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Senate Bill 228 (Substitute S-1 as passed by the Senate)
Sponsor: Senator Jim Runestad
Committee: Health Policy and Human Services

Date Completed: 6-11-19

RATIONALE

According to the Centers for Disease Control and Prevention (CDC), the national suicide rate has increased by nearly 30 percent since the turn of the century; Michigan's suicide rate has increased by 33 percent during this time. In 2016, approximately 45,000 people died of suicide across the nation. Michigan lost 1,364 residents to suicide that same year, which made suicide the tenth leading cause of death in the State for two years. More recent data from Michigan show a continued increase in suicide rates.

Mental health conditions contribute to rates of suicide, but suicide rarely is caused by a single factor; other factors include relationship problems, substance use, poor physical health, or job, money, legal, or housing stress. These factors vary between states, and between communities in the same state. This variability can hinder state or community suicide prevention strategies. Among other recommendations, the CDC suggests that states and communities work to identify at-risk demographics, and then to create policies to help prevent suicide. Accordingly, it has been suggested that the Legislature establish an entity to perform research on the causes of suicide and the most at-risk demographics in the State.

CONTENT

The bill would enact a new law to create the "Suicide Prevention Commission" within the Legislative Council and to do all the following:

- Provide for the appointment of members to the Commission, their terms, and the Commission's procedures.**
- Prescribe the duties and responsibilities of the Commission, such as researching the cause and possible underlying factors of suicide in the State.**
- Within six months after the bill's effective date, require the Commission to prepare a preliminary report of its research and findings, and require the Commission to complete a revised report annually thereafter.**
- Require the Legislative Council to furnish clerking services to the Commission.**
- Specify that the Act would not apply beginning December 31, 2024.**

The bill would take effect 90 days after its enactment.

Membership

The Commission would consist of the following 25 members:

- Eleven members appointed by the Governor.
- The Michigan Veterans' Facility Ombudsman or his or her designee.
- One member appointed by the Director of the Department of State Police (MSP) with expertise in substance use disorders.

- Two members appointed by the Speaker of the House of Representatives, one of whom represented a faith-based organization and one selected from a list of nominees submitted by the Michigan Professional Firefighters Union.
- Two members, appointed by the Senate Majority Leader, at least one of whom had expertise in suicide prevention from a community mental health services program that held a grant from the Substance Abuse and Mental Health Services Administration.
- Eight members appointed by the Director of the Department of Health and Human Services (DHHS).

The 11 members appointed by the Governor would be as follows:

- One member who was a researcher with an advanced degree from a university that was located in Michigan who was selected from a list of nominees submitted by the Michigan Association of State Universities.
- An undergraduate or graduate student who was studying or working in the area of suicide prevention who was selected from a list of nominees submitted by the American Foundation for Suicide Prevention.
- One member who was selected from a list submitted by the Michigan Association of Intermediate School Administrators and who was trained in the "Michigan Model for Health" curriculum.
- One member who was selected from a list submitted by the School-Community Health Alliance of Michigan.
- One member who represented health plans who was selected from lists submitted by the Michigan Association of Health Plans and Blue Cross Blue Shield of Michigan.
- One member who had knowledge or expertise in retiree or vulnerable adult mental health issues who was selected from a list submitted by the Fraternal Order of Police.
- One member who was a suicide loss survivor who was selected from a list submitted by the Michigan Sheriff's Association.
- One member who had experience in suicide prevention who was selected from a list submitted by the Michigan Association of Chiefs of Police.
- One member who was experienced in crisis intervention for suicide response who was selected from a list submitted by the Police Officers Association of Michigan.
- One member who was selected from a list of nominees submitted by the Michigan Association of Fire Chiefs.
- One member who was selected from a list submitted by the Michigan Corrections Organization.

The eight members appointed by the Director of the DHHS would be as follows:

- One member who represented a substance use disorder treatment provider who was selected from a list of nominees submitted by the Community Mental Health Association of Michigan.
- One member who was selected from the list of nominees submitted by the Michigan Psychological Association.
- One member who was a member of the National Alliance on Mental Illness who was selected from a list of nominees submitted by the Michigan Psychiatric Society.
- One member who was selected from a list of nominees submitted by the Michigan Primary Care Association.
- One member who was selected from a list of nominees submitted by the Michigan Health and Hospital Association who was a physician licensed to engage in the practice of medicine or osteopathic medicine and surgery, and had expertise in neurology.
- One member who was in charge of a local health department or his or her designee.
- One member who was a suicide attempt survivor.

Terms & First Meeting

The members first appointed to the Commission would have to be appointed within 90 days of the bill's effective date. Commission members would serve for one term of four years or until a successor was appointed, whichever was later. A vacancy would have to be filled in the same

manner as the original appointment, and the member would have to be appointed for the balance of the unexpired term. The Commission chairperson could remove a member for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause, on a motion that was approved by a majority of the members.

The Council Administrator would have to call the first meeting of the Commission. At that meeting, the Commission would have to elect a chairperson and other officers as it considered necessary or appropriate. The Commission then would have to meet at least quarterly, or more frequently at the call of the chairperson or if requested by five or more members.

A majority of the members of the Commission would constitute a quorum for the transaction of business at a meeting of the Commission, and a majority of those present and serving would be required for official Commission action. The Commission would be subject to the Open Meetings Act and the Freedom of Information Act.

Members of the Commission would have to serve without compensation; however, members could be reimbursed for their actual and necessary expenses incurred in the performance of their official duties.

Executive Committee

At its first meeting, the Commission also would have to establish a seven-member executive committee that consisted of all of the following:

- Two members elected by the Commission from among its members.
- The member who was a researcher with an advanced degree from a university that was located in Michigan who was selected from a list of nominees submitted by the Michigan Association of State Universities.
- The Michigan Veterans' Facility Ombudsman or his or her designee.
- The member appointed by the Director of the MSP.
- One member selected by the Director of the DHHS.
- One member selected by the Senate Majority Leader.

The executive committee would have to oversee the compilation of data and available resources in coordination with universities in the State, and set timelines and tasks for the completion of the Commission's work by December 30, 2024.

Commission Duties

The Commission would have to work with State departments and agencies and nonprofit organizations on researching the causes and possible underlying factors of suicide in Michigan. The research would have to focus on the demographics showing the highest suicide rates in the State in the decade immediately preceding the bill's effective date, and the highest growth in suicide rates during this time period. In determining the demographics, the Commission would have to consider, at a minimum, rural and urban areas, race, sex, occupation, age, and socioeconomic status.

Within six months after the bill's effective date, the Commission would have to prepare and present a preliminary report of its research and finding to the Legislature. The report would have to include the identified causes for the increase in suicide rates among the demographics described above and any other information the Commission considered relevant.

Within one year after the bill's effective date, and each year thereafter, the Commission would have to prepare and present to the Legislature an updated version of the report described above. The updated version of the report would have to include recommendations for reducing risk factors among the demographics described above and contain a list of evidence-based programs for suicide prevention in the State with successful outcomes.

The Commission also would have to do the following:

- Annually review and update any recommendations made under the bill, and, if any of the Commission's recommendations were implemented, provide a process for ongoing monitoring of the implementation of the recommendations.
- Provide recommendations for a process for continued State coordination on suicide prevention data collection, suicide prevention programs, and a coordinated State approach to the prevention of suicide to continue after the bill no longer applied.

The Commission could, through its executive committee, 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 the judiciary on initiatives to reduce suicide rates among the studied demographics. The Commission would have to establish subcommittees that could consist of individuals who were not members of the Commission, including experts in matters of interest to the Commission, including the studied demographics.

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

According to the American Foundation for Suicide Prevention (AFSP), suicide rates vary between age, gender, ethnicity, and race. For example, suicide rates nationally in 2017 per 100,000 people were highest for adults between 45 to 54 years of age (20.2). The highest suicide rate among various ethnicities was among whites (15.85), followed closely by American Indians and Alaska Natives (13.42). These national statistics suggest that some demographics tend to die by suicide at higher rates than others.

Research related to suicide in Michigan often is aggregated, which can prevent a focus on specific demographics that may be more at risk of suicide than others. By stratifying the aggregated suicide data into various demographics, researchers and policy makers could better understand which communities need more support when dealing with suicide. This research could lead to suicide prevention strategies with higher rates of efficacy and efficiency.

Supporting Argument

While suicide rates vary between age, gender, ethnicity, and race, they also vary by occupation. According to the CDC, in 2015, construction laborers had the highest rate of suicide among occupations with 52.1 people per 100,000 people. Other occupations had high rates, as well, including installations, maintenance, and repair laborers at 37.8 people per 100,000 people, and those working in the arts, design, entertainment, sports, and media sector at 27.3 people per 100,000 people. The data suggests that occupational factors also could affect a person's decision to commit suicide. With this in mind, the proposed Commission would include members from many groups that represent a variety of occupations. This inclusion would provide expertise from different sectors of the workforce, which would allow for a more comprehensive final report from the Commission.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

The bill would have an indeterminate fiscal impact on the State's Legislative Council. The bill would create the Suicide Prevention Commission. Commission members would not receive a salary; however, they would be eligible for reimbursement for necessary expenses incurred in the

performance of their duties. The Legislative Council also would have to provide the Commission with clerking services, which could include assistance with the Commission's tasks of working with other entities, studying suicide prevention factors, and filing a report with the Legislature.

The bill does not specify the number of staff that would be needed, if any; however, the current estimated average annual cost for 1.0 FTE for a classified State employee is \$105,000 gross, \$55,500 General Fund/General Purpose for salary and benefits. The estimate could be higher or lower based on the classification level of the FTEs hired. Also, based on appropriations for the most recent commission housed in the Legislative Council (the Criminal Justice Policy Commission), that Commission has received a total of \$550,000 since it was created in 2015.

Fiscal Analyst: Joe Carrasco

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.