## H.B. 252

## UTAH SUICIDE PREVENTION ACT

HOUSE FLOOR AMENDMENTS

AMENDMENT 3

FEBRUARY 6, 2007

10:32 AM

Representative **David Litvack** proposes the following amendments:

- 1. Page 1, Lines 9 through 12:
  - 9 This bill creates a task force to study issues relating to suicide {-and} to determine the best
  - way to prevent suicide in the state <u>and to develop a statewide suicide prevention plan</u>. This bill also amends the Utah Human Services
  - 11 Code to impose reporting requirements, and other duties relating to suicide prevention,
  - on certain departments in state government.
- 2. Page 1, Lines 17 through 20:
  - 17 describes the duties of the Department of Human Services relating to the purposes
  - of this bill, including duties relating to implementing, managing, and updating a
  - 19 statewide suicide prevention plan { if the task force determines that a plan should be
  - 20 developed ;
- 3. Page 2, Lines 35 through 37:
  - requires the task force to present a report to the Health and Human Services Interim
  - Committee regarding the statewide suicide prevention plan developed by the task force, the determinations of the task force, and legislative action that
  - 37 could be taken to prevent suicides in the state; and
- 4. Page 3, Lines 68 through 77:
  - 68 (c) the state must study the problem of suicide and { determine whether it would be
  - 69 beneficial to develop and implement a comprehensive statewide plan to prevent suicides in the
  - 70 state.
  - 71 (2) The purpose of this act is to:
  - 72 (a) discover contributing factors relating to suicide;
  - 73 (b) { make the determination described in Subsection (1)(c) } develop and implement a suicide prevention plan ;
  - 74 \{\( \text{(c)}\) take appropriate action in response to the determination made under Subsection
  - $\frac{(2)(b)}{(2)}$  and
  - 76 {(d)} (c) to support community, charitable, and faith-based organizations in their efforts to
  - reduce suicide rates and improve the quality of life for the citizens of the state.

```
5.
 Page 3, Line 86 through Page 5, Line 126a:
 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) {-}
                                                                                                                      and
 88
        (c) \left\{ \frac{}{, \text{ and } (d)} \right\} ; \left\{ \frac{}{\text{and}} \right\}
 89
               (2) {if the task force determines that a suicide prevention plan should be developed:
 90
               (a) manage, implement, and update the suicide prevention plan;
 91
                 {<del>-(b)-</del>}
                            (3) ensure that the suicide prevention plan:
 92
                 {<del>-(i)-</del>}
                            (a) includes specific, implementable, and measurable actions that may be taken by
 93
        various governmental agencies, nongovernmental organizations, families, and individuals to
 94
        prevent and respond to suicide;
 95
                 {<del>-(ii)-</del>}
                            (b) identifies the actions described in Subsection \{\frac{(2)(b)(i)}{(b)}\}
                                                                                                        (3)(a) that:
 96
                 \left\{ \frac{\mathbf{A}}{\mathbf{A}} \right\}
                             (i) have already been implemented;
 97
                             (ii) could be implemented within existing state budgets; and
                 {<del>-(B)</del>-}
 98
                 {<del>(C)</del>}
                             (iii) will require additional funding to be implemented or continued, specifying for each
 99
        the amount and potential source of funding that will be required;
100
                 {<u>(iii)</u>}
                             (c) includes the appropriate delivery of services to communities;
101
                 {<del>-(iv)-</del>}
                             (d) establishes a coordinated system for the utilization of data for the prevention of
102
        suicide;
103
                            (e) includes, if the department determines it to be beneficial, training for professional
                 {<del>-(v)</del>-}
104
        caregivers who work with populations that have a high risk of suicide;
105
                 {<del>-(vi)-</del>}
                             (f) is based on scientifically verifiable and quantifiable data and studies;
                 {<del>-(vii)</del>-}
                              (g) does not include mandatory testing, questioning, or interviewing of groups of
106
107
        children, students, teenagers, or other people in order to determine if some of them may be at
108
        risk of suicide;
109
                              (h) requires that consent for the testing, questioning, or interviewing described in
                 {<del>(viii)</del>}
110
        Subsection \{\frac{(2)(b)(vii)}{}\}
                                         (3)(g) shall be informed and lawful; and
111
                 {<del>-(ix)-</del>}
                             <u>(i)</u> <u>incorporates recommendations made by the task force; and</u>
112
                 {<del>-(c)</del>-}
                            (4) _ensure that educational resources produced in relation to the suicide prevention plan
        are presented in a simple, clear format that can be easily understood by people who are not
113
114
        knowledgeable in subjects relating to suicide or suicide prevention.
115
               Section 5. Section 62A-16-105 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; {-and-} 125 (c) the  $\hat{H} \rightarrow [\text{relationship between suicide and the use or abuse}]$  incidence of the 125a presence ←Ĥ of psychotropic drugs, 126 prescription drugs, illicit drugs, and other drugs Ĥ→ in the bodies of deceased persons suspected 126a of committing suicide  $\leftarrow \hat{H}$   $\{-\}$  ; and <u>(d)</u> the incidence of the use of firearms to commit suicide. 6. Page 6, Lines 161 through 166 House Committee Amendments 1-24-2007: 161 (vii) the  $\hat{H} \rightarrow [\text{relationship between suicide and the use or abuse}]$  incidence of the presence ←Ĥ of psychotropic drugs, 161a 162 prescription drugs, illicit drugs, and other drugs Ĥ→ in the bodies of deceased persons suspected 162a of committing suicide  $\leftarrow \hat{H}$ ;  $\{-and\}$ (viii) methods of coordinating information among and between pharmacies and 163 164 physicians that may assist in preventing suicides and drug abuse; and (ix) the incidence of the use of firearms to commit suicide; (b) { develop a statewide suicide prevention 165 166 plan to reduce the number of suicides in the state; 7. Page 7, Lines 199 through 204: 199 Before November 30, 2007, the task force shall present a report to the Health and 200 Human Services interim committee regarding: (1) {<u>whether it would be beneficial to:</u> 201 **202** (a) develop a the suicide prevention plan developed by the task force; {-or-} 203 {<del>-(b)--</del>} **(2)** whether it would be beneficial to reorganize existing structures or programs within the department; and 204 {<del>-(2)</del>-} (3) legislative action that could be taken to prevent suicides in the state.