

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2793

Chapter 90, Laws of 2016

(partial veto)

64th Legislature
2016 Regular Session

SUICIDE--AWARENESS AND PREVENTION EDUCATION

EFFECTIVE DATE: 6/9/2016 - Except for section 5, which takes effect 1/1/2017.

Passed by the House March 8, 2016
Yeas 94 Nays 2

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate March 1, 2016
Yeas 47 Nays 0

BRAD OWEN

President of the Senate

Approved March 31, 2016 10:55 AM with
exception of sections 3 and 9, which
are vetoed.

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2793** as passed by House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

April 1, 2016

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2793

AS AMENDED BY THE SENATE

Passed Legislature - 2016 Regular Session

State of Washington 64th Legislature 2016 Regular Session

By House Finance (originally sponsored by Representatives Orwall, Blake, Kretz, Sullivan, Cody, Jinkins, Kagi, Goodman, Ormsby, Tharinger, Rossetti, and Reykdal)

READ FIRST TIME 02/09/16.

1 AN ACT Relating to providing for suicide awareness and prevention
2 education for safer homes; amending RCW 9.41.310 and 43.70.442;
3 adding a new section to chapter 43.70 RCW; creating new sections;
4 providing an effective date; and providing expiration dates.

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

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

1 devices at cost is an important step in creating safer homes and
2 reducing suicide deaths in the state.

3 NEW SECTION. **Sec. 2.** (1)(a) Subject to the availability of
4 amounts appropriated for this specific purpose, a safe homes task
5 force is established to raise public awareness and increase suicide
6 prevention education among new partners who are in key positions to
7 help reduce suicide. The task force shall be administered and staffed
8 by the University of Washington school of social work.

9 (b) The safe homes task force shall consist of the members
10 comprised of a suicide prevention and firearms subcommittee and a
11 suicide prevention and pharmacy subcommittee, as follows:

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

16 (A) A representative of the national rifle association and a
17 representative of the second amendment foundation;

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

20 (C) Two representatives of the firearms industry, selected by the
21 cochairs of the subcommittee;

22 (D) Two individuals who are suicide attempt survivors or who have
23 experienced suicide loss, selected by the cochairs of the
24 subcommittee;

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

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

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

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

33 (ii) The suicide prevention and pharmacy subcommittee shall
34 consist of the following members and be cochaired by the University
35 of Washington school of social work and a member identified in
36 (b)(ii)(A) of this subsection (1):

37 (A) Two representatives of the Washington state pharmacy
38 association;

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

3 (C) One faculty member from the University of Washington school
4 of pharmacy and one faculty member from the Washington State
5 University school of pharmacy;

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

7 (E) One representative of the pharmacy quality assurance
8 commission;

9 (F) Two representatives of the Washington state poison control
10 center;

11 (G) One representative of the department of veterans affairs, and
12 one other individual representing veterans to be selected by the
13 cochairs of the subcommittee; and

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

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

18 (2) The task force shall:

19 (a) Develop and prepare to disseminate online trainings on
20 suicide awareness and prevention for firearms dealers and their
21 employees and firearm range owners and their employees;

22 (b) In consultation with the department of fish and wildlife,
23 review the firearm safety pamphlet produced by the department of fish
24 and wildlife under RCW 9.41.310 and, by January 1, 2017, recommend
25 changes to the pamphlet to incorporate information on suicide
26 awareness and prevention;

27 (c) Develop suicide awareness and prevention messages for posters
28 and brochures that are tailored to be effective for firearms owners
29 for distribution to firearms dealers and firearm ranges;

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

32 (e) In consultation with the department of fish and wildlife,
33 develop strategies for creating and disseminating suicide awareness
34 and prevention information for hunting safety classes, including
35 messages to parents that can be shared during online registration, in
36 either follow up electronic mail communications, or in writing, or
37 both;

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

1 (g) Provide input to the department of health on the
2 implementation of the safe homes project established in section 3 of
3 this act;

4 (h) Create a web site that will be a clearinghouse for the newly
5 created suicide awareness and prevention materials developed by the
6 task force; and

7 (i) Conduct a survey of firearms dealers and firearms ranges in
8 the state to determine the types and amounts of incentives that would
9 be effective in encouraging those entities to participate in the safe
10 homes project created in section 3 of this act;

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

14 (i) Developing and directing advocacy efforts with firearms
15 dealers to pair suicide awareness and prevention training with
16 distribution of safe storage devices;

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

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

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

26 (3) The task force shall consult with the department of health to
27 develop timelines for the completion of the necessary tasks
28 identified in subsection (2) of this section so that the department
29 of health is able to implement the safe homes project under section 3
30 of this act by January 1, 2018.

31 (4) Beginning December 1, 2016, the task force shall annually
32 report to the legislature on the status of its work. The task force
33 shall submit a final report by December 1, 2019, that includes the
34 findings of the suicide awareness and prevention pilot program
35 evaluation under subsection (2) of this section and recommendations
36 on possible continuation of the program. The task force shall submit
37 its reports in accordance with RCW 43.01.036.

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

1 *NEW SECTION. Sec. 3. A new section is added to chapter 43.70
2 RCW to read as follows:

3 (1) Subject to the availability of amounts appropriated for this
4 specific purpose, the department shall develop and administer a safe
5 homes project for firearms dealers and firearms ranges to encourage
6 voluntary participation in a program to implement suicide awareness
7 and prevention strategies.

8 (2) As part of the safe homes project, the department shall
9 certify a firearms dealer or firearms range that meets the
10 requirements of subsection (3) of this section as a safe homes
11 partner.

12 (3) The department, in consultation with the safe homes task
13 force created in section 2 of this act, shall develop criteria for
14 certification of a firearms dealer or firearms range as a safe homes
15 partner that include, at a minimum, the following requirements:

16 (a) Posting of suicide awareness and prevention posters,
17 developed by the safe homes task force, at the firearms dealer's or
18 firearms range's premises;

19 (b) Distribution of suicide awareness and prevention brochures,
20 developed by the safe homes task force, to firearms purchasers and
21 customers;

22 (c) Completion by the firearms dealer and employees, or firearms
23 range and employees, of an online suicide awareness and prevention
24 training developed by the safe homes task force; and

25 (d) Offering safe storage devices, in the form of a lock box or
26 life jacket, for sale at cost to firearms purchasers, or customers.

27 (4) The department shall:

28 (a) Provide technical assistance to firearms dealers and firearms
29 ranges that want to participate in the safe homes project;

30 (b) Track and report status updates of the program to the
31 legislature in accordance with RCW 43.01.036; and

32 (c) Conduct, or contract with local health departments to
33 conduct, random audits of businesses who participate in the safe
34 homes project to ensure compliance with the requirements of this
35 section.

36 (5) The department shall implement the safe homes project
37 beginning January 1, 2018.

38 (6) For the purposes of this section:

39 (a) "Firearms dealer" means a firearms dealer licensed under RCW
40 9.41.110; and

1 **(b) "Firearms range" means an entity that operates an area or**
2 **facility designed for the safe discharge or other use of firearms for**
3 **sport, recreational, or competitive shooting or training purposes.**

***Sec. 3 was vetoed. See message at end of chapter.**

4 **Sec. 4.** RCW 9.41.310 and 1994 c 264 s 2 are each amended to read
5 as follows:

6 (1) After a public hearing, the department of fish and wildlife
7 shall publish a pamphlet on firearms safety and the legal limits of
8 the use of firearms. The pamphlet shall include current information
9 on firearms laws and regulations and state preemption of local
10 firearms laws. By July 1, 2017, the department of fish and wildlife
11 shall update the pamphlet to incorporate information on suicide
12 awareness and prevention as recommended by the safe homes task force
13 established in section 2 of this act.

14 (2) This pamphlet may be used in the department's hunter safety
15 education program and shall be provided to the department of
16 licensing for distribution to firearms dealers and persons authorized
17 to issue concealed pistol licenses. The department of fish and
18 wildlife shall reimburse the department of licensing for costs
19 associated with distribution of the pamphlet.

20 **Sec. 5.** RCW 43.70.442 and 2015 c 249 s 1 are each amended to
21 read as follows:

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

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

27 (ii) A chemical dependency professional licensed under chapter
28 18.205 RCW;

29 (iii) A marriage and family therapist licensed under chapter
30 18.225 RCW;

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

32 (v) An occupational therapy practitioner licensed under chapter
33 18.59 RCW;

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

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

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

3 (b) The requirements in (a) of this subsection apply to a person
4 holding a retired active license for one of the professions in (a) of
5 this subsection.

6 (c) The training required by this subsection must be at least six
7 hours in length, unless a disciplining authority has determined,
8 under subsection (~~(9)~~) (10)(b) of this section, that training that
9 includes only screening and referral elements is appropriate for the
10 profession in question, in which case the training must be at least
11 three hours in length.

12 (d) Beginning July 1, 2017, the training required by this
13 subsection must be on the model list developed under subsection (6)
14 of this section. Nothing in this subsection (1)(d) affects the
15 validity of training completed prior to July 1, 2017.

16 (2)(a) Except as provided in (b) of this subsection, a
17 professional listed in subsection (1)(a) of this section must
18 complete the first training required by this section by the end of
19 the first full continuing education reporting period after January 1,
20 2014, or during the first full continuing education reporting period
21 after initial licensure or certification, whichever occurs later.

22 (b) A professional listed in subsection (1)(a) of this section
23 applying for initial licensure may delay completion of the first
24 training required by this section for six years after initial
25 licensure if he or she can demonstrate successful completion of the
26 training required in subsection (1) of this section no more than six
27 years prior to the application for initial licensure.

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

32 (4)(a) A disciplining authority may, by rule, specify minimum
33 training and experience that is sufficient to exempt an individual
34 professional from the training requirements in subsections (1) and
35 (5) of this section. Nothing in this subsection (4)(a) allows a
36 disciplining authority to provide blanket exemptions to broad
37 categories or specialties within a profession.

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

1 (5)(a) (~~Beginning January 1, 2016,~~) Each of the following
2 professionals credentialed under Title 18 RCW shall complete a one-
3 time training in suicide assessment, treatment, and management that
4 is approved by the relevant disciplining authority:

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

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

7 (iii) A licensed practical nurse, registered nurse, or advanced
8 registered nurse practitioner, other than a certified registered
9 nurse anesthetist, licensed under chapter 18.79 RCW;

10 (iv) An osteopathic physician and surgeon licensed under chapter
11 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
12 and surgery license issued under RCW 18.57.035;

13 (v) An osteopathic physician assistant licensed under chapter
14 18.57A RCW;

15 (vi) A physical therapist or physical therapist assistant
16 licensed under chapter 18.74 RCW;

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

19 (viii) A physician assistant licensed under chapter 18.71A RCW;
20 (~~and~~)

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

22 (x) A person holding a retired active license for one of the
23 professions listed in (a)(i) through (~~(viii)~~) (ix) of this
24 subsection.

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

36 (ii) A licensed pharmacist or a person holding a retired active
37 pharmacist license must complete the one-time training by the end of
38 the first full continuing education reporting period after January 1,
39 2017, or during the first full continuing education reporting period
40 after initial licensure, whichever is later.

1 (c) The training required by this subsection must be at least six
2 hours in length, unless a disciplining authority has determined,
3 under subsection (~~(9)~~) (10)(b) of this section, that training that
4 includes only screening and referral elements is appropriate for the
5 profession in question, in which case the training must be at least
6 three hours in length.

7 (d) Beginning July 1, 2017, the training required by this
8 subsection must be on the model list developed under subsection (6)
9 of this section. Nothing in this subsection (5)(d) affects the
10 validity of training completed prior to July 1, 2017.

11 (6)(a) The secretary and the disciplining authorities shall work
12 collaboratively to develop a model list of training programs in
13 suicide assessment, treatment, and management.

14 (b) The secretary and the disciplining authorities shall update
15 the list at least once every two years.

16 (c) By June 30, 2016, the department shall adopt rules
17 establishing minimum standards for the training programs included on
18 the model list. The minimum standards must require that six-hour
19 trainings include content specific to veterans and the assessment of
20 issues related to imminent harm via lethal means or self-injurious
21 behaviors and that three-hour trainings for pharmacists include
22 content related to the assessment of issues related to imminent harm
23 via lethal means. When adopting the rules required under this
24 subsection (6)(c), the department shall:

25 (i) Consult with the affected disciplining authorities, public
26 and private institutions of higher education, educators, experts in
27 suicide assessment, treatment, and management, the Washington
28 department of veterans affairs, and affected professional
29 associations; and

30 (ii) Consider standards related to the best practices registry of
31 the American foundation for suicide prevention and the suicide
32 prevention resource center.

33 (d) Beginning January 1, 2017:

34 (i) The model list must include only trainings that meet the
35 minimum standards established in the rules adopted under (c) of this
36 subsection and any three-hour trainings that met the requirements of
37 this section on or before July 24, 2015;

38 (ii) The model list must include six-hour trainings in suicide
39 assessment, treatment, and management, and three-hour trainings that
40 include only screening and referral elements; and

1 (iii) A person or entity providing the training required in this
2 section may petition the department for inclusion on the model list.
3 The department shall add the training to the list only if the
4 department determines that the training meets the minimum standards
5 established in the rules adopted under (c) of this subsection.

6 (7) The department shall provide the health profession training
7 standards created in this section to the professional (~~education~~
8 ~~educator~~) educator standards board as a model in meeting the
9 requirements of RCW 28A.410.226 and provide technical assistance, as
10 requested, in the review and evaluation of educator training
11 programs. The educator training programs approved by the professional
12 educator standards board may be included in the department's model
13 list.

14 (8) Nothing in this section may be interpreted to expand or limit
15 the scope of practice of any profession regulated under chapter
16 18.130 RCW.

17 (9) The secretary and the disciplining authorities affected by
18 this section shall adopt any rules necessary to implement this
19 section.

20 (10) For purposes of this section:

21 (a) "Disciplining authority" has the same meaning as in RCW
22 18.130.020.

23 (b) "Training in suicide assessment, treatment, and management"
24 means empirically supported training approved by the appropriate
25 disciplining authority that contains the following elements: Suicide
26 assessment, including screening and referral, suicide treatment, and
27 suicide management. However, the disciplining authority may approve
28 training that includes only screening and referral elements if
29 appropriate for the profession in question based on the profession's
30 scope of practice. The board of occupational therapy may also approve
31 training that includes only screening and referral elements if
32 appropriate for occupational therapy practitioners based on practice
33 setting.

34 (11) A state or local government employee is exempt from the
35 requirements of this section if he or she receives a total of at
36 least six hours of training in suicide assessment, treatment, and
37 management from his or her employer every six years. For purposes of
38 this subsection, the training may be provided in one six-hour block
39 or may be spread among shorter training sessions at the employer's
40 discretion.

1 (12) An employee of a community mental health agency licensed
2 under chapter 71.24 RCW or a chemical dependency program certified
3 under chapter 70.96A RCW is exempt from the requirements of this
4 section if he or she receives a total of at least six hours of
5 training in suicide assessment, treatment, and management from his or
6 her employer every six years. For purposes of this subsection, the
7 training may be provided in one six-hour block or may be spread among
8 shorter training sessions at the employer's discretion.

9 NEW SECTION. **Sec. 6.** The schools of pharmacy at the University
10 of Washington and Washington State University shall convene a work
11 group to jointly develop a curriculum on suicide assessment,
12 treatment, and management for pharmacy students. The curriculum must
13 include material on identifying at-risk patients and limiting access
14 to lethal means. When developing the curriculum, the schools shall
15 consult with experts on suicide assessment, treatment, and
16 management, and with the safe homes task force created in section 2
17 of this act on appropriate suicide awareness and prevention
18 messaging. The schools of pharmacy shall submit a progress report to
19 the governor and the relevant committees of the legislature by
20 December 1, 2016.

21 NEW SECTION. **Sec. 7.** By January 1, 2017, the department of
22 health and the pharmacy quality assurance commission shall jointly
23 develop written materials on suicide awareness and prevention that
24 pharmacies may post or distribute to customers. When developing the
25 written materials, the department and the commission shall consult
26 with experts on suicide assessment, treatment, and management, and
27 with the safe homes task force created in section 2 of this act on
28 appropriate suicide awareness and prevention messaging.

29 NEW SECTION. **Sec. 8.** Section 5 of this act takes effect January
30 1, 2017.

31 *NEW SECTION. **Sec. 9.** *Section 3 of this act expires January 1,*
32 *2024.*

**Sec. 9 was vetoed. See message at end of chapter.*

Passed by the House March 8, 2016.
Passed by the Senate March 1, 2016.

Approved by the Governor March 31, 2016, with the exception of certain items that were vetoed.

Filed in Office of Secretary of State April 1, 2016.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to Sections 3 and 9, Engrossed Second Substitute House Bill No. 2793 entitled:

"AN ACT Relating to providing for suicide awareness and prevention education for safer homes."

Section 3 of this bill creates the safe homes project and Section 9 provides for the expiration that section. These two sections are from a prior version of the bill and the final bill was not properly amended to remove them. The bill's prime sponsor and other advocates requested this veto because the work on the safe homes project is premature. The taskforce created in Section 2 of the bill will begin a pilot and provide the necessary ground work to better analyze the potential of this project.

For these reasons I have vetoed Sections 3 and 9 of Engrossed Second Substitute House Bill No. 2793.

With the exception of Sections 3 and 9, Engrossed Second Substitute House Bill No. 2793 is approved."

--- END ---