

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1612

Chapter 262, Laws of 2017

(partial veto)

65th Legislature
2017 Regular Session

SUICIDE PREVENTION--TASK FORCE--DENTAL TRAINING

EFFECTIVE DATE: 7/23/2017 -- Except for section 4, which becomes effective August 1, 2020.

Passed by the House April 17, 2017
Yeas 82 Nays 13

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 11, 2017
Yeas 47 Nays 2

CYRUS HABIB

President of the Senate

Approved May 10, 2017 10:56 AM with the exception of Section 6, which is vetoed.

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1612** as passed by House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 10, 2017

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1612

AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

State of Washington **65th Legislature** **2017 Regular Session**

By House Appropriations (originally sponsored by Representatives Orwall, Harris, Jinkins, Goodman, Haler, Robinson, Fey, Kilduff, and McBride)

READ FIRST TIME 02/24/17.

1 AN ACT Relating to a public health educational platform for
2 suicide prevention and strategies to reduce access to lethal means;
3 amending RCW 43.70.445, 43.70.442, and 9.41.113; adding new sections
4 to chapter 43.70 RCW; creating new sections; and providing an
5 effective date.

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

7 NEW SECTION. **Sec. 1.** The legislature finds that over one
8 thousand one hundred suicide deaths occur each year in Washington and
9 these suicide deaths take an enormous toll on families and
10 communities across the state. The legislature further finds that:
11 Sixty-five percent of all suicides, and most suicide deaths and
12 attempts for young people ages ten to eighteen, occur using firearms
13 and prescription medications that are easily accessible in homes;
14 firearms are the most lethal method used in suicide and almost
15 entirely account for more men dying by suicide than women; sixty-
16 seven percent of all veteran deaths by suicide are by firearm; and
17 nearly eighty percent of all deaths by firearms in Washington are
18 suicides. The legislature further finds that there is a need for a
19 robust public education campaign designed to raise awareness of
20 suicide and to teach everyone the role that he or she can play in
21 suicide prevention. The legislature further finds that important

1 suicide prevention efforts include: Motivating households to improve
2 safe storage practices to reduce deaths from firearms and
3 prescription medications; decreasing barriers to prevent access to
4 lethal means by allowing for temporary and voluntary transfers of
5 firearms when individuals are at risk for suicide; increasing access
6 to drug take-back sites; and making the public aware of suicide
7 prevention steps, including recognizing warning signs, empathizing
8 and listening, asking directly about suicide, removing dangers to
9 ensure immediate safety, and getting help. The legislature intends by
10 this act to create a public-private partnership fund to implement a
11 suicide-safer home public education campaign in the coming years.

12 **Sec. 2.** RCW 43.70.445 and 2016 c 90 s 2 are each amended to read
13 as follows:

14 (1)(a) Subject to the availability of amounts appropriated for
15 this specific purpose, a ~~((safe))~~ suicide-safer homes task force is
16 established to raise public awareness and increase suicide prevention
17 education among new partners who are in key positions to help reduce
18 suicide. The task force shall be administered and staffed by the
19 University of Washington school of social work. To the extent
20 possible, the task force membership should include representatives
21 from geographically diverse and priority populations, including
22 tribal populations.

23 (b) The ~~((safe))~~ suicide-safer homes task force ~~((shall consist~~
24 ~~of the members comprised of))~~ comprises a suicide prevention and
25 firearms subcommittee and a suicide prevention and ~~((pharmacy))~~
26 health care subcommittee, as follows:

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

31 (A) A representative of the national rifle association and a
32 representative of the second amendment foundation;

33 (B) Two representatives of suicide prevention organizations,
34 selected by the cochaairs of the subcommittee;

35 (C) Two representatives of the firearms industry, selected by the
36 cochaairs of the subcommittee;

37 (D) Two individuals who are suicide attempt survivors or who have
38 experienced suicide loss, selected by the cochaairs of the
39 subcommittee;

1 (E) Two representatives of law enforcement agencies, selected by
2 the cochairst of the subcommittee;

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

4 (G) One representative from the department of veterans affairs,
5 and one other individual representing veterans to be selected by the
6 cochairst of the subcommittee; and

7 (H) No more than two other interested parties, selected by the
8 cochairst of the subcommittee.

9 (ii) The suicide prevention and ((pharmacy)) health care
10 subcommittee shall consist of the following members and be cochaired
11 by the University of Washington school of social work and a member
12 identified in (b)(ii)(A) of this subsection (1):

13 (A) Two representatives of the Washington state pharmacy
14 association;

15 (B) Two representatives of retailers who operate pharmacies,
16 selected by the cochairst of the subcommittee;

17 (C) One faculty member from the University of Washington school
18 of pharmacy and one faculty member from the Washington State
19 University school of pharmacy;

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

21 (E) One representative of the pharmacy quality assurance
22 commission;

23 (F) Two representatives of the Washington state poison control
24 center;

25 (G) One representative of the department of veterans affairs, and
26 one other individual representing veterans to be selected by the
27 cochairst of the subcommittee; ((and))

28 (H) Three members representing health care professionals
29 providing suicide prevention training in the state, selected by the
30 cochairst of the subcommittee; and

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

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

35 (2) The task force shall:

36 (a) Develop and prepare to disseminate online trainings on
37 suicide awareness and prevention for firearms dealers and their
38 employees and firearm range owners and their employees;

39 (b) In consultation with the department of fish and wildlife,
40 review the firearm safety pamphlet produced by the department of fish

1 and wildlife under RCW 9.41.310 and, by January 1, 2017, recommend
2 changes to the pamphlet to incorporate information on suicide
3 awareness and prevention;

4 (c) Develop and approve suicide awareness and prevention messages
5 for posters and brochures that are tailored to be effective for
6 firearms owners for distribution to firearms dealers and
7 (~~firearms~~) firearms ranges;

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

10 (e) In consultation with the department of fish and wildlife,
11 develop strategies for creating and disseminating suicide awareness
12 and prevention information for hunting safety classes, including
13 messages to parents that can be shared during online registration, in
14 either follow-up (~~electronic mail [email]~~) email communications, or
15 in writing, or both;

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

19 (~~Provide input to the department of health on the
20 implementation of the safe homes project established in section 3 of
21 this act;~~

22 ~~(h)~~) Create a web site that will be a clearinghouse for the
23 newly created suicide awareness and prevention materials developed by
24 the task force; (~~and~~

25 ~~(i)~~) (h) Conduct a survey of firearms dealers and firearms
26 ranges in the state to determine the types and amounts of incentives
27 that would be effective in encouraging those entities to participate
28 in (~~the safe~~) suicide-safer homes projects (~~created in section 3
29 of this act~~));

30 (~~(j)~~) (i) Gather input on collateral educational materials that
31 will help health care professionals in suicide prevention work; and

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

35 (i) Developing and directing advocacy efforts with firearms
36 dealers to pair suicide awareness and prevention training with
37 distribution of safe storage devices;

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

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

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

7 (3) The task force shall ~~((consult with))~~, in consultation with
8 the department of health, develop and prioritize a list of projects
9 to carry out the task force's purposes and submit the prioritized
10 list to the department of health ~~((to develop timelines for the~~
11 ~~completion of the necessary tasks identified in subsection (2) of~~
12 ~~this section so that the department of health is able to implement~~
13 ~~the safe homes project under))~~ for funding from the suicide-safer
14 homes project account created in section 3 of this act ~~((by January~~
15 ~~1, 2018))~~.

16 (4) Beginning December 1, 2016, the task force shall annually
17 report to the legislature on the status of its work. The task force
18 shall submit a final report by December 1, 2019, that includes the
19 findings of the suicide awareness and prevention pilot program
20 evaluation under subsection (2) of this section and recommendations
21 on possible continuation of the program. The task force shall submit
22 its reports in accordance with RCW 43.01.036.

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

24 NEW SECTION. Sec. 3. A new section is added to chapter 43.70
25 RCW to read as follows:

26 (1) The suicide-safer homes project is created within the
27 department of health for the purpose of accepting private funds for
28 use by the suicide-safer homes task force created in RCW 43.70.445 in
29 developing and providing suicide education and prevention materials,
30 training, and outreach programs to help create suicide-safer homes.
31 The secretary may accept gifts, grants, donations, or moneys from any
32 source for deposit in the suicide-safer homes project account created
33 in subsection (2) of this section.

34 (2) The suicide-safer homes project account is created in the
35 custody of the state treasurer. The account shall consist of funds
36 appropriated by the legislature for the suicide-safer homes project
37 account and all receipts from gifts, grants, bequests, devises, or
38 other funds from public and private sources to support the activities
39 of the suicide-safer homes project. Only the secretary of the

1 department of health, or the secretary's designee, may authorize
2 expenditures from the account to fund projects identified and
3 prioritized by the suicide-safer homes task force. Funds deposited in
4 the suicide-safer homes project account may be used for the
5 development and production of suicide prevention materials and
6 training programs, for providing financial incentives to encourage
7 firearms dealers and others to participate in suicide prevention
8 training, and to implement pilot programs involving community
9 outreach on creating suicide-safer homes.

10 (3) The suicide-safer homes project account is subject to
11 allotment procedures under chapter 43.88 RCW, but an appropriation is
12 not required for expenditures.

13 **Sec. 4.** RCW 43.70.442 and 2016 c 90 s 5 are each amended to read
14 as follows:

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

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

20 (ii) A chemical dependency professional licensed under chapter
21 18.205 RCW;

22 (iii) A marriage and family therapist licensed under chapter
23 18.225 RCW;

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

25 (v) An occupational therapy practitioner licensed under chapter
26 18.59 RCW;

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

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

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

32 (b) The requirements in (a) of this subsection apply to a person
33 holding a retired active license for one of the professions in (a) of
34 this subsection.

35 (c) The training required by this subsection must be at least six
36 hours in length, unless a disciplining authority has determined,
37 under subsection (10)(b) of this section, that training that includes
38 only screening and referral elements is appropriate for the

1 profession in question, in which case the training must be at least
2 three hours in length.

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

7 (2)(a) Except as provided in (b) of this subsection, a
8 professional listed in subsection (1)(a) of this section must
9 complete the first training required by this section by the end of
10 the first full continuing education reporting period after January 1,
11 2014, or during the first full continuing education reporting period
12 after initial licensure or certification, whichever occurs later.

13 (b) A professional listed in subsection (1)(a) of this section
14 applying for initial licensure may delay completion of the first
15 training required by this section for six years after initial
16 licensure if he or she can demonstrate successful completion of the
17 training required in subsection (1) of this section no more than six
18 years prior to the application for initial licensure.

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

23 (4)(a) A disciplining authority may, by rule, specify minimum
24 training and experience that is sufficient to exempt an individual
25 professional from the training requirements in subsections (1) and
26 (5) of this section. Nothing in this subsection (4)(a) allows a
27 disciplining authority to provide blanket exemptions to broad
28 categories or specialties within a profession.

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

32 (5)(a) Each of the following professionals credentialed under
33 Title 18 RCW shall complete a one-time training in suicide
34 assessment, treatment, and management that is approved by the
35 relevant disciplining authority:

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

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

38 (iii) A licensed practical nurse, registered nurse, or advanced
39 registered nurse practitioner, other than a certified registered
40 nurse anesthetist, licensed under chapter 18.79 RCW;

1 (iv) An osteopathic physician and surgeon licensed under chapter
2 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
3 and surgery license issued under RCW 18.57.035;

4 (v) An osteopathic physician assistant licensed under chapter
5 18.57A RCW;

6 (vi) A physical therapist or physical therapist assistant
7 licensed under chapter 18.74 RCW;

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

10 (viii) A physician assistant licensed under chapter 18.71A RCW;

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

12 (x) A dentist licensed under chapter 18.32 RCW;

13 (xi) A dental hygienist licensed under chapter 18.29 RCW; and

14 (xii) A person holding a retired active license for one of the
15 professions listed in (a)(i) through (~~(ix)~~) (xi) of this
16 subsection.

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

28 (ii) A licensed pharmacist or a person holding a retired active
29 pharmacist license must complete the one-time training by the end of
30 the first full continuing education reporting period after January 1,
31 2017, or during the first full continuing education reporting period
32 after initial licensure, whichever is later.

33 (iii) A licensed dentist, a licensed dental hygienist, or a
34 person holding a retired active license as a dentist shall complete
35 the one-time training by the end of the full continuing education
36 reporting period after the effective date of this section, or during
37 the first full continuing education reporting period after initial
38 licensure, whichever is later. Training completed between July 23,
39 2017, and the effective date of this section that meets the
40 requirements of this section, other than the timing requirements of

1 this subsection (5)(b)(iii), must be accepted by the disciplining
2 authority as meeting the one-time training requirement of this
3 subsection (5).

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

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

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

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

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

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

33 (ii) Consider standards related to the best practices registry of
34 the American foundation for suicide prevention and the suicide
35 prevention resource center.

36 (d) Beginning January 1, 2017:

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

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

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

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

16 (8) Nothing in this section may be interpreted to expand or limit
17 the scope of practice of any profession regulated under chapter
18 18.130 RCW.

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

22 (10) For purposes of this section:

23 (a) "Disciplining authority" has the same meaning as in RCW
24 18.130.020.

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

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

1 or may be spread among shorter training sessions at the employer's
2 discretion.

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

11 NEW SECTION. **Sec. 5.** A new section is added to chapter 43.70
12 RCW to read as follows:

13 (1) By July 1, 2020, the school of dentistry at the University of
14 Washington shall develop a curriculum on suicide assessment,
15 treatment, and management for dental students and licensed dentists.
16 The curriculum must meet the minimum standards established under RCW
17 43.70.442 and must include material on identifying at-risk patients
18 and limiting access to lethal means. When developing the curriculum,
19 the school of dentistry must consult with experts on suicide
20 assessment, treatment, and management and with the suicide-safer
21 homes task force established in RCW 43.70.445. The school of
22 dentistry shall submit a progress report to the governor and the
23 relevant committees of the legislature by July 1, 2019.

24 (2) The dental quality assurance commission shall, for purposes
25 of RCW 43.70.442(4)(a), consider a dentist who has successfully
26 completed the curriculum developed under subsection (1) of this
27 section prior to licensure as possessing the minimum training and
28 experience necessary to be exempt from the training requirements in
29 RCW 43.70.442.

30 ***Sec. 6. RCW 9.41.113 and 2015 c 1 s 3 are each amended to read**
31 **as follows:**

32 **(1) All firearm sales or transfers, in whole or part in this**
33 **state including without limitation a sale or transfer where either**
34 **the purchaser or seller or transferee or transferor is in Washington,**
35 **shall be subject to background checks unless specifically exempted by**
36 **state or federal law. The background check requirement applies to all**
37 **sales or transfers including, but not limited to, sales and transfers**

1 through a licensed dealer, at gun shows, online, and between
2 unlicensed persons.

3 (2) No person shall sell or transfer a firearm unless:

4 (a) The person is a licensed dealer;

5 (b) The purchaser or transferee is a licensed dealer; or

6 (c) The requirements of subsection (3) of this section are met.

7 (3) Where neither party to a prospective firearms transaction is
8 a licensed dealer, the parties to the transaction shall complete the
9 sale or transfer through a licensed dealer as follows:

10 (a) The seller or transferor shall deliver the firearm to a
11 licensed dealer to process the sale or transfer as if it is selling
12 or transferring the firearm from its inventory to the purchaser or
13 transferee, except that the unlicensed seller or transferor may
14 remove the firearm from the business premises of the licensed dealer
15 while the background check is being conducted. If the seller or
16 transferor removes the firearm from the business premises of the
17 licensed dealer while the background check is being conducted, the
18 purchaser or transferee and the seller or transferor shall return to
19 the business premises of the licensed dealer and the seller or
20 transferor shall again deliver the firearm to the licensed dealer
21 prior to completing the sale or transfer.

22 (b) Except as provided in (a) of this subsection, the licensed
23 dealer shall comply with all requirements of federal and state law
24 that would apply if the licensed dealer were selling or transferring
25 the firearm from its inventory to the purchaser or transferee,
26 including but not limited to conducting a background check on the
27 prospective purchaser or transferee in accordance with federal and
28 state law requirements and fulfilling all federal and state
29 recordkeeping requirements.

30 (c) The purchaser or transferee must complete, sign, and submit
31 all federal, state, and local forms necessary to process the required
32 background check to the licensed dealer conducting the background
33 check.

34 (d) If the results of the background check indicate that the
35 purchaser or transferee is ineligible to possess a firearm, then the
36 licensed dealer shall return the firearm to the seller or transferor.

37 (e) The licensed dealer may charge a fee that reflects the fair
38 market value of the administrative costs and efforts incurred by the
39 licensed dealer for facilitating the sale or transfer of the firearm.

40 (4) This section does not apply to:

1 (a) A transfer between immediate family members, which for this
2 subsection shall be limited to spouses, domestic partners, parents,
3 parents-in-law, children, siblings, siblings-in-law, grandparents,
4 grandchildren, nieces, nephews, first cousins, aunts, and uncles,
5 that is a bona fide gift or loan;

6 (b) The sale or transfer of an antique firearm;

7 (c) A temporary transfer of possession of a firearm if such
8 transfer is necessary to prevent imminent death or great bodily harm
9 to the person to whom the firearm is transferred if:

10 (i) The temporary transfer only lasts as long as immediately
11 necessary to prevent such imminent death or great bodily harm; and

12 (ii) The person to whom the firearm is transferred is not
13 prohibited from possessing firearms under state or federal law;

14 (d) A temporary transfer of possession of a firearm if: (i) The
15 temporary transfer is intended to prevent suicide or self-inflicted
16 great bodily harm; (ii) the temporary transfer lasts only as long as
17 reasonably necessary to prevent death or great bodily harm; and (iii)
18 the firearm is not utilized by the transferee for any purpose for the
19 duration of the temporary transfer;

20 (e) Any law enforcement or corrections agency and, to the extent
21 the person is acting within the course and scope of his or her
22 employment or official duties, any law enforcement or corrections
23 officer, United States marshal, member of the armed forces of the
24 United States or the national guard, or federal official;

25 ((e)) (f) A federally licensed gunsmith who receives a firearm
26 solely for the purposes of service or repair, or the return of the
27 firearm to its owner by the federally licensed gunsmith;

28 ((f)) (g) The temporary transfer of a firearm (i) between
29 spouses or domestic partners; (ii) if the temporary transfer occurs,
30 and the firearm is kept at all times, at an established shooting
31 range authorized by the governing body of the jurisdiction in which
32 such range is located; (iii) if the temporary transfer occurs and the
33 transferee's possession of the firearm is exclusively at a lawful
34 organized competition involving the use of a firearm, or while
35 participating in or practicing for a performance by an organized
36 group that uses firearms as a part of the performance; (iv) to a
37 person who is under eighteen years of age for lawful hunting,
38 sporting, or educational purposes while under the direct supervision
39 and control of a responsible adult who is not prohibited from
40 possessing firearms; or (v) while hunting if the hunting is legal in

1 all places where the person to whom the firearm is transferred
2 possesses the firearm and the person to whom the firearm is
3 transferred has completed all training and holds all licenses or
4 permits required for such hunting, provided that any temporary
5 transfer allowed by this subsection is permitted only if the person
6 to whom the firearm is transferred is not prohibited from possessing
7 firearms under state or federal law; or

8 ((g)) (h) A person who (i) acquired a firearm other than a
9 pistol by operation of law upon the death of the former owner of the
10 firearm or (ii) acquired a pistol by operation of law upon the death
11 of the former owner of the pistol within the preceding sixty days. At
12 the end of the sixty-day period, the person must either have lawfully
13 transferred the pistol or must have contacted the department of
14 licensing to notify the department that he or she has possession of
15 the pistol and intends to retain possession of the pistol, in
16 compliance with all federal and state laws.

*Sec. 6 was vetoed. See message at end of chapter.

17 NEW SECTION. Sec. 7. Section 4 of this act takes effect August
18 1, 2020.

19 NEW SECTION. Sec. 8. If specific funding for the purposes of
20 this act, referencing this act by bill or chapter number, is not
21 provided by June 30, 2017, in the omnibus appropriations act, this
22 act is null and void.

Passed by the House April 17, 2017.

Passed by the Senate April 11, 2017.

Approved by the Governor May 10, 2017, with the exception of
certain items that were vetoed.

Filed in Office of Secretary of State May 10, 2017.

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

"I am returning herewith, without my approval as to Section 6,
Engrossed Second Substitute House Bill No. 1612 entitled:

"AN ACT Relating to a public health educational platform for
suicide prevention and strategies to reduce access to lethal means."

This section is the same as the language in Section 2 of Engrossed
Substitute Senate Bill 5552. Because SB 5552 also includes a couple
of additional changes unrelated to the language in this bill, the
Code Reviser advises this action so the RCW is clear. I support the
policy and am glad that is fully contained in the other bill.

For these reasons I have vetoed Section 6 of Engrossed Second
Substitute House Bill No. 1612.

With the exception of Section 6, Engrossed Second Substitute House Bill No. 1612 is approved."

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