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HOUSE BILL 1612

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State of Washington

65th Legislature

2017 Regular Session

By Representatives Orwall, Harris, Jinkins, Goodman, Haler, Robinson, Fey, Kilduff, and McBride

Read first time 01/25/17. Referred to Committee on Judiciary.

1 AN ACT Relating to a public health educational platform for  
2 suicide prevention and strategies to reduce access to lethal means;  
3 amending RCW 43.70.445 and 43.70.442; adding a new section to chapter  
4 43.70 RCW; creating a new section; making an appropriation; and  
5 providing an effective date.

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

7 NEW SECTION. **Sec. 1.** The legislature finds that over one  
8 thousand one hundred suicide deaths occur each year in Washington and  
9 these suicide deaths take an enormous toll on families and  
10 communities across the state. The legislature further finds that:  
11 Sixty-five percent of all suicides, and most suicide deaths and  
12 attempts for young people ages ten to eighteen, occur using firearms  
13 and prescription medications that are easily accessible in homes;  
14 firearms are the most lethal method used in suicide and almost  
15 entirely account for more men dying by suicide than women; sixty-  
16 seven percent of all veteran deaths by suicide are by firearm; and  
17 nearly eighty percent of all deaths by firearms in Washington are  
18 suicides. The legislature further finds that there is a need for a  
19 robust public education campaign designed to raise awareness of  
20 suicide and to teach everyone the role that he or she can play in  
21 suicide prevention. The legislature further finds that important

1 suicide prevention efforts include: Motivating households to improve  
2 safe storage practices to reduce deaths from firearms and  
3 prescription medications; increasing barriers to lethal means by  
4 allowing for temporary and voluntary transfers of firearms when  
5 individuals are at risk for suicide; increasing access to drug take-  
6 back sites; and making the public aware of suicide prevention steps,  
7 including recognizing warning signs, empathizing and listening,  
8 asking directly about suicide, removing dangers to ensure immediate  
9 safety, and getting help. The legislature intends by this act to  
10 create a public-private partnership fund to implement a suicide-safer  
11 home public education campaign in the coming years.

12 **Sec. 2.** RCW 43.70.445 and 2016 c 90 s 2 are each amended to read  
13 as follows:

14 (1)(a) Subject to the availability of amounts appropriated for  
15 this specific purpose, a ~~((safe))~~ suicide-safer homes task force is  
16 established to raise public awareness and increase suicide prevention  
17 education among new partners who are in key positions to help reduce  
18 suicide. The task force shall be administered and staffed by the  
19 University of Washington school of social work.

20 (b) The ~~((safe))~~ suicide-safer homes task force ~~((shall consist~~  
21 ~~of the members comprised of))~~ comprises a suicide prevention and  
22 firearms subcommittee and a suicide prevention and ~~((pharmacy))~~  
23 health care subcommittee, as follows:

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

28 (A) A representative of the national rifle association and a  
29 representative of the second amendment foundation;

30 (B) Two representatives of suicide prevention organizations,  
31 selected by the cochairs of the subcommittee;

32 (C) Two representatives of the firearms industry, selected by the  
33 cochairs of the subcommittee;

34 (D) Two individuals who are suicide attempt survivors or who have  
35 experienced suicide loss, selected by the cochairs of the  
36 subcommittee;

37 (E) Two representatives of law enforcement agencies, selected by  
38 the cochairs of the subcommittee;

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

1 (G) One representative from the department of veterans affairs,  
2 and one other individual representing veterans to be selected by the  
3 cochairs of the subcommittee; and

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

6 (ii) The suicide prevention and ~~((pharmacy))~~ health care  
7 subcommittee shall consist of the following members and be cochaired  
8 by the University of Washington school of social work and a member  
9 identified in (b)(ii)(A) of this subsection (1):

10 (A) Two representatives of the Washington state pharmacy  
11 association;

12 (B) Two representatives of retailers who operate pharmacies,  
13 selected by the cochairs of the subcommittee;

14 (C) One faculty member from the University of Washington school  
15 of pharmacy and one faculty member from the Washington State  
16 University school of pharmacy;

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

18 (E) One representative of the pharmacy quality assurance  
19 commission;

20 (F) Two representatives of the Washington state poison control  
21 center;

22 (G) One representative of the department of veterans affairs, and  
23 one other individual representing veterans to be selected by the  
24 cochairs of the subcommittee; ~~((and))~~

25 (H) Three members representing health care professionals  
26 providing suicide prevention training in the state, selected by the  
27 cochairs of the subcommittee; and

28 (I) No more than two other interested parties, selected by the  
29 cochairs of the subcommittee.

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

32 (2) The task force shall:

33 (a) Develop and prepare to disseminate online trainings on  
34 suicide awareness and prevention for firearms dealers and their  
35 employees and firearm range owners and their employees;

36 (b) In consultation with the department of fish and wildlife,  
37 review the firearm safety pamphlet produced by the department of fish  
38 and wildlife under RCW 9.41.310 and, by January 1, 2017, recommend  
39 changes to the pamphlet to incorporate information on suicide  
40 awareness and prevention;

1 (c) Develop and approve suicide awareness and prevention messages  
2 for posters and brochures that are tailored to be effective for  
3 firearms owners for distribution to firearms dealers and  
4 ~~((firearm[s])~~) firearms ranges;

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

7 (e) In consultation with the department of fish and wildlife,  
8 develop strategies for creating and disseminating suicide awareness  
9 and prevention information for hunting safety classes, including  
10 messages to parents that can be shared during online registration, in  
11 either follow-up ~~((electronic mail [email])~~) email communications, or  
12 in writing, or both;

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

16 ~~((Provide input to the department of health on the  
17 implementation of the safe homes project established in section 3 of  
18 this act;~~

19 ~~(h))~~ Create a web site that will be a clearinghouse for the  
20 newly created suicide awareness and prevention materials developed by  
21 the task force; ~~((and~~

22 ~~(i))~~ (h) Conduct a survey of firearms dealers and firearms  
23 ranges in the state to determine the types and amounts of incentives  
24 that would be effective in encouraging those entities to participate  
25 in ~~((the safe))~~ suicide-safer homes projects ~~((created in section 3  
26 of this act))~~;

27 ~~((j))~~ (i) Gather input on collateral educational materials that  
28 will help health care professionals in suicide prevention work; and

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

32 (i) Developing and directing advocacy efforts with firearms  
33 dealers to pair suicide awareness and prevention training with  
34 distribution of safe storage devices;

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

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

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

4 (3) The task force shall ~~((consult with))~~ develop and prioritize  
5 a list of projects to carry out the task force's purposes and submit  
6 the prioritized list to the department of health ~~((to develop~~  
7 ~~timelines for the completion of the necessary tasks identified in~~  
8 ~~subsection (2) of this section so that the department of health is~~  
9 ~~able to implement the safe homes project under))~~ for funding from the  
10 suicide-safer homes project account created in section 3 of this act  
11 ~~((by January 1, 2018))~~.

12 (4) Beginning December 1, 2016, the task force shall annually  
13 report to the legislature on the status of its work. The task force  
14 shall submit a final report by December 1, 2019, that includes the  
15 findings of the suicide awareness and prevention pilot program  
16 evaluation under subsection (2) of this section and recommendations  
17 on possible continuation of the program. The task force shall submit  
18 its reports in accordance with RCW 43.01.036.

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

20 NEW SECTION. Sec. 3. A new section is added to chapter 43.70  
21 RCW to read as follows:

22 (1) The suicide-safer homes project is created within the  
23 department of health for the purpose of accepting private funds for  
24 use by the suicide-safer homes task force created in RCW 43.70.445 in  
25 developing and providing suicide education and prevention materials,  
26 training, and outreach programs to help create suicide-safer homes.  
27 The secretary may accept gifts, grants, donations, or moneys from any  
28 source for deposit in the suicide-safer homes project account created  
29 in subsection (2) of this section.

30 (2) The suicide-safer homes project account is created in the  
31 custody of the state treasurer. The account shall consist of funds  
32 appropriated by the legislature for the suicide-safer homes project  
33 account and all receipts from gifts, grants, bequests, devises, or  
34 other funds from public and private sources to support the activities  
35 of the suicide-safer homes project. Only the secretary of the  
36 department of health, or the secretary's designee, may authorize  
37 expenditures from the account to fund projects identified and  
38 prioritized by the suicide-safer homes task force. Funds deposited in  
39 the suicide-safer homes project account may be used for the

1 development and production of suicide prevention materials and  
2 training programs, for providing financial incentives to encourage  
3 firearms dealers and others to participate in suicide prevention  
4 training, and to implement pilot programs involving community  
5 outreach on creating suicide-safer homes.

6 (3) The suicide-safer homes project account is subject to  
7 allotment procedures under chapter 43.88 RCW, but an appropriation is  
8 not required for expenditures.

9 NEW SECTION. **Sec. 4.** The sum of two hundred thousand dollars,  
10 or as much thereof as may be necessary, is appropriated for the  
11 fiscal year ending June 30, 2018, from the general fund to the  
12 suicide-safer homes project account created in section 3 of this act.

13 **Sec. 5.** RCW 43.70.442 and 2016 c 90 s 5 are each amended to read  
14 as follows:

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

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

20 (ii) A chemical dependency professional licensed under chapter  
21 18.205 RCW;

22 (iii) A marriage and family therapist licensed under chapter  
23 18.225 RCW;

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

25 (v) An occupational therapy practitioner licensed under chapter  
26 18.59 RCW;

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

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

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

32 (b) The requirements in (a) of this subsection apply to a person  
33 holding a retired active license for one of the professions in (a) of  
34 this subsection.

35 (c) The training required by this subsection must be at least six  
36 hours in length, unless a disciplining authority has determined,  
37 under subsection (10)(b) of this section, that training that includes  
38 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 (1)(d) affects the  
6 validity of training completed prior to July 1, 2017.

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

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

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

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

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

32 (5)(a) Each of the following professionals credentialed under  
33 Title 18 RCW shall complete a one-time training in suicide  
34 assessment, treatment, and management that is approved by the  
35 relevant disciplining authority:

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

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

38 (iii) A licensed practical nurse, registered nurse, or advanced  
39 registered nurse practitioner, other than a certified registered  
40 nurse anesthetist, licensed under chapter 18.79 RCW;

1 (iv) An osteopathic physician and surgeon licensed under chapter  
2 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
3 and surgery license issued under RCW 18.57.035;

4 (v) An osteopathic physician assistant licensed under chapter  
5 18.57A RCW;

6 (vi) A physical therapist or physical therapist assistant  
7 licensed under chapter 18.74 RCW;

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

10 (viii) A physician assistant licensed under chapter 18.71A RCW;

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

12 (x) A dentist licensed under chapter 18.32 RCW;

13 (xi) A dental hygienist licensed under chapter 18.29 RCW; and

14 (xii) A person holding a retired active license for one of the  
15 professions listed in (a)(i) through (~~(ix)~~) (xi) of this  
16 subsection.

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

28 (ii) A licensed pharmacist or a person holding a retired active  
29 pharmacist license must complete the one-time training by the end of  
30 the first full continuing education reporting period after January 1,  
31 2017, or during the first full continuing education reporting period  
32 after initial licensure, whichever is later.

33 (iii) A licensed dentist, a licensed dental hygienist, or a  
34 person holding a retired active license as a dentist or dental  
35 hygienist shall complete the one-time training by the end of the full  
36 continuing education reporting period after the effective date of  
37 this section, or during the first full continuing education reporting  
38 period 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 (10)(b) of this section, that training that includes  
2 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 or dentists  
20 include content related to the assessment of issues related to  
21 imminent harm via lethal means. When adopting the rules required  
22 under this 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 educator  
6 standards board as a model in meeting the requirements of RCW  
7 28A.410.226 and provide technical assistance, as requested, in the  
8 review and evaluation of educator training programs. The educator  
9 training programs approved by the professional educator standards  
10 board may be included in the department's model 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.** Section 5 of this act takes effect July 1,  
7 2018.

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