chemical dependency program certified

1 under chapter 70.96A RCW is exempt from the requirements of this  
2 section if he or she receives a total of at least six hours of  
3 training in suicide assessment, treatment, and management from his or  
4 her employer every six years. For purposes of this subsection, the  
5 training may be provided in one six-hour block or may be spread among  
6 shorter training sessions at the employer's discretion.

7 NEW SECTION. **Sec. 6.** The schools of pharmacy at the University  
8 of Washington and Washington State University shall convene a work  
9 group to jointly develop a curriculum on suicide assessment,  
10 treatment, and management for pharmacy students. The curriculum must  
11 include material on identifying at-risk patients and limiting access  
12 to lethal means. When developing the curriculum, the schools shall  
13 consult with experts on suicide assessment, treatment, and  
14 management, and with the safe homes task force created in section 2  
15 of this act on appropriate suicide awareness and prevention  
16 messaging. The schools of pharmacy shall submit a progress report to  
17 the governor and the relevant committees of the legislature by  
18 December 1, 2016.

19 NEW SECTION. **Sec. 7.** By January 1, 2017, the department of  
20 health and the pharmacy quality assurance commission shall jointly  
21 develop written materials on suicide awareness and prevention that  
22 pharmacies may post or distribute to customers. When developing the  
23 written materials, the department and the commission shall consult  
24 with experts on suicide assessment, treatment, and management, and  
25 with the safe homes task force created in section 2 of this act on  
26 appropriate suicide awareness and prevention messaging.

27 NEW SECTION. **Sec. 8.** Section 5 of this act takes effect January  
28 1, 2017.

29 NEW SECTION. **Sec. 9.** Section 3 of this act expires January 1,  
30 2024.

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