

SUICIDE PREVENTION COMMISSION

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<http://www.house.mi.gov/hfa>

Senate Bill 228 (H-3) as passed by the House

Sponsor: Sen. Jim Runestad

1st House Committee: Health Policy

2nd House Committee: Ways and Means

Senate Committee: Health Policy and Human Services

Complete to 12-9-19

Analysis available at
<http://www.legislature.mi.gov>

(Enacted as Public Act 177 of 2019)

BRIEF SUMMARY: Senate Bill 228 would create a Suicide Prevention Commission to work with state departments and nonprofit organizations on researching the causes and underlying factors of suicide and to prepare and annually update a report for the legislature with recommendations for reducing risk factors. The bill would sunset the commission at the end of 2024.

FISCAL IMPACT: Senate Bill 228 would likely increase costs for the Department of Health and Human Services (DHHS) by an unspecified amount. (See **Fiscal Information**, below, for more detail.)

THE APPARENT PROBLEM:

Suicide is one of the leading causes of death in Michigan and has been considered a national epidemic, with suicide rates increasing among several states over the past 20 years; however, states are experiencing different rates of increase. There is currently not enough information to determine what causes are contributing to the suicide rate, why there is a disparity between state increases, and what may work to prevent suicide. Legislation has been proposed to bring together individuals who possess different kinds of relevant expertise to study the issue and make recommendations for reducing risk factors and helping to prevent suicide in Michigan.

THE CONTENT OF THE BILL:

Senate Bill 228 would create the Suicide Prevention Commission within DHHS. DHHS would have to furnish clerking services to the commission. The commission would have to do all of the following:

- Work with state departments and agencies and nonprofit organizations on researching the causes and possible underlying factors of suicide in the state. The research would have to focus on the demographic groups with the highest suicide rates in the state in the decade immediately preceding the bill's effective date, as well as those with the highest growth in suicide rates during that time period.
- Prepare and present a preliminary report to the legislature within six months of the bill's effective date. The report would have to include the possible causes for the increase in suicide rates, recommendations for reducing risk factors among the demographic groups studied, and other information the commission considers relevant.

- By one year after the bill’s effective date, and each year thereafter, prepare and present to the legislature an updated version of the report.
- Annually review and update recommendations made under the act and provide a process for the ongoing monitoring of any implemented recommendations.
- Provide recommendations for a process by which continued state coordination on suicide data collection, suicide prevention programs, and a coordinated state approach regarding suicide prevention could continue after the act expires.

The commission would have to establish subcommittees consisting of individuals who are not members of the commission, including experts in matters of interest to the commission. The commission could also research policy recommendations from relevant sources and policy initiatives from other states in order to make recommendations to the governor and to the chairpersons of the House and Senate standing committees on health policy and on the judiciary on initiatives to reduce suicide rates among the demographic groups studied.

Commission membership and administration

The bill would create a 27-member Suicide Prevention Commission. Appointments to the commission would be shared by the governor, the directors of the Departments of State Police, Health and Human Services, and Military and Veterans Affairs, and would be made from lists of nominees submitted by designated agencies and organizations, as well as the Speaker of the House of Representatives and the Senate Majority Leader. The number of members each entity would appoint, and the expertise or demographic group the appointee would represent, are specified in the bill. As a whole, appointees would represent suicide prevention researchers, health insurers, law enforcement, mental health and physical health professionals, schools, faith-based organizations, suicide crisis hotlines or suicide prevention services programs, survivors of suicide attempts, and those who lost someone to suicide. Names submitted for appointment would also include individuals having an expertise in drug addiction, suicide prevention, and workplace stress and suicide prevention. Appointments would have to be made within 90 days of the bill’s effective date. Further, the Michigan Veteran’s Facility Ombudsman, or his or her designee, would also serve as a member of the commission.

Members would serve a four-year term or until a successor is appointed, whichever is later, and the bill provides for the filling of vacancies and removal of members for such issues as incompetence and dereliction of duty. The commission would elect a chairperson and officers at the first meeting and would meet quarterly thereafter (or more frequently at the call of the chair or if requested by at least five members). A majority of the members would constitute a quorum for the transaction of business at a meeting, and a majority of the members present and serving would be required for official action. All business would have to be conducted at a public meeting held in compliance with the Open Meetings Act. Writings prepared, owned, used, possessed, or retained by the commission in the performance of an official function would be subject to the Freedom of Information Act. Further, commission members would serve without compensation but could be reimbursed for actual and necessary expenses incurred in the performance of official duties as members of the commission.

Executive committee

At the commission's first meeting, it would have to establish a seven-member executive committee consisting of a cross-section of commission members, as specified in the bill. The executive committee would oversee the compilation of data and available resources in coordination with the state's universities and set timelines and tasks for the completion of the commission's work by December 30, 2024.

The bill would take effect 90 days after being enacted and would sunset (no longer apply) as of December 31, 2024.

HOUSE COMMITTEE AND FLOOR ACTION:

The House Ways and Means committee reported an H-1 substitute for the bill. The substitute added two additional members to the Commission and eliminated the requirement that a member nominated by the Michigan Psychological Association be part of the National Alliance on Mental Illness.

An H-3 substitute was then adopted on the House floor. That substitute shifted responsibility for and oversight of the commission from the Legislative Council to DHHS, specified that research on demographics on contributing factors to suicide include the Upper Peninsula, and replaced direct appointment of commission members by the Speaker and Senate Majority Leader with appointment by the governor from lists of nominees submitted by those individuals.

BACKGROUND INFORMATION:

Suicide rates have been rising in Michigan for several years, with a 32.9% increase from 1999 to 2016, according to the Centers for Disease Control and Prevention (CDC).¹ Suicide is the tenth leading cause of death in the state, according to available data.² On the national level, suicide rates among various states have not increased equally. From 2014 to 2016, for example, Delaware had only a 6% increase, while North Dakota saw a 57% increase. Nevada's suicide rate decreased from 1999 to 2016.

Other states, such as Maryland (2009)³ and Colorado (2014),⁴ have created similar commissions for suicide prevention.

Continued research by the CDC has found that, in many cases of suicide, there was no known diagnosed mental health condition and that relationship problems/loss, substance abuse, physical health problems, and money, job, legal, or housing stress were frequent

¹ "Suicide Rising Across the US," Centers for Disease Control, 2018.

<https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1>

² "Stats of the State of Michigan," Centers for Disease Control, 2018.

<https://www.cdc.gov/nchs/pressroom/states/michigan/michigan.htm>

³ Maryland Executive Order 01.01.2009.13, 2009.

<https://health.maryland.gov/suicideprevention/Documents/Executive%20Order.pdf>

⁴ SB 14-088, https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_Senate-Bill-14-088.pdf

contributing factors. Other contributing factors have been found relating to one's gender, sexual orientation, race, and environment.

FISCAL INFORMATION:

Senate Bill 228 would likely increase costs for DHHS by an unspecified amount. While members of the commission would serve without compensation, members could be reimbursed for actual and necessary expenses incurred in the performance of their official duties. Costs associated with reimbursements would be directly related to the complexity of the commission's work in meeting its obligations under the bill and the frequency of commission meetings. Additionally, to the extent that additional staff are needed within DHHS to satisfy its responsibility of providing clerking services, annual costs would increase. According to the most recent workforce report, the average cost of salary and fringe benefits for a state classified employee is \$110,000.

ARGUMENTS:

For:

Proponents of the bill argued that a commission for suicide prevention is sorely needed, as there is currently no coordinated effort to study the causes of and trends in suicides in Michigan. The commission would be in the position to study the available data, make recommendations for prevention, and monitor the implementation of its recommendations. Most importantly, the commission would bring together experts and those impacted by suicide to inform its recommendations.

Against:

No arguments against the bill were presented in the House committee.

POSITIONS:

Representatives of the following organizations testified in support of the bill (6-20-19):

- American Federation of Suicide Prevention
- Community Mental Health Authority of Clinton, Eaton, and Ingham Counties and Tri-County Lifesavers
- Health West and Muskegon Suicide Prevention

The following entities indicated support for the bill:

- Department of Health and Human Services (9-17-19)
- Department of Military and Veterans Affairs (9-5-19)
- American Academy of Pediatrics – Michigan Chapter (9-17-19)
- Blue Cross Blue Shield of Michigan (9-5-19)
- Henry Ford Health System (9-5-19)
- Howell Police Department (9-5-19)
- Kevin's Song (6-20-19)
- McLaren Health Care (9-5-19)
- Michigan Association of Chiefs of Police (9-5-19)

- Michigan Association of Community Mental Health Boards (9-5-19)
- Michigan Association of Fire Chiefs (9-5-19)
- Michigan Association of Superintendents and Administrators (9-17-19)
- Michigan Catholic Conference (9-17-19)
- Michigan Corrections Organization (6-20-19)
- Michigan Council for Maternal and Child Health (6-20-19)
- Michigan Family Forum (9-17-19)
- Michigan Fraternal Order of Police (6-20-19)
- Michigan Health and Hospital Association (9-5-19)
- Michigan League for Public Policy (6-20-19)
- Michigan Nurses Association (9-5-19)
- Michigan Primary Care Association (9-17-19)
- Michigan Professional Firefighters Union (6-20-19)
- Michigan Psychiatric Society (6-20-19)
- Michigan Psychological Association (6-20-19)
- Oakland Community Health Network (9-5-19)
- Police Officers Association of Michigan (9-17-19)
- School–Community Health Alliance of Michigan (9-17-19)
- Service Employees International Union – Michigan State Council (6-20-19)
- Universal Health Services, Inc. (9-5-19)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.