

**Senate Bill 905: Public Safety – Extreme Risk Protective Orders – Review of Court
Records
Judicial Proceedings
February 27, 2024
Position: SUPPORT**

My name is Eileen Zeller, MPH and I retired in 2018 after a career in suicide prevention and public health. In retirement I serve on the board of the Mental Health Association of Maryland, and I am past chair of the Governor’s Commission on Suicide Prevention. I spent the last ten years of my working life as Lead Public Health Advisor in the Suicide Prevention Branch of the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA).

Firearms are the most common method of suicide nationally and in Maryland. Between 2016 and 2020, we lost 3,108 Marylanders to suicide. In 2020 alone, 267 Marylanders used a gun to kill themselves—46% of all suicides. Each of these individuals represents a profound loss to their families, friends, and communities. They were members of every age group, race, ethnicity, and socio-economic background. Suicide was the second leading cause of death among 10- to 19-year-olds. Rates were highest among men, people living in rural communities, and for people over 80 and between ages 55-59.

As you’ll hear from the Hopkins Bloomberg School of Public Health and other witnesses supporting SB 905, this bill simply grants access to Extreme Risk Protective Order (ERPO) data to “researchers affiliated with institutions of higher education conducting related academic or policy research.” Through the Office of the Attorney General, Maryland researchers were granted that access in 2021, but the provision allowing access will sunset at the end of 2024.

Research suggests that ERPOs are effective tools for preventing firearm suicide, but the only way to know for certain is to analyze the data. Until we understand how Maryland’s ERPO law is being used, implemented, and enforced, we won’t know how effective it is in saving lives.

These are some of the initial, basic suicide-related ERPO questions we need to answer in Maryland:

- Why are ERPO petitions being filed? (What number and percentage of ERPO petitions are filed for “danger to self” vs. “danger to others”?)
- Of authorized petitioners, who is filing for ERPOs? (What proportion of “danger to self” petitions are filed by law enforcement vs. family members vs. health care providers?)
- To what extent are judges granting suicide-related petitions at the temporary and final hearings?

More broadly, we need to understand the Why behind the data so that we can enhance the effectiveness of ERPO implementation and—ultimately—save more lives.

I urge a favorable report on SB905.