

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1339 Suicide Prevention

SPONSOR(S): Long

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Committee on Healthy Seniors</u>	_____	<u>Ciccone</u>	<u>Ciccone</u>
2) <u>Healthcare Council</u>	_____	_____	_____
3) <u>Policy & Budget Council</u>	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

House Bill 1339 establishes the Veterans' Suicide prevention and Services Program under the Governor's Office for Suicide Prevention. The bill encourages coordination with the Department of Veterans' Affairs, the Department of Military Affairs, and the United States Department of Veterans Affairs. The bill also provides specific tasks for the newly created office to implement and establish the program, and provides guidelines for community-based behavioral health providers to follow and serve veterans at risk for suicide.

The legislation provides a nonrecurring appropriation of \$1.3 million from the General Revenue Fund.

The bill provides an effective date of July 1, 2008.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provides limited government: This bill establishes a new program for Veterans called the Veterans' Suicide Prevention and Services Program under the Governor's Statewide Office for Suicide Prevention.

Empower families: This bill provides additional suicide prevention and related health services specifically targeted to Veterans and their families. Veterans and their families who take advantage of these services may experience an increase in family stability, self-support and life management.

B. EFFECT OF PROPOSED CHANGES:

Present Situation

The United States Department of Veterans Affairs (VA) is a federally designated organization, established on the premise of implementing the following five goals:

- 1) restoring the capability of veterans with disabilities to the greatest extent possible, and improving the quality of their lives and that of their families;
- 2) ensuring a smooth transition for veterans from active military service to civilian life;
- 3) honoring and serving veterans in life, and memorializing them in death, for their sacrifices on behalf of the Nation;
- 4) contributing to the public health, emergency management, socioeconomic well-being, and history of the Nation; and
- 5) delivering world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources.¹

The VA offers vast resources for veteran's mental health treatment, and provides nearly \$3 billion a year for mental health services. Outreach and education efforts include a website² and the National Suicide Prevention Lifeline³ dedicated to veterans suicide prevention. In the case of a veteran who is not near a VA facility, he or she may be able to see an "out of network" professional. In June 2007, the VA added suicide prevention counselors to their cadre of 9,000 mental health professionals.⁴

The VA provides medical benefits and other programs and services for the nations' 24.3 million eligible veterans. In 2006, approximately 5.3 million people were treated in VA health care facilities, 3.6 million veterans and survivors received VA disability compensation or pensions, and 600,000 were able to use GI Bill education benefits. In addition, more than 2.4 million owned homes were purchased with GI Bill home loan benefits. Approximately 97,000 veterans and family members were buried in VA's national cemeteries.⁵

The VA spent more than \$5.3 billion in Florida in 2006 to care for nearly 1.8 million veterans who live in the state. In 2006, 280,617 veterans and survivors received disability compensation, dependency and indemnity compensation, or pension payments in Florida. The VA provided 32,815 veterans, reservists

¹ U.S. Department of Veterans' Affairs, 2007 VA Information Pamphlet

² <http://www.mentalhealth.va.gov/>

³ 1-800-273-TALK

⁴ <http://www1.va.gov/opa/pressrel>.

⁵ <http://www1.va.gov/opa/fact/statesum/flss.asp>, U.S. Department of Veterans' Affairs

or survivors' education benefits through the GI Bill; 184,168 owned homes with active VA home loan guarantees originally valued at \$5.9 billion. Florida veterans held more than 140,000 VA life insurance policies valued at nearly \$1.6 billion. More than 9,000 were interred in Florida's five national cemeteries.

One of the most visible of all VA benefits is health care. The VA has 153 hospitals, 882 ambulatory care and community-based outpatient clinics, 207 Vet Centers, 136 nursing homes, 45 residential rehabilitation treatment programs and 92 comprehensive home care programs. Due to technology and national and VA health care trends, the VA has changed from a hospital-based system to a primarily outpatient-focused system over the past decade. Veterans will make 55 million outpatient visits to VA health care facilities this year.⁶

Federal Legislation

In November 2007, the Joshua Omvig Veterans Suicide Prevention Act was passed. The new law expanded the scope of VA veteran suicide prevention programs to include family counseling intended to assist family members with identifying suicide risk factors. During a December 12, 2007, hearing of the House Committee on Veterans' Affairs, the VA Deputy Chief Patient Care Services Officer for Mental Health testified that "Mental illness is a serious disease, affecting not only the individual who has the problem, but also his or her family" and that provisions of the Omvig Act were already being put in place at that time.⁷ Also in 2007, to ensure veterans with emotional crises have available access to trained professionals, the Department of Veterans' Affairs began operating a national suicide prevention hotline for veterans. The VA implemented this program in cooperation with the Substance and Mental Health Services Administration of the Department of Health and Human Services (HHS) and the National Suicide Prevention Lifeline.⁸

In January 2007, US Senator Richard Burr, the Ranking Member on the Senate Veterans' Affairs Committee, introduced Senate Resolution 2573, the Veterans' Mental Health Treatment First Act "...to require a program of mental health care and rehabilitation for veterans with service-related post-traumatic stress disorder, depression, anxiety disorder, or a related substance use disorder..." In effect, if passed, this law would make VA mental disability compensation received by a veteran contingent on that veteran first seeking the prescribed VA mental health care. The program would be voluntary, and the veteran would receive wellness stipends for complying with the prescribed care. Currently, veterans may receive VA disability compensation while not seeking the necessary VA medical care, and this law seeks to ensure that veterans with mental illness no longer fall through the cracks of the system.⁹

Florida Veterans

Sixty percent (60%) of the nation's veterans live in urban areas. States with the largest veteran population are California, Florida, Texas, Pennsylvania, New York and Ohio, respectively. These six states account for about 36% of the total veteran population.

States with a veterans' department, such as Florida, typically use their resources to assist veterans to receive federal disability assistance and medical care; thus Florida does not currently provide in-patient or out-patient medical services for veterans.¹⁰

⁶ *Id*

⁷ <http://www.va.gov/OCA/testimony/hvac/071212IK.asp>

⁸ <http://www.suicidepreventionlifeline.org>

⁹ Department of Veterans' Affairs Analysis, dated march 14, 2008, on file with the committee.

¹⁰ Department of Veterans' Affairs Analysis, dated March 14, 2008, on file with the committee.

In Florida, the VA operates medical centers at Bay Pines, Miami, Tampa, and West Palm Beach, and two medical divisions at Gainesville and Lake City, which comprise the North Florida and South Georgia Veterans' Health System. Additionally, VA has narrowed the possible site locations for the newest VA medical center to be built in Orlando. Nine multi-specialty VA outpatient clinics are located in Pensacola, Panama City Beach, Tallahassee, Jacksonville, Daytona Beach, Viera (Brevard County), Port Richey, Ft. Myers and Oakland Park.

Between 1996 and 2006, outpatient visits increased from 2,081,192 to 5,470,616. Hospital inpatients treated increased from 45,762 in 1996 to 53,562 in 2006. Hospitalized patients are estimated to decrease in future years as workload continues to shift from inpatient to outpatient settings. Women veterans represent 8 percent of the total number of veteran patients in Florida, with that percentage expected to increase.

Statewide Office for Suicide Prevention

In 1984, the Legislature passed the Florida Emotional Development and Suicide Prevent Act.¹¹ The act required the Department of Health and Rehabilitative Services, in cooperation with the Florida Department of Education and Department of Law Enforcement, to develop a state plan for youth suicide. While the initial state initiative highlighted suicide prevention among Florida's youth, subsequent prevention initiatives over the years have covered other age groups and populations. In February 2004, former Governor Jeb Bush held the Governor's Task Force on Suicide Prevention retreat at Camp Blanding for the purpose of discussing developing a strategy to reduce suicide in our communities. Participants included representatives from state agencies, universities, crisis centers, as well as health care professionals and community activists. In December 2006, the Florida Suicide Prevention Symposium was held, wherein efforts to encourage the Legislature to establish a Statewide Office for Suicide Prevention were highlighted. In 2007, the Legislature passed HB139/SB224 which established the Statewide Office for Suicide Prevention within the Florida Office of Drug Control.

Effect of Proposed Changes

House Bill 1339 amends s.14.2019, F.S., to establish the Veterans' Suicide Prevention and Services Program under the Governor's Statewide Office for Suicide Prevention. The bill creates a new section of law, s. 14.20193, F.S., which provides for the requirements and implementation of the program. The program consists of identifying and qualifying community-based programs and providers relating to suicide prevention services and public education regarding the risk of suicide among veterans.

C. SECTION DIRECTORY:

Section 1. Creates s. 14.2019, F.S., establishing a Veterans' Suicide Prevention and Services Program within available resources.

Section 2. Creates s. 14.20193, F. S., establishing program criteria relating to the newly-created Veterans' Suicide Prevention and Services Program created within the Statewide Office for Suicide Prevention.

Section 3. Provides for \$1.3 million in nonrecurring funds to be appropriated from the General Revenue Fund to fund the Statewide Office for Suicide Prevention for the 2008-09 fiscal year to support the Veterans' Suicide Prevention and Services Program created in the bill.

Section 4. Provides an effective date of July 1, 2008.

¹¹ Chap.84-317, Laws of Florida

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill provides a nonrecurring appropriation of \$1.3 million from the General Revenue Fund to support the implementation of the bill.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

This bill provides additional suicide prevention and related health services specifically targeted to Veterans and their families. In addition, qualifying community-based providers in the area of suicide prevention would receive payment from providing the services.

D. FISCAL COMMENTS:

The Florida Department of Veterans' Affairs recommends that any program in the area of medical care or benefits for veterans be compared against existing federal care and benefits to ensure that the efforts are complimentary and not duplicative, so that veterans' compensation is not adversely affected.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This legislation does not appear to require counties or municipalities to spend funds or take any action requiring the expenditure of funds; reduce the authority that municipalities or counties have to raise revenue in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

D. STATEMENT OF THE SPONSOR

Discussion with the Department of Veterans Affairs has highlighted a serious gap in service for veterans returning from active duty. Currently, veterans are eligible to receive services at the state level for 60 days following their return from service. Due to long waiting lists for federal VA benefits, the state benefits expire prior to the federal benefits beginning. This bill would allow the timely coordination of mental health services and suicide prevention counseling for veterans in need. This bill improves coordination efforts and the standard of care for the men and women who returned safely from duty but continue to deal with the emotional and psychological effects of combat.

The \$1.3 million appropriation is to be designated from an existing funding source within the Military & Veterans affairs budget – The Family Readiness Program.

IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES