CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1612

65th Legislature 2017 Regular Session

Passed by the House April 17, 2017 Yeas 82 Nays 13	CERTIFICATE
	I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is
Speaker of the House of Representatives	ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1612 as passed by House of Representatives and the Senate on
Passed by the Senate April 11, 2017 Yeas 47 Nays 2	the dates hereon set forth.
President of the Senate	Chief Clerk
Approved	FILED
Governor of the State of Washington	Secretary of State State of Washington

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1612

AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

State of Washington 65th Legislature 2017 Regular Session

By House Appropriations (originally sponsored by Representatives Orwall, Harris, Jinkins, Goodman, Haler, Robinson, Fey, Kilduff, and McBride)

READ FIRST TIME 02/24/17.

AN ACT Relating to a public health educational platform for suicide prevention and strategies to reduce access to lethal means; amending RCW 43.70.445, 43.70.442, and 9.41.113; adding new sections to chapter 43.70 RCW; creating new sections; and providing an effective date.

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

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

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

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- (1)(a) Subject to the availability of amounts appropriated for this specific purpose, a ((safe)) suicide-safer homes task force is established to raise public awareness and increase suicide prevention education among new partners who are in key positions to help reduce suicide. The task force shall be administered and staffed by the University of Washington school of social work. To the extent possible, the task force membership should include representatives from geographically diverse and priority populations, including tribal populations.
- (b) The ((safe)) <u>suicide-safer</u> homes task force ((shall consist of the members comprised of)) <u>comprises</u> a suicide prevention and firearms subcommittee and a suicide prevention and ((pharmacy)) <u>health care</u> subcommittee, as follows:
- (i) The suicide prevention and firearms subcommittee shall consist of the following members and be cochaired by the University of Washington school of social work and a member identified in (b)(i)(A) of this subsection (1):
- 31 (A) A representative of the national rifle association and a 32 representative of the second amendment foundation;
- 33 (B) Two representatives of suicide prevention organizations, 34 selected by the cochairs of the subcommittee;
- 35 (C) Two representatives of the firearms industry, selected by the 36 cochairs of the subcommittee;
- 37 (D) Two individuals who are suicide attempt survivors or who have 38 experienced suicide loss, selected by the cochairs of the 39 subcommittee;

- 1 (E) Two representatives of law enforcement agencies, selected by the cochairs of the subcommittee;
 - (F) One representative from the department of health;

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- (G) One representative from the department of veterans affairs, and one other individual representing veterans to be selected by the cochairs of the subcommittee; and
- 7 (H) No more than two other interested parties, selected by the 8 cochairs of the subcommittee.
- 9 (ii) The suicide prevention and ((pharmacy)) health care
 10 subcommittee shall consist of the following members and be cochaired
 11 by the University of Washington school of social work and a member
 12 identified in (b)(ii)(A) of this subsection (1):
- 13 (A) Two representatives of the Washington state pharmacy 14 association;
- 15 (B) Two representatives of retailers who operate pharmacies, 16 selected by the cochairs of the subcommittee;
- 17 (C) One faculty member from the University of Washington school 18 of pharmacy and one faculty member from the Washington State 19 University school of pharmacy;
- 20 (D) One representative of the department of health;
- 21 (E) One representative of the pharmacy quality assurance 22 commission;
- 23 (F) Two representatives of the Washington state poison control 24 center;
- (G) One representative of the department of veterans affairs, and one other individual representing veterans to be selected by the cochairs of the subcommittee; ((and))
- 28 (H) <u>Three members representing health care professionals</u>
 29 <u>providing suicide prevention training in the state, selected by the</u>
 30 <u>cochairs of the subcommittee; and</u>
- 31 <u>(I)</u> No more than two other interested parties, selected by the 32 cochairs of the subcommittee.
- 33 (c) The University of Washington school of social work shall convene the initial meeting of the task force.
 - (2) The task force shall:
- 36 (a) Develop and prepare to disseminate online trainings on 37 suicide awareness and prevention for firearms dealers and their 38 employees and firearm range owners and their employees;
- 39 (b) In consultation with the department of fish and wildlife, 40 review the firearm safety pamphlet produced by the department of fish

- 1 and wildlife under RCW 9.41.310 and, by January 1, 2017, recommend changes to the pamphlet to incorporate information on suicide 2 awareness and prevention; 3
- (c) Develop and approve suicide awareness and prevention messages 4 for posters and brochures that are tailored to be effective for 5 distribution to firearms 6 firearms owners for dealers and 7 ((firearm[s])) firearms ranges;
- (d) Develop suicide awareness and prevention messages for posters 8 and brochures for distribution to pharmacies; 9

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- (e) In consultation with the department of fish and wildlife, develop strategies for creating and disseminating suicide awareness and prevention information for hunting safety classes, including messages to parents that can be shared during online registration, in either follow_up ((electronic mail [email])) email communications, or in writing, or both;
- (f) Develop suicide awareness and prevention messages for training for the schools of pharmacy and provide input on trainings being developed for community pharmacists;
- (g) ((Provide input to the department of health on the 19 implementation of the safe homes project established in section 3 of 20 21 this act;
 - (h))) Create a web site that will be a clearinghouse for the newly created suicide awareness and prevention materials developed by the task force; ((and
 - (i))) (h) Conduct a survey of firearms dealers and firearms ranges in the state to determine the types and amounts of incentives that would be effective in encouraging those entities to participate in ((the safe)) suicide-safer homes projects ((created in section 3 of this act));
- (((j))) (i) Gather input on collateral educational materials that 30 31 will help health care professionals in suicide prevention work; and
- 32 (j) Create, implement, and evaluate a suicide awareness and prevention pilot program in two counties, one rural and one urban, 33 that have high suicide rates. The pilot program shall include: 34
- (i) Developing and directing advocacy efforts with firearms dealers to pair suicide awareness and prevention training with distribution of safe storage devices; 37
- (ii) Developing and directing advocacy efforts with pharmacies to 38 pair suicide awareness and prevention training with distribution of 39 40 medication disposal kits and safe storage devices;

- 1 (iii) Training health care providers on suicide awareness and 2 prevention, paired with distribution of medication disposal kits and 3 safe storage devices; and
 - (iv) Training local law enforcement officers on suicide awareness and prevention, paired with distribution of medication disposal kits and safe storage devices.
 - (3) The task force shall ((consult with)), in consultation with the department of health, develop and prioritize a list of projects to carry out the task force's purposes and submit the prioritized list to the department of health ((to develop timelines for the completion of the necessary tasks identified in subsection (2) of this section so that the department of health is able to implement the safe homes project under)) for funding from the suicide-safer homes project account created in section 3 of this act ((by January 1, 2018)).
 - (4) Beginning December 1, 2016, the task force shall annually report to the legislature on the status of its work. The task force shall submit a final report by December 1, 2019, that includes the findings of the suicide awareness and prevention pilot program evaluation under subsection (2) of this section and recommendations on possible continuation of the program. The task force shall submit its reports in accordance with RCW 43.01.036.
 - (5) This section expires July 1, 2020.

- NEW SECTION. Sec. 3. A new section is added to chapter 43.70 RCW to read as follows:
 - (1) The suicide-safer homes project is created within the department of health for the purpose of accepting private funds for use by the suicide-safer homes task force created in RCW 43.70.445 in developing and providing suicide education and prevention materials, training, and outreach programs to help create suicide-safer homes. The secretary may accept gifts, grants, donations, or moneys from any source for deposit in the suicide-safer homes project account created in subsection (2) of this section.
 - (2) The suicide-safer homes project account is created in the custody of the state treasurer. The account shall consist of funds appropriated by the legislature for the suicide-safer homes project account and all receipts from gifts, grants, bequests, devises, or other funds from public and private sources to support the activities of the suicide-safer homes project. Only the secretary of the

- 1 department of health, or the secretary's designee, may authorize
- 2 expenditures from the account to fund projects identified and
- 3 prioritized by the suicide-safer homes task force. Funds deposited in
- 4 the suicide-safer homes project account may be used for the
- 5 development and production of suicide prevention materials and
- 6 training programs, for providing financial incentives to encourage
- 7 firearms dealers and others to participate in suicide prevention
- 8 training, and to implement pilot programs involving community
- 9 outreach on creating suicide-safer homes.
- 10 (3) The suicide-safer homes project account is subject to
- 11 allotment procedures under chapter 43.88 RCW, but an appropriation is
- 12 not required for expenditures.
- 13 **Sec. 4.** 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.

- (d) Beginning July 1, 2017, the training required by this subsection must be on the model list developed under subsection (6) of this section. Nothing in this subsection (1)(d) affects the validity of training completed prior to July 1, 2017.
- (2)(a) Except as provided in (b) of this subsection, a professional listed in subsection (1)(a) of this section must complete the first training required by this section by the end of the first full continuing education reporting period after January 1, 2014, or during the first full continuing education reporting period after initial licensure or certification, whichever occurs later.
- (b) A professional listed in subsection (1)(a) of this section applying for initial licensure may delay completion of the first training required by this section for six years after initial licensure if he or she can demonstrate successful completion of the training required in subsection (1) of this section no more than six years prior to the application for initial licensure.
- (3) The hours spent completing training in suicide assessment, treatment, and management under this section count toward meeting any applicable continuing education or continuing competency requirements for each profession.
- (4)(a) A disciplining authority may, by rule, specify minimum training and experience that is sufficient to exempt an individual professional from the training requirements in subsections (1) and (5) of this section. Nothing in this subsection (4)(a) allows a disciplining authority to provide blanket exemptions to broad categories or specialties within a profession.
- (b) A disciplining authority may exempt a professional from the training requirements of subsections (1) and (5) of this section if the professional has only brief or limited patient contact.
- (5)(a) Each of the following professionals credentialed under Title 18 RCW shall complete a one-time training in suicide assessment, treatment, and management that is approved by the relevant disciplining authority:
 - (i) A chiropractor licensed under chapter 18.25 RCW;
- (ii) A naturopath licensed under chapter 18.36A RCW;
- (iii) A licensed practical nurse, registered nurse, or advanced registered nurse practitioner, other than a certified registered 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 resident holding a limited license issued under RCW 18.71.095(3);
- 10 (viii) A physician assistant licensed under chapter 18.71A RCW;
 - (ix) A pharmacist licensed under chapter 18.64 RCW; ((and))
- 12 (x) A dentist licensed under chapter 18.32 RCW;

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- 13 (xi) A dental hygienist licensed under chapter 18.29 RCW; and
- 14 $\underline{(\text{xii})}$ A person holding a retired active license for one of the 15 professions listed in (a)(i) through $((\frac{\text{ix}}{\text{ix}}))$ $\underline{(\text{xi})}$ of this 16 subsection.
 - (b)(i) A professional listed in (a)(i) through (viii) of this subsection or a person holding a retired active license for one of the professions listed in (a)(i) through (viii) of this subsection must complete the one-time training by the end of the first full continuing education reporting period after January 1, 2016, or during the first full continuing education reporting period after initial licensure, whichever is later. Training completed between June 12, 2014, and January 1, 2016, that meets the requirements of this section, other than the timing requirements of this subsection (5)(b), must be accepted by the disciplining authority as meeting the one-time training requirement of this subsection (5).
 - (ii) A licensed pharmacist or a person holding a retired active pharmacist license must complete the one-time training by the end of the first full continuing education reporting period after January 1, 2017, or during the first full continuing education reporting period after initial licensure, whichever is later.
- (iii) A licensed dentist, a licensed dental hygienist, or a 33 person holding a retired active license as a dentist shall complete 34 the one-time training by the end of the full continuing education 35 reporting period after the effective date of this section, or during 36 the first full continuing education reporting period after initial 37 licensure, whichever is later. Training completed between July 23, 38 39 2017, and the effective date of this section that meets the 40 requirements of this section, other than the timing requirements of

this subsection (5)(b)(iii), must be accepted by the disciplining authority as meeting the one-time training requirement of this subsection (5).

- (c) The training required by this subsection must be at least six hours in length, unless a disciplining authority has determined, under subsection (10)(b) of this section, that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length.
- (d) Beginning July 1, 2017, the training required by this subsection must be on the model list developed under subsection (6) of this section. Nothing in this subsection (5)(d) affects the validity of training completed prior to July 1, 2017.
- (6)(a) The secretary and the disciplining authorities shall work collaboratively to develop a model list of training programs in suicide assessment, treatment, and management.
- (b) The secretary and the disciplining authorities shall update the list at least once every two years.
- establishing minimum standards for the training programs included on the model list. The minimum standards must require that six-hour trainings include content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors and that three-hour trainings for pharmacists or dentists include content related to the assessment of issues related to imminent harm via lethal means. When adopting the rules required under this subsection (6)(c), the department shall:
- (i) Consult with the affected disciplining authorities, public and private institutions of higher education, educators, experts in suicide assessment, treatment, and management, the Washington department of veterans affairs, and affected professional associations; and
- 33 (ii) Consider standards related to the best practices registry of 34 the American foundation for suicide prevention and the suicide 35 prevention resource center.
 - (d) Beginning January 1, 2017:
- (i) The model list must include only trainings that meet the minimum standards established in the rules adopted under (c) of this subsection and any three-hour trainings that met the requirements of this section on or before July 24, 2015;

- 1 (ii) The model list must include six-hour trainings in suicide 2 assessment, treatment, and management, and three-hour trainings that 3 include only screening and referral elements; and
 - (iii) A person or entity providing the training required in this section may petition the department for inclusion on the model list. The department shall add the training to the list only if the department determines that the training meets the minimum standards established in the rules adopted under (c) of this subsection.
 - (7) The department shall provide the health profession training standards created in this section to the professional educator standards board as a model in meeting the requirements of RCW 28A.410.226 and provide technical assistance, as requested, in the review and evaluation of educator training programs. The educator training programs approved by the professional educator standards board may be included in the department's model list.
- 16 (8) Nothing in this section may be interpreted to expand or limit 17 the scope of practice of any profession regulated under chapter 18 18.130 RCW.
- 19 (9) The secretary and the disciplining authorities affected by 20 this section shall adopt any rules necessary to implement this 21 section.
 - (10) For purposes of this section:

- 23 (a) "Disciplining authority" has the same meaning as in RCW 24 18.130.020.
 - (b) "Training in suicide assessment, treatment, and management" means empirically supported training approved by the appropriate disciplining authority that contains the following elements: Suicide assessment, including screening and referral, suicide treatment, and suicide management. However, the disciplining authority may approve training that includes only screening and referral elements if appropriate for the profession in question based on the profession's scope of practice. The board of occupational therapy may also approve training that includes only screening and referral elements if appropriate for occupational therapy practitioners based on practice setting.
 - (11) A state or local government employee is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block

or may be spread among shorter training sessions at the employer's discretion.

- (12) An employee of a community mental health agency licensed under chapter 71.24 RCW or a chemical dependency program certified under chapter 70.96A RCW is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.
- NEW SECTION. Sec. 5. A new section is added to chapter 43.70 RCW to read as follows:
 - (1) By July 1, 2020, the school of dentistry at the University of Washington shall develop a curriculum on suicide assessment, treatment, and management for dental students and licensed dentists. The curriculum must meet the minimum standards established under RCW 43.70.442 and must include material on identifying at-risk patients and limiting access to lethal means. When developing the curriculum, the school of dentistry must consult with experts on suicide assessment, treatment, and management and with the suicide-safer homes task force established in RCW 43.70.445. The school of dentistry shall submit a progress report to the governor and the relevant committees of the legislature by July 1, 2019.
 - (2) The dental quality assurance commission shall, for purposes of RCW 43.70.442(4)(a), consider a dentist who has successfully completed the curriculum developed under subsection (1) of this section prior to licensure as possessing the minimum training and experience necessary to be exempt from the training requirements in RCW 43.70.442.
- **Sec. 6.** RCW 9.41.113 and 2015 c 1 s 3 are each amended to read 31 as follows:
- 32 (1) All firearm sales or transfers, in whole or part in this 33 state including without limitation a sale or transfer where either 34 the purchaser or seller or transferee or transferor is in Washington, 35 shall be subject to background checks unless specifically exempted by 36 state or federal law. The background check requirement applies to all 37 sales or transfers including, but not limited to, sales and transfers

- 1 through a licensed dealer, at gun shows, online, and between
 2 unlicensed persons.
 - (2) No person shall sell or transfer a firearm unless:
 - (a) The person is a licensed dealer;

- (b) The purchaser or transferee is a licensed dealer; or
- (c) The requirements of subsection (3) of this section are met.
 - (3) Where neither party to a prospective firearms transaction is a licensed dealer, the parties to the transaction shall complete the sale or transfer through a licensed dealer as follows:
 - (a) The seller or transferor shall deliver the firearm to a licensed dealer to process the sale or transfer as if it is selling or transferring the firearm from its inventory to the purchaser or transferee, except that the unlicensed seller or transferor may remove the firearm from the business premises of the licensed dealer while the background check is being conducted. If the seller or transferor removes the firearm from the business premises of the licensed dealer while the background check is being conducted, the purchaser or transferee and the seller or transferor shall return to the business premises of the licensed dealer and the seller or transferor shall again deliver the firearm to the licensed dealer prior to completing the sale or transfer.
 - (b) Except as provided in (a) of this subsection, the licensed dealer shall comply with all requirements of federal and state law that would apply if the licensed dealer were selling or transferring the firearm from its inventory to the purchaser or transferee, including but not limited to conducting a background check on the prospective purchaser or transferee in accordance with federal and state law requirements and fulfilling all federal and state recordkeeping requirements.
 - (c) The purchaser or transferee must complete, sign, and submit all federal, state, and local forms necessary to process the required background check to the licensed dealer conducting the background check.
 - (d) If the results of the background check indicate that the purchaser or transferee is ineligible to possess a firearm, then the licensed dealer shall return the firearm to the seller or transferor.
- (e) The licensed dealer may charge a fee that reflects the fair market value of the administrative costs and efforts incurred by the licensed dealer for facilitating the sale or transfer of the firearm.
 - (4) This section does not apply to:

- (a) A transfer between immediate family members, which for this subsection shall be limited to spouses, domestic partners, parents, parents-in-law, children, siblings, siblings-in-law, grandparents, grandchildren, nieces, nephews, first cousins, aunts, and uncles, that is a bona fide gift or loan;
 - (b) The sale or transfer of an antique firearm;

- (c) A temporary transfer of possession of a firearm if such transfer is necessary to prevent imminent death or great bodily harm to the person to whom the firearm is transferred if:
- (i) The temporary transfer only lasts as long as immediately necessary to prevent such imminent death or great bodily harm; and
- (ii) The person to whom the firearm is transferred is not prohibited from possessing firearms under state or federal law;
- (d) A temporary transfer of possession of a firearm if: (i) The temporary transfer is intended to prevent suicide or self-inflicted great bodily harm; (ii) the temporary transfer lasts only as long as reasonably necessary to prevent death or great bodily harm; and (iii) the firearm is not utilized by the transferee for any purpose for the duration of the temporary transfer;
- (e) Any law enforcement or corrections agency and, to the extent the person is acting within the course and scope of his or her employment or official duties, any law enforcement or corrections officer, United States marshal, member of the armed forces of the United States or the national guard, or federal official;
- $((\frac{e}{e}))$ (f) A federally licensed gunsmith who receives a firearm solely for the purposes of service or repair, or the return of the firearm to its owner by the federally licensed gunsmith;
- ((\(\frac{(++)}{(++)}\)) (\(\frac{\mathrm{q}}{\mathrm{q}}\) The temporary transfer of a firearm (i) between spouses or domestic partners; (ii) if the temporary transfer occurs, and the firearm is kept at all times, at an established shooting range authorized by the governing body of the jurisdiction in which such range is located; (iii) if the temporary transfer occurs and the transferee's possession of the firearm is exclusively at a lawful organized competition involving the use of a firearm, or while participating in or practicing for a performance by an organized group that uses firearms as a part of the performance; (iv) to a person who is under eighteen years of age for lawful hunting, sporting, or educational purposes while under the direct supervision and control of a responsible adult who is not prohibited from possessing firearms; or (v) while hunting if the hunting is legal in

- all places where the person to whom the firearm is transferred possesses the firearm and the person to whom the firearm is transferred has completed all training and holds all licenses or permits required for such hunting, provided that any temporary transfer allowed by this subsection is permitted only if the person to whom the firearm is transferred is not prohibited from possessing firearms under state or federal law; or
- $((\frac{g}{g}))$ (h) A person who (i) acquired a firearm other than a 8 pistol by operation of law upon the death of the former owner of the 9 firearm or (ii) acquired a pistol by operation of law upon the death 10 11 of the former owner of the pistol within the preceding sixty days. At the end of the sixty-day period, the person must either have lawfully 12 13 transferred the pistol or must have contacted the department of 14 licensing to notify the department that he or she has possession of 15 the pistol and intends to retain possession of the pistol, in 16 compliance with all federal and state laws.
- NEW SECTION. Sec. 7. Section 4 of this act takes effect August 1, 2020.
- NEW SECTION. Sec. 8. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2017, in the omnibus appropriations act, this act is null and void.

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