

# SENATE BILL REPORT

## E2SHB 1612

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As of April 4, 2017

**Title:** An act relating to a public health educational platform for suicide prevention and strategies to reduce access to lethal means.

**Brief Description:** Creating a suicide-safer homes project account to support prevention efforts and develop strategies for reducing access to lethal means.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Orwall, Harris, Jinkins, Goodman, Haler, Robinson, Fey, Kilduff and McBride).

**Brief History:** Passed House: 3/03/17, 88-9.

**Committee Activity:** Human Services, Mental Health & Housing: 3/14/17, 3/20/17 [DP-WM].

Ways & Means: 4/03/17.

### Brief Summary of Bill

- Renames the Safe Homes Task Force the Suicide-Safer Homes Task Force (Task Force) and revises membership and duties.
- Establishes a Suicide-Safer Homes project to accept private gifts to fund work of the Task Force and appropriates \$50,000 for a new account to support the work of the Task Force.
- Expands exemptions from background check requirements relating to the transfer of firearms to include temporary transfers intended to prevent suicide or self-inflicted bodily harm.
- Requires licensed dentists and dental hygienists to undergo a one-time suicide assessment, treatment, and management training effective August 1, 2020.

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### SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

**Majority Report:** Do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Carlyle, Hunt, Padden and Walsh.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Staff:** Kevin Black (786-7747)

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## SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Michele Alishahi (786-7433)

**Background:** Safe Homes Task Force. In 2016, the Safe Homes Task Force (Task Force) was established by E2SHB 2793. The Task Force consists of a variety of stakeholders, including the Department of Health (DOH), representatives of suicide prevention organizations, the firearms industry and firearms rights organizations, individuals who have experienced suicide loss or survived suicide attempts, pharmacists and pharmacy organizations, the Department of Veterans Affairs, law enforcement, and others. Task Force membership is divided into a Suicide Prevention and Pharmacy Subcommittee and a Suicide Prevention and Firearms Subcommittee.

The Task Force is administered by the University of Washington School of Social Work, and its responsibilities include the following:

- developing suicide awareness and prevention messages to be used by firearms dealers, firearms ranges, and pharmacies, and in hunter safety classes;
- developing online trainings on suicide awareness and prevention for firearms dealers, firearms ranges, and their employees;
- developing suicide awareness and prevention messages for training for the schools of pharmacy and providing input on training being developed for community pharmacists; and
- creating, implementing, and evaluating a pilot in two counties that have high suicide rates to provide advocacy efforts and training to firearms dealers, pharmacies, health care providers, and law enforcement on pairing suicide awareness and prevention education with the provision of devices for safe storage of firearms and prescription medications.

The Task Force must submit reports to the Legislature and file a report by December 1, 2019.

Suicide Assessment, Treatment, and Management Training. Certain licensed health professionals are required to complete training in suicide assessment, treatment, and management. Some of these professionals, like licensed social workers, mental health counselors, and psychologists, must complete the training every six years. Other professionals, like physicians, nurses, physician assistants, chiropractors, and pharmacists, only need to complete the training once. The training must be at least six hours in length, unless only screening and referral elements are appropriate for the professional's scope of practice, in which case the training only needs to be at least three hours in length.

Beginning January 1, 2017, the training must meet minimum standards adopted by the DOH in rule. The standards for six-hour trainings must require content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors. The three-hour training for pharmacists must include content related to the assessment of issues related to imminent harm via lethal means.

Firearm Background Check Requirements. Under Initiative 594, adopted by the voters in 2014, all firearms sales or transfers are subject to background checks unless specifically exempted. Transfer means the intended delivery of a firearm to another person without consideration of payment or promise of payment, including gifts and loans. Any sale or transfer of a firearm where neither party is a dealer must be completed through a dealer. The purchaser or transferee must complete and sign all forms needed for processing the background check. The dealer must process the transaction by complying with all federal and state laws that would apply if the dealer were selling or transferring the firearm from the dealer's inventory, including conducting required background checks of purchasers or transferees.

There are a number of exemptions from the background check requirements of Initiative 594. One exemption applies to bona fide gifts between immediate family members, which are limited to spouses, domestic partners, parents, children, siblings, grandparents, grandchildren, nieces, nephews, first cousins, aunts, and uncles. Another exemption authorizes a temporary transfer where: the transfer is necessary to prevent imminent death or great bodily harm to the transferee; the transfer lasts only as long as immediately necessary; and the transferee is not prohibited from possessing firearms.

**Summary of Bill:** The Safe Homes Task Force is renamed the Suicide-Safer Homes Task Force. To the extent possible, Task Force membership should include representation from geographically diverse and priority populations, including Tribal populations. Membership of the Suicide Prevention and Health Care Subcommittee is expanded to include three members representing health care professionals providing suicide prevention training in the state. The Task Force's role is expanded to include submission of a prioritized list of projects to the DOH to carry out the purposes of the Task Force.

The Suicide-Safer Homes Project is created within the DOH to accept private funds for use by the Task Force to develop and provide suicide education and prevention materials, training, and outreach programs. The project is supported by the Suicide-Safer Homes Project Account (Account) created in the custody of the State Treasurer, with expenditures authorized by the Secretary of the DOH; \$50,000 is appropriated to the Account.

Temporary transfers of possession of a firearm are exempted from state background check requirements if:

- the temporary transfer is intended to prevent suicide or self-inflicted great bodily harm;
- the temporary transfer lasts only as long as reasonably necessary to prevent death or great bodily harm; and
- the firearm is not utilized by the transferee for any purpose for the duration of the temporary transfer.

Other background check exemptions are expanded to increase the listing of immediate family members who are exempt from background check requirements if they receive a firearm as a bona fide gift, and to encompass the bona fide loan of firearms between immediate family members.

Effective August 1, 2020, a list of licensed professionals required to complete a one-time training in suicide assessment, treatment, and management is expanded to include dentists and dental hygienists. This training must be completed by the end of the full continuing education reporting period after August 1, 2020. By July 1, 2020, the School of Dentistry at the University of Washington must develop a curriculum on suicide assessment, treatment, and management for dental students and licensed dentists. Completion of this curriculum prior to licensure will exempt the licensee from the training requirements.

**Appropriation:** \$50,000 is appropriated from the General Fund to the Suicide-Safer Homes Project Account for the fiscal year ending June 30, 2018.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed, except for Section 5 relating to training requirements for dentists and dental hygienists, which takes effect on August 1, 2020.

**Staff Summary of Public Testimony (Human Services, Mental Health & Housing):**

PRO: Our state has a higher rate of suicide than the national average. We have recently lost 1121 lives to suicide. This is the most preventable form of death. The workgroup has amazing diverse members who have come together to do training and educational materials in the right way. We need a process for when someone wants to voluntarily give up a weapon, to save a life. The dental profession has the highest rate of suicide of any professional group. It is important for dentists to have prevention and awareness training for themselves as well as their patients. The bill provisions are written to be easy to comply with. The suicide rate is increasing across the nation. Suicide prevention has fiscal benefits by maintaining human productivity. The vast majority of firearm deaths are suicides. This taskforce is a place where we have found common ground in preventing tragedy. My grandson committed suicide by firearm, and the ramifications have been devastating for our small family. Access to lethal means in an impulsive moment can be the difference between life and death. Please support this lifesaving bill. My son committed suicide by firearm at ten years old. We need people to talk about the risk of suicide, which is what this taskforce promotes. My husband committed suicide by firearm. Trainings are being prepared now for firearms dealers. We are raising private money, but public dollars are essential to keep the ball moving.

**Persons Testifying (Human Services, Mental Health & Housing):** PRO: Representative Orwall, Prime Sponsor; Seth Dawson, National Alliance on Mental Illness, NAMI Washington, WA State Psychiatric Assn.; Mellani McAleenan, WA State Dental Assn.; Rebecca Johnson, Alliance for Gun Responsibility; Tom Kwieciak, National Rifle Assn.; Debbie Reisert, citizen; Kathleen Gilligan, citizen; Jennifer Stuber, Forefront University of Washington.

**Persons Signed In To Testify But Not Testifying (Human Services, Mental Health & Housing):** No one.

**Staff Summary of Public Testimony (Ways & Means):** PRO: We have been working for a year to do amazing things on the Task Force. We've surveyed all the retailers in the state. We've had a very good response rate from firearms retailers. They understand and are very concerned about the issue of suicide in our communities. The suicide rate is increasing across the nation, and Washington State is above the norm. In many cases, suicide is preventable. Studies show that for every dollar invested in prevention efforts, there's a return of \$4.50 to \$6.00 in terms of work productivity. The impact of a suicide death effects an entire community and the costs are so high to recover from such a loss. This bill takes the most effective approach to suicide prevention: awareness and training.

**Persons Testifying (Ways & Means):** PRO: Seth Dawson, WA ST Psychiatric Association, National Alliance on Mental Illness, NAMI Washington; Debbie Reisert, Forefront volunteer; Jennifer Stuber, Forefront; Jennifer Stuber, Forefront: Innovation in Suicide Prevention at the University of Washington; Tom Kwieciak, National Rifle Association.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.