**₾** 01-11-07 8:37 AM **₾** 

1	UTAH SUICIDE PREVENTION ACT					
2	2007 GENERAL SESSION					
3	STATE OF UTAH					
4	Chief Sponsor: Wayne A. Harper					
5	Senate Sponsor: Wayne L. Niederhauser					
6 7	LONG TITLE					
8	General Description:					
9	This bill creates a task force to study issues relating to suicide $\hat{\mathbf{H}} \rightarrow [\mathbf{and}]$ , $\leftarrow \hat{\mathbf{H}}$ to determine					
9a	the best					
10	way to prevent suicide in the state $\hat{H} \rightarrow \underline{\ \ }$ , and to develop a statewide suicide prevention plan $\leftarrow \hat{H}$ .					
10a	This bill also amends the Utah Human Services					
11	Code to impose reporting requirements, and other duties relating to suicide prevention,					
12	on certain departments in state government.					
13	Highlighted Provisions:					
14	This bill:					
15	<ul><li>defines terms;</li></ul>					
16	<ul> <li>states the legislative findings and purposes related to this bill;</li> </ul>					
17	<ul> <li>describes the duties of the Department of Human Services relating to the purposes</li> </ul>					
18	of this bill, including duties relating to implementing, managing, and updating a					
19	statewide suicide prevention plan $\hat{\mathbf{H}} \rightarrow [$ if the task force determines that a plan should be					
20	developed] ←Ĥ ;					
21	requires the Department of Health and the Department of Human Services to make					

- requires the Department of Health and the Department of Human Services to make an annual report to the Health and Human Services Interim Committee regarding:
  - statistics relating to suicide; and
  - the duties described in the preceding paragraph;
- describes the task force's membership, duties, and procedures and requirements for describes the task force's membership, duties, and procedures and requirements for describes the task force's membership.
- 27 operation;

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28	<ul> <li>provides for compensation of legislators who are members of the task force;</li> </ul>						
29	<ul> <li>provides that the task force will be staffed by the Office of Legislative Research and</li> </ul>						
30	General Counsel;						
31	<ul> <li>designates the minimum and maximum number of meetings that the task force may</li> </ul>						
32	hold;						
33	<ul> <li>provides for the creation of working or advisory groups to assist in fulfilling the</li> </ul>						
34	duties of the task force;						
35	requires the task force to present a report to the Health and Human Services Interim						
36	Committee regarding Ĥ→ the statewide suicide prevention plan developed by the						
36a	<u>task force</u> , $\leftarrow \hat{\mathbf{H}}$ the determinations of the task force and legislative action that						
37	could be taken to prevent suicides in the state; and						
38	<ul> <li>requires certain government agencies to provide information and recommendations</li> </ul>						
39	to the task force.						
40	Monies Appropriated in this Bill:						
41	This bill appropriates:						
42	► \$31,900 in nonlapsing funds from the General Fund for the fiscal year 2006-07						
43	only, to fund the task force.						
44	Other Special Clauses:						
45	Sections 6 through 12 of this bill are repealed on December 1, 2007.						
46	<b>Utah Code Sections Affected:</b>						
47	ENACTS:						
48	<b>62A-16-101</b> , Utah Code Annotated 1953						
49	<b>62A-16-102</b> , Utah Code Annotated 1953						
50	<b>62A-16-103</b> , Utah Code Annotated 1953						
51	<b>62A-16-104</b> , Utah Code Annotated 1953						
52	<b>62A-16-105</b> , Utah Code Annotated 1953						
53	Uncodified Material Affected:						
54	ENACTS UNCODIFIED MATERIAL						
55							
56	Be it enacted by the Legislature of the state of Utah:						
57	Section 1. Section <b>62A-16-101</b> is enacted to read:						
58	CHAPTER 16 LITAH SUICIDE PREVENTION ACT						

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59	<u>62A-16-101.</u> Title.					
60	This chapter is known as the "Utah Suicide Prevention Act."					
61	Section 2. Section <b>62A-16-102</b> is enacted to read:					
62	62A-16-102. Legislative findings and purpose.					
63	(1) The Legislature finds that:					
64	(a) suicide has a significant negative impact on individuals, families, and communities					
65	in the state;					
66	(b) action can and must be taken to address the multiple factors that contribute to					
67	suicide; and					
68	(c) the state must study the problem of suicide and $\hat{H} \rightarrow [$ determine whether it would be					
69	<u>beneficial to</u> ] ← $\hat{\mathbf{H}}$ <u>develop and implement a comprehensive statewide plan to prevent suicides in the</u>					
70	state.					
71	(2) The purpose of this act is to:					
72	(a) discover contributing factors relating to suicide;					
73	(b) $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{make the determination described in Subsection (1)(c)}}]$ develop and implement a					
73a	suicide prevention plan ←Ĥ ;					
74	$\hat{\mathbf{H}} \Rightarrow [\underline{(c)}]$ take appropriate action in response to the determination made under Subsection					
<b>75</b>	$\frac{(2)(b)}{(2)} \leftarrow \hat{\mathbf{H}} $ and					
76	$\hat{\mathbf{H}} \rightarrow [\underline{(d)}]$ (c) $[\underline{to}] \leftarrow \hat{\mathbf{H}}$ support community, charitable, and faith-based organizations in their					
76a	efforts to					
77	reduce suicide rates and improve the quality of life for the citizens of the state.					
78	Section 3. Section <b>62A-16-103</b> is enacted to read:					
79	<u>62A-16-103.</u> Definitions.					
80	As used in this chapter:					
81	(1) "Suicide prevention plan" means a statewide suicide prevention plan, developed by					
82	the department, to prevent suicides in the state.					
83	(2) "Task force" means the Utah Suicide Prevention Task Force.					
84	Section 4. Section <b>62A-16-104</b> is enacted to read:					
85	62A-16-104. Duties of the Department of Human Services.					
86	Beginning on December 1, 2007, the department shall:					
87	(1) carry out the purposes of this chapter, described in Subsections 62A-16-102(2)(a) Ĥ→ [5]					
87a	and ←Ĥ					
88	$(c) \hat{\mathbf{H}} \rightarrow [\frac{1}{2} \text{ and } (\mathbf{d})] \leftarrow \hat{\mathbf{H}} : \hat{\mathbf{H}} \rightarrow [\frac{1}{2} \text{ and }] \leftarrow \hat{\mathbf{H}}$					
89	(2) Ĥ→ [if the task force determines that a suicide prevention plan should be developed:					
90	(a) ←Ĥ manage, implement, and update the suicide prevention plan;					
91	$\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{(b)}}]$ (3) $\leftarrow \hat{\mathbf{H}}$ ensure that the suicide prevention plan:					
92	$\hat{\mathbf{H}} \rightarrow [\underline{(i)}]$ (a) $\leftarrow \hat{\mathbf{H}}$ includes specific, implementable, and measurable actions that may					

92a	be taken by					
93	various governmental agencies, nongovernmental organizations, families, and individuals to					
94	prevent and respond to suicide;					
95	$\hat{H} \rightarrow [\underline{(ii)}] (\underline{b}) \leftarrow \hat{H} \underline{identifies the actions described in Subsection} \hat{H} \rightarrow [\underline{(2)(b)(i)}] (\underline{3})(\underline{a}) \leftarrow \hat{H}$					
95a	that:					
96	$\hat{\mathbf{H}} \rightarrow [\underline{(\mathbf{A})}]$ (i) $\leftarrow \hat{\mathbf{H}}$ have already been implemented;					
97	$\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{(ii)}}]$ (ii) $\leftarrow \hat{\mathbf{H}}$ could be implemented within existing state budgets; and					
98	$\hat{\mathbf{H}} \rightarrow [\underline{(\mathbf{C})}]$ (iii) $\leftarrow \hat{\mathbf{H}}$ will require additional funding to be implemented or continued,					
98a	specifying for each					
99	the amount and potential source of funding that will be required;					
100	$\hat{\mathbf{H}} \rightarrow [\underline{(iii)}] (\underline{\mathbf{c}}) \leftarrow \hat{\mathbf{H}}$ includes the appropriate delivery of services to communities;					
101	$\hat{\mathbf{H}} \rightarrow [\underline{\text{(iv)}}] (\underline{\mathbf{d}}) \leftarrow \hat{\mathbf{H}}$ establishes a coordinated system for the utilization of data for the					
101a	<u>prevention of</u>					
102	suicide;					
103	$\hat{\mathbf{H}} \rightarrow [\underline{(\mathbf{v})}]$ (e) $\leftarrow \hat{\mathbf{H}}$ includes, if the department determines it to be beneficial, training for					
103a	professional					
104	caregivers who work with populations that have a high risk of suicide;					
105	$\hat{\mathbf{H}} \rightarrow [\underline{\text{(vi)}}]$ (f) $\leftarrow \hat{\mathbf{H}}$ is based on scientifically verifiable and quantifiable data and studies;					
106	$\hat{\mathbf{H}} \rightarrow [\underline{\text{(vii)}}] (\underline{\mathbf{g}}) \leftarrow \hat{\mathbf{H}}$ does not include mandatory testing, questioning, or interviewing of					
106a	groups of					
107	children, students, teenagers, or other people in order to determine if some of them may be at					
108	risk of suicide;					
109	$\hat{\mathbf{H}} \rightarrow [\underline{\text{(viii)}}]$ (h) $\leftarrow \hat{\mathbf{H}}$ requires that consent for the testing, questioning, or interviewing					
109a	described in					
110	Subsection $\hat{\mathbf{H}} \rightarrow [\underline{(2)(b)(vii)}]$ (3)(g) $\leftarrow \hat{\mathbf{H}}$ shall be informed and lawful; and					
111	$\hat{\mathbf{H}} \rightarrow [\underline{(ix)}] (\underline{\mathbf{i}}) \leftarrow \hat{\mathbf{H}}$ incorporates recommendations made by the task force; and					
112	$\hat{\mathbf{H}} \rightarrow [\underline{(c)}]$ (4) $\leftarrow \hat{\mathbf{H}}$ ensure that educational resources produced in relation to the suicide					
112a	prevention plan					
113	are presented in a simple, clear format that can be easily understood by people who are not					
114	knowledgeable in subjects relating to suicide or suicide prevention.					
115	Section 5. Section <b>62A-16-105</b> is enacted to read:					
116	62A-16-105. Annual reports by the Department of Health and the Department of					
117	Human Services.					
118	(1) The Department of Health shall, on or before November 30 of each year, report to					
119	the Health and Human Services Interim Committee regarding the following:					
120	(a) suicide rates in the state, broken down by groups based on age, gender, and					

121	minority status;					
122	(b) a comparison of the suicide rates described in Subsection (1)(a) with the rates in the					
123	same categories nationally, and for each state within the United States, to the extent the					
124	information is available; $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{and}}] \leftarrow \hat{\mathbf{H}}$					
125	(c) the $\hat{H} \rightarrow [\frac{\text{relationship between suicide and the use or abuse}}]$ incidence of the					
125a	<u>presence</u> ←Ĥ of psychotropic drugs,					
126	prescription drugs, illicit drugs, and other drugs $\hat{H} \rightarrow \underline{in the bodies of deceased persons suspected}$					
126a	of committing suicide [-]; and					
126b	(d)the incidence of the use of firearms to commit suicide. ←Ĥ					
127	(2) Beginning in 2008, the Department of Human Services shall, on or before					
128	November 30 of each year, report to the Health and Human Services Interim Committee					
129	regarding the following:					
130	(a) the progress made by the department in fulfilling the duties described in Section					
131	62A-16-104; and					
132	(b) suggestions for legislative action that can be taken to prevent suicides in the state.					
133	Section 6. Utah Suicide Prevention Task Force Creation Membership					
134	Quorum Compensation Staff.					
135	(1) There is created the Utah Suicide Prevention Task Force consisting of the following					
136	members:					
137	(a) four members of the Senate appointed by the President of the Senate, no more than					
138	three of whom may be from the same political party; and					
139	(b) seven members of the House of Representatives appointed by the Speaker of the					
140	House of Representatives, no more than five of whom may be from the same political party.					
141	(2) (a) The President of the Senate shall designate a member of the Senate appointed					
142	under Subsection (1)(a) as a cochair of the task force.					
143	(b) The Speaker of the House of Representatives shall designate a member of the					
144	House of Representatives appointed under Subsection (1)(b) as a cochair of the task force.					
145	(3) (a) A majority of the members of the task force constitute a quorum.					
146	(b) The action of a majority of a quorum constitutes the action of the task force.					
147	(4) Salaries and expenses of the members of the task force shall be paid in accordance					
148	with Section 36-2-2 and legislative rule.					
149	(5) The Office of Legislative Research and General Counsel shall provide staff support					
150	to the task force.					
151	Section 7. Duties Meetings.					
152	(1) The task force shall:					
153	(a) study issues related to suicide, including:					
154	(i) the causes of suicide:					

155	(ii) identifying groups at risk of suicide;					
156	(iii) the incidence of suicide among minority populations;					
157	(iv) the incidence of suicide among children, including children in the court system and					
158	children in foster care;					
159	(v) the incidence of suicide among the elderly;					
160	(vi) methods of preventing suicide;					
161	(vii) the Ĥ→ [relationship between suicide and the use or abuse] incidence of the					
161a	presence +Ĥ of psychotropic drugs,					
162	prescription drugs, illicit drugs, and other drugs Ĥ→ in the bodies of deceased persons suspected					
162a	of committing suicide ←Ĥ; Ĥ→ [and] ←Ĥ					
163	(viii) methods of coordinating information among and between pharmacies and					
164	physicians that may assist in preventing suicides and drug abuse; Ĥ→ and					
164a	(ix) the incidence of the use of firearms to commit suicide; ←Ĥ					
165	(b) $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{determine whether it would be beneficial to}}] \leftarrow \hat{\mathbf{H}} \underline{\mathbf{develop a statewide suicide}}$					
165a	prevention					
166	plan to reduce the number of suicides in the state;					
167	(c) advise the Legislature regarding actions that can be taken $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{to}} \leftarrow \hat{\mathbf{H}} :$					
168	(i) improve the quality of life in the state by reducing suicide and its affect on					
169	individuals, families, and communities;					
170	(ii) increase the public's awareness of suicide, the risk factors of suicide, and methods					
171	of preventing suicide;					
172	(iii) enhance suicide prevention services and programs throughout the state;					
173	(iv) coordinate and develop community resources through comprehensive and					
174	collaborative government, community-based, charitable, family-based, and faith-based					
175	approaches to suicide prevention; and					
176	(v) strengthen existing partnerships, and build new partnerships, between public and					
177	private entities that will advance suicide prevention efforts in the state;					
178	(d) identify additional research that needs to be done, or action that should be taken, in					
179	order to:					
180	(i) increase understanding by the community of issues relating to suicide; and					
181	(ii) increase collaboration among organizations that provide services relating to suicide					
182	nrevention:					

183	(e) study and make recommendations regarding whether the department could more					
184	effectively provide suicide prevention services by reorganizing existing structures or programs					
185	within the department; and					
186	(f) receive input from:					
187	(i) stakeholders, professional associations, and other public, private, faith-based, or					
188	charitable organizations that provide services relating to suicide prevention or remediation; and					
189	(ii) other groups that are considering plans, methods, or programs for preventing					
190	suicide in the state, including the Department of Health's Prescription Drug Abuse Working					
191	Group.					
192	(2) The task force:					
193	(a) shall meet at least monthly during the 2007 interim; and					
194	(b) may meet up to ten times during the 2007 interim.					
195	Section 8. Working or advisory groups.					
196	The task force may create working or advisory groups to advise and assist the task force					
197	in fulfilling the duties of the task force.					
198	Section 9. Report by the task force.					
199	Before November 30, 2007, the task force shall present a report to the Health and					
200	Human Services interim committee regarding:					
201	(1) <b>Ĥ→</b> [whether it would be beneficial to:					
202	(a) develop a the $\leftarrow \hat{H}$ suicide prevention plan $\hat{H} \rightarrow $ developed by the task force $\leftarrow \hat{H}$ ;					
202a	Ĥ→ [ <u>or</u>					
203	(b) (2) whether it would be beneficial to $\leftarrow \hat{H}$ reorganize existing structures or programs					
203a	within the department; and					
204	$\hat{\mathbf{H}} \rightarrow [\underline{(2)}]$ (3) $\leftarrow \hat{\mathbf{H}}$ legislative action that could be taken to prevent suicides in the state.					
205	Section 10. Reports to Utah Suicide Prevention Task Force.					
206	(1) On or before July 1, 2007, each of the following agencies shall provide to the task					
207	force the report described in Subsection (2):					
208	(a) the Department of Human Services;					
209	(b) the Department of Health;					
210	(c) the Department of Corrections;					
211	(d) the Utah Division of Indian Affairs, within the Department of Community and					
212	<u>Culture</u> ; and					
213	(e) the Administrative Office of the Courts					

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214	(2) The report provided under Subsection (1) shall include:					
215	(a) a brief description, including funding levels, of each program under the direction of					
216	the reporting agency that provides services related to suicide prevention;					
217	(b) recommendations regarding modifications, within current budgets, that could be					
218	made to improve suicide prevention;					
219	(c) a brief description of new programs that, if instituted, could have a significant					
220	impact on reducing suicide rates or drug abuse that may impact suicidal tendencies, including					
221	in the description the funding that would be necessary to implement those programs;					
222	(d) recommendations regarding measures that can be taken to prevent suicide through					
223	education, outreach, and interagency collaboration;					
224	(e) identification of nongovernmental groups and services that could be utilized in					
225	cooperation with government programs and services to improve suicide prevention; and					
226	(f) recommendations regarding measures that can be taken to prevent suicides within					
227	specific groups, including:					
228	(i) the elderly;					
229	(ii) children in foster care;					
230	(iii) other children;					
231	(iv) minorities; and					
232	(v) other groups within the community.					
233	Section 11. Appropriation.					
234	(1) There is appropriated from the General Fund for the fiscal year 2006-07 only:					
235	(a) \$11,600 to the Senate to pay for the compensation and expenses of senators on the					
236	task force; and					
237	(b) \$20,300 to the House of Representatives to pay for the compensation and expenses					
238	of representatives on the task force.					
239	(2) It is the intent of the Legislature that this appropriation is nonlapsing.					
240	Section 12. Repeal date.					
241	Sections 6 through 12 of this bill are repealed on December 1, 2007.					

Legislative Review Note as of 1-9-07 9:03 AM

Office of Legislative Research and General Counsel

#### H.B. 252 - Utah Suicide Prevention Act

# **Fiscal Note**

## 2007 General Session State of Utah

### **State Impact**

Enactment of this bill will appropriate for FY 2007 one-time, non-lapsing General Funds of \$11,600 to the Senate and \$20,300 to the House of Representatives, a total of \$31,900, for a task force to study and determine the best way to prevent suicide.

	FY 2007	FY 2008	FY 2009	FY 2007	F Y 2000	FY 2009
	Approp.	Approp.	Approp.	Revenue	Kevenue	Revenue
General Fund, One-Time	\$31,900	\$0	\$0	ΦΛ	\$0	\$0
Total	\$31,900	\$0	\$0	\$0	\$0	\$0

### Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.

1/17/2007, 9:10:09 AM, Lead Analyst: Headden, D.

Office of the Legislative Fiscal Analyst