Senate Fiscal Agency
P.O. Box 30036
Lansing, Michigan 48909-7536

Telephone: (517) 373-5383
Fax: (517) 373-1986

Senate Bill 228 (as enacted) **PUBLIC ACT 177 of 2019**
Sponsor: Senator Jim Runestad
Senate Committee: Health Policy and Human Services
House Committee: Health Policy
Ways and Means

Date Completed: 3-20-20

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 was 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 enacted a new law to create the "Suicide Prevention Commission" within the Department of Health and Human Services (DHHS) 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, within one year after the bill's effective date, require the Commission to complete a revised report.**
- **Require the DHHS to furnish clerking services to the Commission.**
- **Specify that the Act will not apply beginning December 31, 2024.**

The bill took effect on March 19, 2020.

Membership

The Commission must consist of the following members:

- Sixteen members appointed by the Governor.
- The Michigan Veterans' Facility Ombudsman or his or her designee.

-- One member who is appointed by the Director of the Department of State Police (MSP) with expertise in substances use disorders.
-- One member who is appointed by the Director of the Department of Military and Veterans Affairs.
-- Eight members appointed by the Director of the DHHS.

The 16 members appointed by the Governor must be as follows:

-- One member who is a researcher with an advanced degree from a university that is located in the State who is selected from a list of nominees submitted by the Michigan Association of State Universities.
-- An undergraduate or graduate student who is studying or working in the area of suicide prevention who is selected from a list of nominees submitted by the American Foundation for Suicide Prevention.
-- One member who is selected from a list of nominees submitted by the Michigan Association of Intermediate School Administrators and who is trained in the "Michigan Model for Health" curriculum.
-- One member who is selected from a list of nominees submitted by the School-Community Health Alliance of Michigan.
-- One member who represents health plans who is selected from lists of nominees submitted by the Michigan Association of Health Plans and Blue Cross Blue Shield of Michigan.
-- One member who has knowledge or expertise in retiree or vulnerable adult mental health issues who is selected from a list of nominees submitted by the Fraternal Order of Police.
-- One member who is a suicide loss survivor who is selected from a list of nominees submitted by the Michigan Sheriffs' Association.
-- One member who represents a national health care system whose work in the State focuses on providing comprehensive behavioral health services to children, adolescents, and adults throughout Michigan.
-- One member who is experienced in crisis intervention for suicide response who is selected from a list of nominees submitted by the Police Officers Association of Michigan.
-- One member who is selected from a list of nominees submitted by the Michigan Association of Fire Chiefs.
-- One member who is selected from a list of nominees submitted by the Michigan Corrections Organization.
-- One member who has experience in suicide prevention who is selected from a list of nominees submitted by the Michigan Association of Chiefs of Police.
-- Two members who are selected from a list of nominees submitted by the Speaker of the House of Representatives, one of whom represents a faith-based organization and one who is selected from a list of names provided to the Speaker by the Michigan Professional Firefighters Union.
-- Two members who are selected from a list of nominees submitted by the Senate Majority Leader, at least one of whom has expertise in suicide prevention from a community mental health services program that holds a grant from the Substance Abuse and Mental Health Services Administration.

The eight members appointed by the Director of the DHHS must include seven appointed as follows:

-- One member who represents a substance use disorder treatment provider who is selected from a list of nominees submitted by the Community Mental Health Association of Michigan.
-- One member who is selected from the list of nominees submitted by the Michigan Psychological Association.
-- One member who is selected from a list of nominees submitted by the Michigan Psychiatric Society.
-- One member who is selected from a list of nominees submitted by the Michigan Primary Care Association.

-- One member who is selected from a list of nominees submitted by the Michigan Health and Hospital Association and who is a physician licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery and has expertise in neurology.
-- One member who is in charge of a local health department of his or her designee.
-- One member who is a suicide attempt survivor.

Terms & First Meeting

The members first appointed to the Commission must be appointed within 90 days after the bill's effective date. Commission members must serve for one term of four years or until a successor is appointed, whichever is later. A vacancy must be filled in the same manner as the original appointment. A member appointed to fill a vacancy must be appointed for the balance of the unexpired term. The Commission chairperson may remove a member of the Commission for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause, on a motion that is approved by a majority of the members of the Commission.

The Director of the DHHS must call the first meeting of the Commission. At that meeting, the Commission must elect from among its members a chairperson and other officers as it considers necessary or appropriate. The Commission then must 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 constitute a quorum for the transaction of business at a meeting of the Commission, and a majority of the members present and serving is required for official Commission action. The Commission is subject to the Open Meetings Act and the Freedom of Information Act.

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

Executive Committee

At its first meeting, the Commission must establish a seven-member executive committee that consists of all the following:

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

The executive committee must 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 must work with State departments and agencies and nonprofit organizations on researching the causes and possible underlying factors of suicide in Michigan. The research must 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 must consider, at a minimum,

rural and urban areas, including the Upper Peninsula, race, sex, occupation, age, and socioeconomic status.

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

Within one year after the bill's effective date, and each year thereafter, the Commission must prepare and present to the Legislature an updated version of the report described above. The updated version of the report must 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 must do the following:

-- Annually review and update any recommendations made and, if any of the Commission's recommendations are 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 applies.

The Commission may, 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 must establish subcommittees that may consist of individuals who are 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, 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, which the bill will facilitate, 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 suggest that occupational factors also could affect a person's decision to commit suicide. With this in mind, the Commission includes members from many groups that represent a variety of occupations. This inclusion provides expertise from different sectors of the workforce, which will allow for a more comprehensive final report from the Commission.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

The bill will have an indeterminate fiscal impact on the Department of Health and Human Services. The bill creates the Suicide Prevention Commission. Commission members will not receive a salary; however, they are eligible for reimbursement for necessary expenses incurred in the performance of their duties. The Department also must provide the Commission with clerking services, which may 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 will 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. Public Act 154 of 2019 included $250,000 Gross to support costs related to furnishing clerking services, meeting support, and commissioner reimbursement.

Fiscal Analyst: Ellyn Ackerman

SAS\A1920\s228ea
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.