
SECOND SUBSTITUTE HOUSE BILL 2793

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) Create, implement, and evaluate a suicide awareness and
8 prevention pilot program in two counties, one rural and one urban,
9 that have high suicide rates. The pilot program shall include:

10 (i) Developing and directing advocacy efforts with firearms
11 dealers to pair suicide awareness and prevention training with
12 distribution of safe storage devices;

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

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

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

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

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

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

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

37 (1) The department shall develop and administer a safe homes
38 project for firearms dealers and firearms ranges to encourage

1 voluntary participation in a program to implement suicide awareness
2 and prevention strategies.

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

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

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

14 (b) Distribution of suicide awareness and prevention brochures,
15 developed by the safe homes task force, to firearms purchasers and
16 customers;

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

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

22 (4) The department shall:

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

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

27 (c) Conduct, or contract with local health departments to
28 conduct, random audits of businesses who participate in the safe
29 homes project to ensure compliance with the requirements of this
30 section.

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

33 (6) For the purposes of this section:

34 (a) "Firearms dealer" means a firearms dealer licensed under RCW
35 9.41.110; and

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

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

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

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

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

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

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

24 (ii) A chemical dependency professional licensed under chapter
25 18.205 RCW;

26 (iii) A marriage and family therapist licensed under chapter
27 18.225 RCW;

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

29 (v) An occupational therapy practitioner licensed under chapter
30 18.59 RCW;

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

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

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

36 (b) The requirements in (a) of this subsection apply to a person
37 holding a retired active license for one of the professions in (a) of
38 this subsection.

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

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

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

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

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

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

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

36 (5)(a) ~~((Beginning January 1, 2016,))~~ Each of the following
37 professionals credentialed under Title 18 RCW shall complete a one-
38 time training in suicide assessment, treatment, and management that
39 is approved by the relevant disciplining authority:

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

1 (ii) A naturopath licensed under chapter 18.36A RCW;
2 (iii) A licensed practical nurse, registered nurse, or advanced
3 registered nurse practitioner, other than a certified registered
4 nurse anesthetist, licensed under chapter 18.79 RCW;
5 (iv) An osteopathic physician and surgeon licensed under chapter
6 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
7 and surgery license issued under RCW 18.57.035;
8 (v) An osteopathic physician assistant licensed under chapter
9 18.57A RCW;
10 (vi) A physical therapist or physical therapist assistant
11 licensed under chapter 18.74 RCW;
12 (vii) A physician licensed under chapter 18.71 RCW, other than a
13 resident holding a limited license issued under RCW 18.71.095(3);
14 (viii) A physician assistant licensed under chapter 18.71A RCW;
15 (~~and~~)
16 (ix) A pharmacist licensed under chapter 18.64 RCW; and
17 (x) A person holding a retired active license for one of the
18 professions listed in (a)(i) through (~~(viii)~~) (ix) of this
19 subsection.
20 (b)(i) A professional listed in (a)(i) through (viii) of this
21 subsection or a person holding a retired active license for one of
22 the professions listed in (a)(i) through (viii) of this subsection
23 must complete the one-time training by the end of the first full
24 continuing education reporting period after January 1, 2016, or
25 during the first full continuing education reporting period after
26 initial licensure, whichever is later. Training completed between
27 June 12, 2014, and January 1, 2016, that meets the requirements of
28 this section, other than the timing requirements of this subsection
29 (5)(b), must be accepted by the disciplining authority as meeting the
30 one-time training requirement of this subsection (5).
31 (ii) A licensed pharmacist or a person holding a retired active
32 pharmacist license must complete the one-time training by the end of
33 the first full continuing education reporting period after January 1,
34 2017, or during the first full continuing education reporting period
35 after initial licensure, whichever is later.
36 (c) The training required by this subsection must be at least six
37 hours in length, unless a disciplining authority has determined,
38 under subsection (~~(9)~~) (10)(b) of this section, that training that
39 includes only screening and referral elements is appropriate for the

1 profession in question, in which case the training must be at least
2 three hours in length.

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

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

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

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

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

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

29 (d) Beginning January 1, 2017:

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

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

37 (iii) A person or entity providing the training required in this
38 section may petition the department for inclusion on the model list.
39 The department shall add the training to the list only if the

1 department determines that the training meets the minimum standards
2 established in the rules adopted under (c) of this subsection.

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

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

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

17 (10) For purposes of this section:

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

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

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

38 (12) An employee of a community mental health agency licensed
39 under chapter 71.24 RCW or a chemical dependency program certified
40 under chapter 70.96A RCW is exempt from the requirements of this

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

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

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

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

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

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