

# HOUSE BILL REPORT

## E2SHB 1612

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### As Passed House:

March 3, 2017

**Title:** An act relating to a public health educational platform for suicide prevention and strategies to reduce access to lethal means.

**Brief Description:** Creating a suicide-safer homes project account to support prevention efforts and develop strategies for reducing access to lethal means.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Orwall, Harris, Jinkins, Goodman, Haler, Robinson, Fey, Kilduff and McBride).

### Brief History:

#### Committee Activity:

Judiciary: 2/15/17, 2/16/17 [DPS];

Appropriations: 2/22/17 [DP2S(w/o sub JUDI)].

#### Floor Activity:

Passed House: 3/3/17, 88-9.

### Brief Summary of Engrossed Second Substitute Bill

- Changes the name of the Safe Homes Task Force to the Suicide-Safer Homes Task Force (Task Force) and revises its membership and duties.
- Creates a Suicide-Safer Homes Project within the Department of Health to accept public or private donations for deposit in a new account to be used by the Task Force to provide suicide prevention materials, training, and outreach programs, and appropriates \$50,000 from the State General Fund into the new account.
- Requires licensed dentists and licensed dental hygienists to complete a one-time training in suicide assessment, treatment, and management, and the University of Washington School of Dentistry to develop training curriculum.
- Addresses exemptions from background check requirements for firearms transfers between immediate family members and temporary transfers intended to prevent suicide or self-inflicted bodily harm.

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## HOUSE COMMITTEE ON JUDICIARY

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*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.*

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Jinkins, Chair; Kilduff, Vice Chair; Rodne, Ranking Minority Member; Muri, Assistant Ranking Minority Member; Frame, Goodman, Graves, Hansen, Kirby and Orwall.

**Minority Report:** Do not pass. Signed by 3 members: Representatives Haler, Klippert and Shea.

**Staff:** Edie Adams (786-7180).

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Judiciary. Signed by 28 members: Representatives Ormsby, Chair; Robinson, Vice Chair; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Fitzgibbon, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Nealey, Pettigrew, Pollet, Sawyer, Senn, Springer, Stanford, Sullivan, Tharinger, Volz and Wilcox.

**Minority Report:** Do not pass. Signed by 4 members: Representatives Chandler, Ranking Minority Member; Condotta, Schmick and Taylor.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Vick.

**Staff:** Lily Sobolik (786-7157).

### **Background:**

#### Safe Homes Task Force.

In 2016 legislation was enacted creating a Safe Homes Task Force (Task Force). The Task Force consists of a variety of stakeholders, including the Department of Health (DOH), representatives of suicide prevention organizations, the firearms industry and firearms rights organizations, individuals who have experienced suicide loss or survived suicide attempts, pharmacists and pharmacy organizations, the Department of Veterans Affairs, law enforcement, and others. Task Force membership is divided into a Suicide Prevention and Pharmacy Subcommittee and a Suicide Prevention and Firearms Subcommittee.

The Task Force is administered by the University of Washington School of Social Work, and its responsibilities include:

- developing suicide awareness and prevention messages to be used by firearms dealers, firearms ranges, and pharmacies, and in hunter safety classes;
- developing online trainings on suicide awareness and prevention for firearms dealers, firearms ranges, and their employees;
- developing suicide awareness and prevention messages for training for the schools of pharmacy and providing input on training being developed for community pharmacists; and

- creating, implementing, and evaluating 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 submit reports to the Legislature and file a report by December 1, 2019.

#### 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, mental health counselors, and psychologists, must complete the training every six years. Other professionals, like physicians, nurses, physician assistants, chiropractors, and pharmacists, 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 only needs to be at least 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. The three-hour training for pharmacists must include content related to the assessment of issues related to imminent harm via lethal means.

#### Firearm Background Check Requirements.

Under Initiative 594, adopted by the voters in 2014, all firearms sales or transfers are subject to background checks unless specifically exempted. "Transfer" means the intended delivery of a firearm to another person without consideration of payment or promise of payment, including gifts and loans. Any sale or transfer of a firearm where neither party is a dealer must be completed through a dealer. The purchaser or transferee must complete and sign all forms needed for processing the background check. The dealer must process the transaction by complying with all federal and state laws that would apply if the dealer were selling or transferring the firearm from the dealer's inventory, including conducting required background checks of purchasers or transferees.

There are a number of exemptions from the background check requirements of Initiative 594. One exemption applies to bona fide gifts between immediate family members, which are limited to spouses, domestic partners, parents, children, siblings, grandparents, grandchildren, nieces, nephews, first cousins, aunts, and uncles. Another exemption authorizes a temporary transfer where: the transfer is necessary to prevent imminent death or great bodily harm to the transferee; the transfer lasts only as long as immediately necessary; and the transferee is not prohibited from possessing firearms.

#### **Summary of Engrossed Second Substitute Bill:**

##### Suicide-Safer Homes Task Force.

The Safe Homes Task Force is renamed the Suicide-Safer Homes Task Force (Task Force) and the Pharmacy Subcommittee is renamed the Health Care Subcommittee. Three additional members representing health care professionals providing suicide prevention

training are added to the Task Force and Health Care Subcommittee. Task Force membership should include representatives from geographically diverse and priority populations, including tribal populations, to the extent possible. The Task Force must gather input on collateral educational materials that will help health care professionals in suicide prevention work. In addition, the Task Force must, in consultation with the Department of Health (DOH) develop and prioritize a list of projects to carry out the task force's purposes and submit the prioritized list to the DOH for funding.

A Suicide-Safer Homes Project is created within the DOH for the purpose of accepting private funds for use by the Task Force in developing and providing suicide education and prevention programs. A Suicide-Safer Homes Account (Account) is created that consists of funds appropriated by the Legislature and receipts from gifts, grants, donations, or other funds from public or private sources to support the Suicide-Safer Homes Project. Only the Secretary of the DOH or the Secretary's designee may authorize expenditures from the Account to fund projects identified and prioritized by the Task Force. Funds in the Account may be used for developing and producing suicide prevention materials and training, providing financial incentives to encourage firearms dealers and others to participate in suicide prevention training, and implementing community outreach pilot programs.

The sum of \$50,000 is appropriated for the fiscal year ending June 30, 2018, from the State General Fund to the Account.

#### Suicide Assessment, Treatment, and Management Training for Dentists and Dental Hygienists.

Licensed dentists and licensed dental hygienists must complete a one-time training on suicide assessment, treatment, and management. The training must be completed by the end of the dentist's or dental hygienist's first full continuing education reporting period after August 1, 2020, or during his or her first full continuing education reporting period after initial licensure, whichever is later. Three-hour trainings for dentists must include content related to the assessment of issues related to imminent harm via lethal means. The University of Washington School of Dentistry must develop a curriculum for the training by July 1, 2020. The Dental Quality Assurance Commission must exempt licensed dentists from the training requirement if they complete the training curriculum prior to being licensed, and any training completed before August 1, 2020, would count toward meeting the requirement.

#### Exemptions from Firearm Background Check Requirements.

The exemption for bona fide gifts between immediate family members is revised to include loans between immediate family members. For the purposes of this exemption, the term "immediate family member" is revised to include parents-in-law and siblings-in-law.

A temporary transfer of a firearm is exempt from background check requirements if:

- the transfer is intended to prevent suicide or self-inflicted great bodily harm;
- the transfer lasts only as long as reasonably necessary to prevent death or great bodily harm; and
- the person to whom the firearm is transferred does not utilize the firearm for any purpose during the duration of the transfer.

**Appropriation:** The sum of \$50,000.

**Fiscal Note:** Available.

**Effective Date:** This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 5, relating to suicide assessment training for dentists and dental hygienists, which takes effect August 1, 2020. However, the bill is null and void unless funded in the budget.

**Staff Summary of Public Testimony (Judiciary):**

(In support) The Safe Homes Task Force (Task Force) has brought together many partners to work on multiple strategies to try and address suicide prevention, including reducing access to lethal means. Common ground on methods to prevent suicide can be found. The Task Force surveyed firearms dealers and learned they have a desire to be proactive in helping prevent suicide. Gun responsibility and gun rights groups have worked hard on finding common ground on an exemption for allowing temporary transfers of firearms when a person is in crisis.

The Task Force wants to roll out their suicide awareness and prevention campaign, particularly in communities that have high rates of suicide. Private partners are willing to provide funding to help in these efforts. The bill creates a public-private partnership so this important work can continue. The funding provided to the Task Force last year was insufficient, and we need to keep the momentum going.

The bill takes the most effective approach to this issue, which is awareness and training. It provides an opportunity for people in the firearms industry to be trained to recognize signs of suicide. It is critical that we focus on awareness. For many people this issue is not even on their radars. The issue of suicide by means of a firearm is not addressed in gun safety classes. Learning to assess risks and take action to remove firearms when necessary can help save lives as suicide is often a momentary impulse.

The work of the Task Force and this legislation is timely. It is bringing the message closer to communities and closer to people who are at risk. There has been a marked increase in suicide throughout the United States, despite prevention efforts. Suicide is preventable in general, and its incidence can be reduced by educating the public on warning signs. The ripple effects of a suicide have significant impacts on families.

The dental industry is an important partner in these efforts because they have contact with groups at high risk of suicide. The amendment strikes the right balance and makes it as easy as possible for dentists to comply. The University of Washington is excited to take on development of the training curriculum.

(Opposed) None.

**Staff Summary of Public Testimony (Appropriations):**

(In support) This bill continues the public-private partnership that brings together diverse communities around suicide prevention, which is yet another arena of public health work. To date, the partnership has brought together firearms dealers, health professionals, family

members, and others. Every year Washington loses 1,100 individuals to suicide – everyone from children to elders. In 2016 the Task Force received \$100,000 from the state and used it to create training and to survey over 1,000 firearms retailers, who showed significant interest in this topic. Suicide disproportionately affects men and women between the ages of 35 to 65; it is a condition of working age adults. Suicide results in huge loss in work productivity. The Centers for Disease Control and Prevention reported that in 2014 Washington lost \$1.4 billion in lost wages from suicide. The suicide rate in Washington is 15 percent higher than the national average. By bringing the suicide rate down to the national average, it is estimated that Washington could recoup approximately \$200 million per year. This work is cost effective and leverages online tools for widespread training. This bill costs a modest amount of money, saves lives and money, and has widespread support across stakeholder groups.

(Opposed) None.

**Persons Testifying (Judiciary):** Representative Orwall, prime sponsor; Jennifer Stuber, University of Washington; Melissa Fisher; Tom Kweciak, National Rifle Association; Seth Dawson, National Alliance on Mental Illness and Washington State Psychiatric Association; Kathleen Gilligan; Debbie Reisert; Jeffrey Sung, Washington State Psychiatric Association; Dave Workman, Second Amendment Foundation; Rebecca Johnson, Alliance for Gun Responsibility; Mellani McAleenan, Washington State Dental Association; and Brett Bass, Bellevue Gun Club.

**Persons Testifying (Appropriations):** Marny Lombard, Forefront: Innovations in Suicide Prevention; Jeffery Sung, Washington State Psychiatric Association; and Dave Workman, Second Amendment Foundation.

**Persons Signed In To Testify But Not Testifying (Judiciary):** None.

**Persons Signed In To Testify But Not Testifying (Appropriations):** Seth Dawson, National Alliance on Mental Illness Washington and Washington State Psychiatric Association.