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## **E2SHB 2793** - S COMM AMD By Committee on Ways & Means

## NOT CONSIDERED 03/01/2016

1 Strike everything after the enacting clause and insert the 2 following:

"NEW SECTION. Sec. 1. The legislature finds that: Washington's 3 4 suicide rate is fourteen percent higher than the national average; on average, two young people between the ages of ten and twenty-four die 5 by suicide each week; almost a quarter of those who die by suicide 6 7 are veterans; and many of the state's rural and tribal communities have the highest suicide rates. The legislature further finds that 8 9 when suicide occurs, it has devastating consequences for communities and schools, yet, according to the United States surgeon general, 10 11 is the nation's most preventable form of suicide death. 12 legislature further finds that one of the most immediate ways to 13 reduce the tragedy of suicide is through suicide awareness and 14 prevention education coupled with safe storage of lethal means 15 commonly used in suicides, such as firearms and prescription medications. The legislature further finds that encouraging firearms 16 17 dealers to voluntarily participate in suicide awareness prevention education programs and provide certain safe storage 18 devices at cost is an important step in creating safer homes and 19 20 reducing suicide deaths in the state.

- NEW SECTION. Sec. 2. (1)(a) Subject to the availability of amounts appropriated for this specific purpose, a safe 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.
- (b) The safe homes task force shall consist of the members comprised of a suicide prevention and firearms subcommittee and a suicide prevention and pharmacy 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):
- 3 (A) A representative of the national rifle association and a representative of the second amendment foundation;
- 5 (B) Two representatives of suicide prevention organizations, 6 selected by the cochairs of the subcommittee;
- 7 (C) Two representatives of the firearms industry, selected by the 8 cochairs of the subcommittee;
- 9 (D) Two individuals who are suicide attempt survivors or who have 10 experienced suicide loss, selected by the cochairs of the 11 subcommittee;
- 12 (E) Two representatives of law enforcement agencies, selected by 13 the cochairs of the subcommittee;
- 14 (F) One representative from the department of health;
- 15 (G) One representative from the department of veterans affairs, 16 and one other individual representing veterans to be selected by the 17 cochairs of the subcommittee; and
- 18 (H) No more than two other interested parties, selected by the cochairs of the subcommittee.
- (ii) The suicide prevention and pharmacy 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)(ii)(A) of this subsection (1):
- 24 (A) Two representatives of the Washington state pharmacy 25 association;
- 26 (B) Two representatives of retailers who operate pharmacies, 27 selected by the cochairs of the subcommittee;
- (C) One faculty member from the University of Washington school of pharmacy and one faculty member from the Washington State University school of pharmacy;
  - (D) One representative of the department of health;

- 32 (E) One representative of the pharmacy quality assurance 33 commission;
- 34 (F) Two representatives of the Washington state poison control center;
- 36 (G) One representative of the department of veterans affairs, and 37 one other individual representing veterans to be selected by the 38 cochairs of the subcommittee; and
- 39 (H) No more than two other interested parties, selected by the 40 cochairs of the subcommittee.

- 1 (c) The University of Washington school of social work shall convene the initial meeting of the task force.
  - (2) The task force shall:

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- (a) Develop and prepare to disseminate online trainings on suicide awareness and prevention for firearms dealers and their employees and firearm range owners and their employees;
- (b) In consultation with the department of fish and wildlife, review the firearm safety pamphlet produced by the department of fish and wildlife under RCW 9.41.310 and, by January 1, 2017, recommend changes to the pamphlet to incorporate information on suicide awareness and prevention;
- (c) Develop suicide awareness and prevention messages for posters and brochures that are tailored to be effective for firearms owners for distribution to firearms dealers and firearm ranges;
- 15 (d) Develop suicide awareness and prevention messages for posters 16 and brochures for distribution to pharmacies;
  - (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 communications, or in writing, or both;
- 23 (f) Develop suicide awareness and prevention messages for 24 training for the schools of pharmacy and provide input on trainings 25 being developed for community pharmacists;
  - (g) Provide input to the department of health on the implementation of the safe homes project established in section 3 of this act;
- 29 (h) Create a web site that will be a clearinghouse for the newly 30 created suicide awareness and prevention materials developed by the 31 task force; and
- (i) 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 homes project created in section 3 of this act;
- (j) Create, implement, and evaluate a suicide awareness and prevention pilot program in two counties, one rural and one urban, that have high suicide rates. The pilot program shall include:

- 1 (i) Developing and directing advocacy efforts with firearms 2 dealers to pair suicide awareness and prevention training with 3 distribution of safe storage devices;
  - (ii) Developing and directing advocacy efforts with pharmacies to pair suicide awareness and prevention training with distribution of medication disposal kits and safe storage devices;
  - (iii) Training health care providers on suicide awareness and prevention, paired with distribution of medication disposal kits and safe storage devices; and
- 10 (iv) Training local law enforcement officers on suicide awareness 11 and prevention, paired with distribution of medication disposal kits 12 and safe storage devices.
  - (3) The task force shall consult with 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 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.

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- NEW SECTION. Sec. 3. A new section is added to chapter 43.70 RCW to read as follows:
  - (1) Subject to the availability of amounts appropriated for this specific purpose, the department shall develop and administer a safe homes project for firearms dealers and firearms ranges to encourage voluntary participation in a program to implement suicide awareness and prevention strategies.
- 33 (2) As part of the safe homes project, the department shall 34 certify a firearms dealer or firearms range that meets the 35 requirements of subsection (3) of this section as a safe homes 36 partner.
- 37 (3) The department, in consultation with the safe homes task 38 force created in section 2 of this act, shall develop criteria for

- certification of a firearms dealer or firearms range as a safe homes partner that include, at a minimum, the following requirements:
- 3 (a) Posting of suicide awareness and prevention posters, 4 developed by the safe homes task force, at the firearms dealer's or 5 firearms range's premises;
- 6 (b) Distribution of suicide awareness and prevention brochures, 7 developed by the safe homes task force, to firearms purchasers and 8 customers;
- 9 (c) Completion by the firearms dealer and employees, or firearms 10 range and employees, of an online suicide awareness and prevention 11 training developed by the safe homes task force; and
- 12 (d) Offering safe storage devices, in the form of a lock box or 13 life jacket, for sale at cost to firearms purchasers, or customers.
- 14 (4) The department shall:

- 15 (a) Provide technical assistance to firearms dealers and firearms 16 ranges that want to participate in the safe homes project;
- 17 (b) Track and report status updates of the program to the 18 legislature in accordance with RCW 43.01.036; and
- 19 (c) Conduct, or contract with local health departments to 20 conduct, random audits of businesses who participate in the safe 21 homes project to ensure compliance with the requirements of this 22 section.
- 23 (5) The department shall implement the safe homes project 24 beginning January 1, 2018.
  - (6) For the purposes of this section:
- 26 (a) "Firearms dealer" means a firearms dealer licensed under RCW 27 9.41.110; and
- 28 (b) "Firearms range" means an entity that operates an area or 29 facility designed for the safe discharge or other use of firearms for 30 sport, recreational, or competitive shooting or training purposes.
- 31 **Sec. 4.** RCW 9.41.310 and 1994 c 264 s 2 are each amended to read 32 as follows:
- 33 (1) After a public hearing, the department of fish and wildlife 34 shall publish a pamphlet on firearms safety and the legal limits of 35 the use of firearms. The pamphlet shall include current information 36 on firearms laws and regulations and state preemption of local 37 firearms laws. By July 1, 2017, the department of fish and wildlife 38 shall update the pamphlet to incorporate information on suicide

awareness and prevention as recommended by the safe homes task force
established in section 2 of this act.

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- (2) This pamphlet may be used in the department's hunter safety education program and shall be provided to the department of licensing for distribution to firearms dealers and persons authorized to issue concealed pistol licenses. The department of fish and wildlife shall reimburse the department of licensing for costs associated with distribution of the pamphlet.
- 9 **Sec. 5.** RCW 43.70.442 and 2015 c 249 s 1 are each amended to 10 read as follows:
- (1)(a) Each of the following professionals certified or licensed under Title 18 RCW shall, at least once every six years, complete training in suicide assessment, treatment, and management that is approved, in rule, by the relevant disciplining authority:
- 15 (i) An adviser or counselor certified under chapter 18.19 RCW;
- 16 (ii) A chemical dependency professional licensed under chapter 17 18.205 RCW;
- 18 (iii) A marriage and family therapist licensed under chapter 19 18.225 RCW;
- 20 (iv) A mental health counselor licensed under chapter 18.225 RCW;
- 21 (v) An occupational therapy practitioner licensed under chapter 22 18.59 RCW;
- 23 (vi) A psychologist licensed under chapter 18.83 RCW;
- (vii) An advanced social worker or independent clinical social worker licensed under chapter 18.225 RCW; and
- 26 (viii) A social worker associate—advanced or social worker 27 associate—independent clinical licensed under chapter 18.225 RCW.
- (b) The requirements in (a) of this subsection apply to a person holding a retired active license for one of the professions in (a) of this subsection.
- 31 (c) The training required by this subsection must be at least six 32 hours in length, unless a disciplining authority has determined, 33 under subsection (((9))) (10)(b) of this section, that training that 34 includes only screening and referral elements is appropriate for the 35 profession in question, in which case the training must be at least 36 three hours in length.
- 37 (d) Beginning July 1, 2017, the training required by this 38 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) ((Beginning January 1, 2016,)) <u>Each</u> 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;
- (iv) An osteopathic physician and surgeon licensed under chapter 18.57 RCW, other than a holder of a postgraduate osteopathic medicine and surgery license issued under RCW 18.57.035;

- 1 (v) An osteopathic physician assistant licensed under chapter 2 18.57A RCW;
- 3 (vi) A physical therapist or physical therapist assistant 4 licensed under chapter 18.74 RCW;
- 5 (vii) A physician licensed under chapter 18.71 RCW, other than a 6 resident holding a limited license issued under RCW 18.71.095(3);
- 7 (viii) A physician assistant licensed under chapter 18.71A RCW; 8 ((and))
  - (ix) A pharmacist licensed under chapter 18.64 RCW; and

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- 10  $\underline{(x)}$  A person holding a retired active license for one of the 11 professions listed in (a)(i) through  $((\overline{(viii)}))$   $\underline{(ix)}$  of this 12 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.
    - (c) The training required by this subsection must be at least six hours in length, unless a disciplining authority has determined, under subsection (((9))) (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.
- 35 (d) Beginning July 1, 2017, the training required by this 36 subsection must be on the model list developed under subsection (6) 37 of this section. Nothing in this subsection (5)(d) affects the 38 validity of training completed prior to July 1, 2017.

- 1 (6)(a) The secretary and the disciplining authorities shall work collaboratively to develop a model list of training programs in 2 suicide assessment, treatment, and management. 3
  - (b) The secretary and the disciplining authorities shall update the list at least once every two years.
  - By June 30, 2016, the department shall adopt 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 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 department of veterans affairs, and affected professional associations; and
  - (ii) Consider standards related to the best practices registry of the American foundation for suicide prevention and the suicide prevention resource center.
    - (d) Beginning January 1, 2017:

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- (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;
- (ii) The model list must include six-hour trainings in suicide assessment, treatment, and management, and three-hour trainings that 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 36 standards created in this section to the professional ((education 37 [educator])) educator standards board as a model in meeting the 38 39 requirements of RCW 28A.410.226 and provide technical assistance, as requested, in the review and evaluation of educator training Code Rev/LL:amh 9 S-5022.1/16

- programs. The educator training programs approved by the professional educator standards board may be included in the department's model list.
- 4 (8) Nothing in this section may be interpreted to expand or limit 5 the scope of practice of any profession regulated under chapter 6 18.130 RCW.
- 7 (9) The secretary and the disciplining authorities affected by 8 this section shall adopt any rules necessary to implement this 9 section.
- 10 (10) For purposes of this section:

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- 11 (a) "Disciplining authority" has the same meaning as in RCW 12 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.
- 31 (12) An employee of a community mental health agency licensed under chapter 71.24 RCW or a chemical dependency program certified 32 under chapter 70.96A RCW is exempt from the requirements of this 33 section if he or she receives a total of at least six hours of 34 training in suicide assessment, treatment, and management from his or 35 her employer every six years. For purposes of this subsection, the 36 training may be provided in one six-hour block or may be spread among 37 shorter training sessions at the employer's discretion. 38

- 1 NEW SECTION. Sec. 6. The schools of pharmacy at the University 2 of Washington and Washington State University shall convene a work jointly develop a curriculum on suicide assessment, 3 treatment, and management for pharmacy students. The curriculum must 4 include material on identifying at-risk patients and limiting access 5 6 to lethal means. When developing the curriculum, the schools shall 7 consult with experts on suicide assessment, treatment, and management, and with the safe homes task force created in section 2 8 9 this act on appropriate suicide awareness and prevention messaging. The schools of pharmacy shall submit a progress report to 10 the governor and the relevant committees of the legislature by 11 12 December 1, 2016.
- 13 <u>NEW SECTION.</u> **Sec. 7.** By January 1, 2017, the department of health and the pharmacy quality assurance commission shall jointly 14 develop written materials on suicide awareness and prevention that 15 pharmacies may post or distribute to customers. When developing the 16 17 written materials, the department and the commission shall consult with experts on suicide assessment, treatment, and management, and 18 19 with the safe homes task force created in section 2 of this act on 20 appropriate suicide awareness and prevention messaging.
- NEW SECTION. Sec. 8. Section 5 of this act takes effect January 22 1, 2017.
- NEW SECTION. Sec. 9. Section 3 of this act expires January 1, 24 2024."

## **E2SHB 2793** - S COMM AMD By Committee on Ways & Means

## NOT CONSIDERED 03/01/2016

On page 1, line 2 of the title, after "homes;" strike the remainder of the title and insert "amending RCW 9.41.310 and 43.70.442; adding a new section to chapter 43.70 RCW; creating new sections; providing an effective date; and providing expiration dates."

--- END ---