

HOUSE BILL REPORT

HB 1181

As Reported by House Committee On:
Housing, Human Services & Veterans

Title: An act relating to establishing programs and measures to prevent suicide among veterans and military members.

Brief Description: Establishing programs and measures to prevent suicide among veterans and military members.

Sponsors: Representatives Orwall, Boehnke, Callan, Leavitt, Davis, Dolan, Valdez, Young, Riccelli, Lekanoff, Barkis, Peterson, Shewmake, Bronoske, Macri and Morgan.

Brief History:

Committee Activity:

Housing, Human Services & Veterans: 1/19/21, 1/28/21 [DPS].

Brief Summary of Substitute Bill

- Provides for various outreach and services related to preventing suicide among veterans and military service members.
- Creates the Veterans and Military Members Suicide Prevention Account and a suicide prevention community-based services grant program.
- Extends and modifies the Suicide-Safer Homes Task Force.
- Establishes a new special vehicle license plate emblem.

HOUSE COMMITTEE ON HOUSING, HUMAN SERVICES & VETERANS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Peterson, Chair; Taylor, Vice Chair; Caldier, Ranking Minority Member; Gilday, Assistant Ranking Minority Member; Barkis, Bateman, Chopp, Leavitt and Thai.

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

Staff: Dawn Eychaner (786-7135).

Background:

Washington State Department of Veterans Affairs.

The Department of Veterans Affairs (DVA) delivers a variety of services to veterans in Washington, including administering a suicide prevention program and providing state-funded outreach and counseling programming for veterans and family members.

Governor's Challenge.

Washington is participating in a Governor's Challenge issued by the United States Department of Veterans Affairs (VA) and the United States Health & Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) to implement a strategy for preventing veteran suicide.

The Service Members, Veterans, and their Families (SMVF) Suicide Prevention Advisory Committee (Advisory Committee) was formed to develop Washington's SMVF Suicide Prevention Strategic Plan. The Plan was submitted in December 2020.

Suicide-Safer Homes Task Force.

The Suicide-Safer Homes Task Force (Task Force) was established to raise public awareness and increase suicide prevention education. The Task Force is administered by the University of Washington (UW) School of Social Work. Task Force membership is comprised of representatives of suicide prevention organizations, the firearms industry, firearms rights organizations, law enforcement, health care professionals, and others. The Task Force membership is divided into a Suicide Prevention and Firearms Subcommittee and a Suicide Prevention and Health Care Subcommittee. The Task Force expires on July 1, 2021.

Special License Plates.

The Department of Licensing (DOL) issues special vehicle license plates that may be used in lieu of standard plates. Generally, special license plates are sponsored by a government or nonprofit organization and are available for an additional fee that is due annually upon vehicle registration renewal.

Safe Storage of Firearms.

Secure gun storage includes use of a locked box, gun safe, or other secure locked storage space that is designed to prevent the unauthorized use or discharge of a firearm. Every registered firearms dealer is required to offer, to sell, or to give a purchaser or transferee of any firearm a secure gun storage device, trigger lock, or similar device. In addition, dealers must provide written warnings to customers related to penalties for unsafe storage.

Health Care Providers.

Certain licensed health professionals must complete training in suicide assessment,

treatment, and management. Some of these professionals, such as counselors and psychologists, must complete the training every six years. Others, such as physicians, pharmacists, and dentists, must complete the training once.

Other.

The Department of Children, Youth, and Families (DCYF) administers early learning, child welfare, and juvenile justice programs and services.

The Department of Social and Health Services (DSHS) administers public assistance programs such as Basic Food and Temporary Assistance for Needy Families.

Summary of Substitute Bill:

Governor's Challenge.

Beginning December 2021, the Governor's Challenge Team and the Advisory Committee must report to the Legislature on a biannual basis regarding implementation of Washington's SMVF Suicide Prevention Strategic Plan.

Suicide-Safer Homes Task Force.

A member of a Washington or federally recognized Indian tribe is added to the membership of both Task Force subcommittees. The Suicide Prevention and Firearms Subcommittee membership is amended to add a representative of the DVA, a representative of the National Rifle Association, or a representative of the Second Amendment Foundation, as a co-chair and to increase the number of other interested parties from two to five. References to the UW School of Social Work are removed. Two veterans are added to the Subcommittee membership.

The Task Force expiration is extended to July 1, 2024.

Special License Plates.

A "Prevent Veteran Suicide" license plate emblem must be created and made available for purchase by the general public. The emblem must incorporate the Suicide Prevention Hotline in the design. The DOL may set a fee for purchase of the license plate. Revenues from the license plate sales must be deposited into the Veterans and Military Members Suicide Prevention Account.

Veterans and Military Members Suicide Prevention Account.

The Veterans and Military Members Suicide Prevention Account (Account) is created in the treasury. Funds in the Account must be used for activities that are dedicated to the benefit of veteran and military member suicide education and prevention. The Account is funded through legislative appropriations, revenues received from the "Prevent Veteran Suicide" license plate, and gifts. Donations to the Account may be made by applicants for concealed pistol licenses or by individuals who are undergoing a background check in connection

with the purchase of a firearm. The DVA must coordinate with local law enforcement, the DOL, and firearms dealers to develop a form and process to publicize and collect these voluntary donations.

Suicide Prevention Community-Based Services Grant Program.

A Suicide Prevention Community-Based Services Grant Program (grant program) is created in the DVA. The purpose of the grant program is to provide suicide prevention, peer support, and other assistance to at-risk and transitioning veterans and military members and their families. Grants may be awarded from the Account and grants must be prioritized for organizations using peer support models that use evidence-based, research-based, or promising practices.

Subject to available funds, the DVA must consult with the UW to establish a process for awarding the grants. The DVA must report annually to the Legislature, beginning in July 2022, on grants awarded and services provided. The UW must evaluate the effectiveness of the program recipients providing suicide prevention and peer support services.

Information Database, Web Based Application, and Training.

By July 1, 2021, the DVA must establish criteria for a database of information and resources that address the mental health and suicide prevention of veterans, military members, and their families. The database must be made available by the DVA by July 1, 2022. The DVA must also provide suicide prevention education training and information that is accessible online.

The DVA must create a web-based application by December 1, 2022, to be shared by state agencies and primary care providers. The application must provide information and resources on benefits, mental health resources, and lethal means safety information for veterans, military members, and their families. The DVA must consult with the Task Force on the application's development.

Safe Storage of Firearms.

Expansion of safe storage of firearms and reduced access to lethal means in the community is encouraged. A dealer who provides a service of allowing a person to temporarily store a firearm on the dealer's premises in a storage locker, box, or container that is locked and not accessible to the dealer does not thereby create a special relationship for civil liability purposes.

Health Care Providers.

The Department of Health (DOH) must consult with the DVA to create educational materials informing licensed health care providers about the nationwide 988 phone number for suicide prevention and mental health crisis support. The materials must include veteran-specific information. The DOH must determine which health care professions should receive the educational materials and collaborate with the corresponding disciplinary authority that regulates those providers to ensure the educational materials are distributed

electronically when a provider renews his or her license. Beginning July 1, 2022, health care providers are strongly encouraged to inquire with new patients entering care whether the patient is a veteran, member of the military, or a family member of either and share the educational materials if the patients answers in the affirmative.

Other.

The DCYF and the DSHS must, when providing services or upon application or intake for services or benefits:

- inquire whether the individual has ever served in the United States Armed Forces or is a family or household member of someone who has ever served in the United States Armed Forces; and
- if the answer is affirmative, provide information on how to contact the DVA to inquire about eligibility for available benefits, services, or programs.

Both departments must report non-identifying comprehensive data collected in response to this inquiry to the DVA annually.

Substitute Bill Compared to Original Bill:

The substitute bill:

- removes the requirement for primary care providers to inquire whether the patient is a veteran, member of the military, or a family member of either when referring, treating, or managing a patient;
- directs the DOH to consult with the DVA to create educational materials informing licensed health care providers about the nationwide 988 phone number for suicide prevention and mental health crisis support. The materials must include veteran-specific information;
- requires the DOH to determine which health care professions should receive the educational materials and to collaborate with the corresponding disciplinary authority that regulates those providers to ensure the educational materials are distributed electronically when a provider renews his or her license;
- strongly encourages health care providers, beginning July 1, 2022, to inquire with new patients entering care whether the patient is a veteran, member of the military, or a family member of either and share the educational materials if the patients answers in the affirmative;
- requires priority for grants to be given to organizations using peer support models that use evidence-based, research-based, or promising practices;
- changes the date by which the DVA must establish criteria for a database of mental health and suicide prevention resources from December 1 to July 1, 2021 and requires the DVA to make the database available by July 1, 2022;
- requires the DVA, rather than the Task Force, to create a web-based application by December 1, 2022, to provide information on benefits, mental health, and lethal means safety; the DVA must consult with the Task Force on the application's development; and

- adds two veterans to the Task Force and makes a technical correction.

Appropriation: None.

Fiscal Note: Requested on January 15, 2021.

Effective Date of Substitute Bill: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 7, relating to the Suicide-Safer Homes Task Force, which takes effect immediately.

Staff Summary of Public Testimony:

(In support) These recommendations have come out of the Governor's Challenge to look at best practices and aligns with work of the Task Force. Addressing lethal means is important because many veterans take their lives with a firearm. Medical providers are required to complete suicide assessment training. A focus of the bill is having peer support among veterans. American Indian/Alaska natives serve in the military at higher rates than any other groups. These issues weigh heavily on veterans and the isolation of COVID-19 is taking a toll. If these interventions are made available it will save lives. Suicide is a very anguishing decision, but those choosing this path simply want to end the physical and emotional pain. This provides funding to organizations in the community and a support network to veterans to keep people alive. When a crisis occurs on the weekend or holiday the Veterans Affairs Administration is closed and there are not other options available. The grant process to support non-profits is important because these organizations need financial resources to carry on. Many nonprofit organizations have large hearts but don't understand how to do fundraising or manage funds. The current DVA model is difficult for veterans to navigate if they do not have a disability. Washington should be a model for caring for our nation's warriors. Some veterans may be afraid to seek help because they are afraid their guns might be taken away and constitutional rights might be diminished. Studies show that spouses and family members who survive a family member's suicide are at higher risk of suicide. Community based organizations offer non-judgmental support and are outside the traditional path of mental health services and offer a community of acceptance that promote healing. The provision around primary care physicians asking the question is important. If doctors understood someone's background they might have better treatment plans around substance use and mental health for those who are part of a military culture, which could include a reluctance to disclose mental health issues. A large number of veterans do not make use of veterans services. This helps capture veterans who seek assistance outside traditional paths. A small hope of rescue which can be given through a peer support system will help veterans survive. Veterans have been called to protect our country and now we are called upon to protect them. Rates of suicide among veterans have been increasing and the suicide rate among veterans exceeds the national rate significantly. Washington averages more than 200 veteran suicides each year. What the numbers do not capture is the lives saved through our efforts, which could be hundreds or even thousands.

(Opposed) None.

(Other) As written, section 6 is of concern. Practice standards requiring physicians to ask certain questions are best left out of statute. It is unclear as to whom it applies, as primary care physicians do not have a standard definition. It is unclear if a provider is expected to make the inquiry every time they do one of the things in the section or if once is enough. Please modify this provision so it is not a mandate.

Persons Testifying: (In support) Representative Orwall, prime sponsor; Andrew Holstine, Heroes Homestead; Jeremy Muskus, University of Washington Tacoma School of Social Work; Jo Arlow, Forefront Suicide Prevention; Sean Dalgarn, Growing Veterans; Sergeant Aaron Quinonez, Operation Pop Smoke; Seth Dawson, Washington Associates for Substance Abuse and Violence Prevention; Alfie Alvarado, Washington Department of Veterans Affairs; and Michael O'Connell and Shawn Durnen, NineLine Veteran Services.

(Other) Jonathan Seib, Washington Academy of Family Physicians.

Persons Signed In To Testify But Not Testifying: None.