

SENATE BILL REPORT

E2SHB 2793

As Reported by Senate Committee On:
Human Services, Mental Health & Housing, February 25, 2016
Ways & Means, February 29, 2016

Title: An act relating to providing for suicide awareness and prevention education for safer homes.

Brief Description: Providing for suicide awareness and prevention education for safer homes.

Sponsors: House Committee on Finance (originally sponsored by Representatives Orwall, Blake, Kretz, Sullivan, Cody, Jinkins, Kagi, Goodman, Ormsby, Tharinger, Rossetti and Reykdal).

Brief History: Passed House: 2/16/16, 93-4.

Committee Activity: Human Services, Mental Health & Housing: 2/25/16, 2/25/16 [DP-WM].

Ways & Means: 2/29/16, 2/29/16 [DPA, w/oRec].

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Hargrove and Padden.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Braun, Vice Chair; Dammeier, Vice Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker, Ranking Minority Member, Operating; Bailey, Billig, Brown, Conway, Darneille, Hasegawa, Nelson, O'Ban, Padden and Pedersen.

Minority Report: That it be referred without recommendation.

Signed by Senators Honeyford, Vice Chair, Capital Budget Chair; Becker, Hewitt, Parlette, Schoesler and Warnick.

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

Staff: Michele Alishahi (786-7433)

Background: The Department of Health (DOH) has developed a statewide suicide prevention plan (Plan) containing goals and recommendations for policy, system change, and community action to reduce suicides. The Plan states that suicide is a preventable public health problem and that everyone has a role in suicide prevention. The Plan contains numerous recommendations, including: engaging communities in suicide prevention through awareness programs; improving and expanding suicide assessment, treatment, and management for health professionals; and supporting legislation, technology, and public education to reduce access by people in crisis to lethal means, including firearms and medications.

Suicide Assessment, Treatment and Management Training. Certain licensed health professionals are required to complete training in suicide assessment, treatment, and management. Some of these professionals, like licensed social workers and psychologists, must complete the training every six years. Other professionals, like physicians, nurses, and physician assistants, only need to complete the training once. The training must be at least six hours in length, unless only screening and referral elements are appropriate for the professional's scope of practice, in which case the training need only be three hours in length.

Beginning January 1, 2017, the training must meet minimum standards adopted by the DOH in rule. The standards for six-hour trainings must require content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors.

Firearms Safety and Hunter Education. The Washington Department of Fish and Wildlife (WDFW) is responsible for producing a firearms pamphlet that covers issues of firearms safety, the legal limits of firearms use, and information on firearms laws and regulations. This pamphlet is provided to the Department of Licensing for distribution to firearms dealers and persons authorized to issue concealed pistol licenses. Firearms dealers are required to give a copy of the pamphlet to firearms purchasers.

WDFW operates a statewide hunter education program that must be completed by applicants for a state hunting license that are age 41 or younger. Hunter education courses are taught by volunteers that are trained and certified by the WDFW. The hunter education program consists of at least 10 hours of instruction in safety, conservation, sportsmanship, and firearm handling. The firearms pamphlet may be used in the hunter education program.

Summary of Bill (Recommended Amendments): Safe Homes Task Force (Task Force). Subject to appropriations, a Task Force is established, staffed by the University of Washington (UW) School of Social Work, to raise public awareness and increase suicide prevention education among partners in key positions to reduce suicide. The Task Force must have a Suicide Prevention and Firearms Subcommittee, to be co-chaired by the UW School of Social Work and a representative of the National Rifle Association or Second Amendment Foundation, and a Suicide Prevention and Pharmacy Subcommittee, to be co-chaired by the UW School of Social Work and a representative of the Washington State Pharmacy Association. Other invited members must include representatives of suicide prevention organizations, the firearms industry, suicide attempt survivors or survivors who have experienced suicide loss, law enforcement agencies, DOH, the Department of Veteran's

Affairs, veterans, retailers who operate pharmacies, faculty from the UW School of Pharmacy, Pharmacy Quality Assurance Commission, and Washington State Poison Control Center.

The Task Force must:

- develop suicide awareness and prevention messages for posters and brochures to be used by firearms dealers, firearms ranges, and pharmacies, and in hunter safety classes;
- develop online trainings on suicide awareness and prevention for firearms dealers, firearms ranges, and their employees;
- review and recommend changes to incorporate suicide awareness and prevention into the firearms safety pamphlet developed by WDFW;
- develop strategies for disseminating suicide awareness and prevention information for hunting safety classes, including messages to parents of children in the courses;
- develop suicide awareness and prevention messages for training for the schools of pharmacy and provide input on training being developed for community pharmacists;
- create a website that will be a clearinghouse for the newly created suicide awareness and prevention materials;
- survey firearms dealers and firearms ranges to determine the types and amounts of incentives that would be effective in encouraging those entities to participate in the Safe Homes Project; and
- create, implement, and evaluate a pilot in two counties that have high suicide rates to provide advocacy efforts and training to firearms dealers, pharmacies, health care providers, and law enforcement on pairing suicide awareness and prevention education with the provision of devices for safe storage of firearms and prescription medications.

The Task Force must annually report on its progress to the Legislature beginning December 1, 2016, and submit a final report with recommendations by December 1, 2019.

By July 1, 2017, WDFW must update its firearms pamphlet with suicide prevention messages developed by the Task Force.

Safe Homes Project (Project). Subject to appropriations, DOH must develop and implement by January 1, 2018, the Project to encourage voluntary participation of firearms dealers and firearms ranges in a program to implement suicide awareness and prevention strategies. The Project must provide a Safe Homes Partner certification to firearms dealers and firearms ranges that:

- provide online trainings on suicide awareness and prevention to their employees;
- display suicide awareness and prevention posters and distribute suicide awareness and prevention brochures; and
- offer safe storage devices, in the form of a lock box or life jacket, for sale at cost to firearms purchasers and customers.

DOH must provide technical assistance to participating firearms dealers and firearms ranges and conduct random audits of participating businesses to ensure compliance with Project requirements. The Project ends on January 1, 2024.

Suicide Assessment, Treatment, and Management Training for Pharmacists. Licensed pharmacists must complete a one-time training on suicide assessment, treatment, and management required of other medical professionals. The training must be completed by the end of the pharmacist's first full continuing education reporting period after January 1, 2017, or during the pharmacist's first full continuing education reporting period after initial licensure, whichever is later. Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm via lethal means. Professionals with a retired active license in pharmacy or one of seven specified professions subject to this training requirement must also undergo training.

The Schools of Pharmacy at the UW and Washington State University must convene a work group to develop a curriculum for pharmacy students on suicide assessment, treatment, and management. The curriculum must include material on identifying at-risk patients and limiting access to lethal means. The Schools of Pharmacy must consult with experts and the Task Force and report their progress to the Governor and Legislature by December 1, 2016. By January 1, 2017, DOH and the Pharmacy Quality Assurance Commission must develop written materials on suicide awareness and prevention for pharmacies to post or distribute to their customers.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Amendments): Provides that the establishment of the Task Force and its subcommittees and the creation of the Safe Homes Project are subject to appropriation.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed, except for section 5, relating to training in suicide assessment, which takes effect on January 1, 2017.

Staff Summary of Public Testimony on Engrossed Second Substitute Bill (Human Services, Mental Health & Housing): PRO: Washington has a higher rate of suicide than the national average, losing two young adults aged 14-24 to suicide every week. 1,111 lives were lost in Washington in 2014, 49 percent by firearms, and 19 percent by prescription drugs and other substances. A stakeholder group met this summer to develop this legislation. Utah and New Jersey have similar programs with low participation rates, which is why there is a survey in the bill. Section 3 is not needed anymore. These suicides are a preventable, solvable problem. We need to raise awareness and provide tools for home safety and prevention. Families do not know the risks associated with unsafe storage of firearms and prescription drugs. Suicide prevention is a vital public health issue. Most of the middle students in my class know someone who has been affected by suicide. The Center for Disease Control estimates that each suicide costs \$1 million, and each attempt \$33,000, taking into account medical costs and lost productivity. By this methodology, the cost of suicide in Washington in 2014 was \$1.3 billion, and attempts cost \$109 million. These costs do not include the financial and emotional toll on survivors and communities. Suicide is the 8th leading cause of death in Washington, compared to 11th in the US. One quarter of the

suicide deaths in our state are veterans. Guilt and unanswered questions plague suicide survivors. The partnerships involved in this effort are historic. We need widespread education about restricting access to means to lethal instrumentalities for people who are at risk. This is not a gun control bill. Although half of suicides involve firearms, 99 percent of gun owners will never be involved in a suicide. Suicide is a mental health issue. I regret that the incentives for gun dealers and ranges were stripped out in the House. The gun rights community wants to know how to identify people who are at risk. My roommate/husband/father-in-law/nephew committed suicide. Identifying students or peers in immediate crisis are important goals of this bill. Nearly 10 percent of firearm suicides occur within a week of purchasing the weapon. I didn't get resources or help from the firearms community, law enforcement, or mental health professionals to assess firearm safety when my husband was experiencing psychosis.

Persons Testifying on Engrossed Second Substitute Bill (Human Services, Mental Health & Housing): PRO: Representative Orwall, Prime Sponsor; Annie Kirk, King County; Carolyn Logue, Hidden River Middle School TVW Classroom Connect; Seth Dawson, National Alliance on Mental Illness, NAMI WA, and WA State Psychiatric Assn.; Charles Meredith, WA State Psychiatric Assn.; Brian Judy, NRA; Alan Gottlieb, Second Amendment Foundation; Jennifer Stuber, University of Washington/Forefront; Keitha Bryson, WA State School Retirees Assn.; Karyn Brownson, WA State Dept. of Health; Melissa Fisher, Jo Arlow, Jenny Heddin, concerned citizens.

Persons Signed In To Testify But Not Testifying on Engrossed Second Substitute Bill: No one.

Staff Summary of Public Testimony on Engrossed Second Substitute Bill (Ways & Means): PRO: There is an underinvestment in suicide prevention in Washington, compared to other states. Suicide is a largely preventable public health tragedy that is underfunded in Washington. Working with the firearms and pharmacy industries is a big piece of the equation. About \$100,000 in private money has been raised for the Task Force so far. Additional funds will be raised in the future. I hope that funding for this bill will focus on the prevention of copycat suicides.

Persons Testifying on Engrossed Second Substitute Bill (Ways & Means): PRO: Seth Dawson, Wa. St. Psychiartric Assoc.; Nat. Alliance on Mental Illness; Carolyn Logue, TVW Capitol Classroom/Hidden River Middle School Pre-AP 7th Grade Humanities Block; Jennifer Stuber, University of Washington, Forefront; Mark Torrance, Mark Torrance Foundation.

Persons Signed In To Testify But Not Testifying on Engrossed Second Substitute Bill: No one.