

Paul S. Nestadt, M.D.  
Associate Professor  
Department of Psychiatry  
Johns Hopkins Medical Institution

Meyer 1<sup>st</sup> floor, Room 114  
600 N. Wolfe Street  
Baltimore, MD 21287-0005  
410-955-8003 Office  
410-614-7858 Coordinator  
410-614-5913 Fax  
pnestadt@jhmi.edu



Dear Chairman Smith, Vice Chair Waldstreicher, and members of the committee,

I am a psychiatrist and Associate Professor at Johns Hopkins, where I am co-director of the Johns Hopkins Suicide Prevention Workgroup and faculty at the Center for Gun Violence Solutions. I also serve on the Baltimore City Council's Suicide Prevention Legislative task force, consult for the Maryland Governor's Commission on Suicide Prevention, and I chair the Maryland Suicide Fatality Review Committee. I am not writing today on behalf of these state affiliated organizations or Hopkins, but as a representative of the Maryland Psychiatric Society, representing the psychiatrists of Maryland. **I urge the committee to support Senate bill 905 to authorize academic researchers to utilize data from Extreme Risk Protective Orders to better evaluate how these petitions are being used to prevent gun deaths in Maryland.**

We stand at a critical juncture in Maryland, grappling with the persistent challenge of firearm-related suicides, which have just reached an all-time high in our state. My research, entrenched in the dynamics of suicide in Maryland, has led to the development of life saving clinical interventions such as Safe Storage Navigators as well as legislative strategies to reduce gun violence such as the strengthening of child access protection laws and expansions of existing handgun policies to long guns. None of this lifesaving work would be possible without good data on the use and impact of the laws we pass.

As a psychiatrist, I am deeply committed to patient privacy. It is a cornerstone of the Hippocratic oath and none of my clinical work would be possible without my patients' trust that I will protect the truths they reveal in session. When we use patient data to better understand medical interventions, whether it be for clinical trials of new medications or for evaluation of crisis intervention measures, all of our research protocols undergo extensive multi stage review by an ethics board and Institutional Review Board to assure appropriate de-identification and enforce strict rules surrounding encryption, storage, and disposal of protected health information. These long-standing practices have protected private information effectively for decades, and have evolved successfully into the digital age. Having worked as a clinician and researcher my whole life, I have supreme faith in our ability to hold private information safely. The knowledge gained from this bill's enactment will inform legislators, policymakers, clinicians, and the public, fostering a deeper understanding of the life-saving potential of ERPOs.

I ask for your support for SB 905. Its passage signifies a commitment to public safety, mental health, and the wellbeing of our communities. With your support, Maryland can lead the way in reducing firearm suicides, setting a precedent for the nation in effective, data-driven suicide prevention strategies.

Thank you for your dedication to this cause and for considering the profound impact of informed, research-backed legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Nestadt".

Paul Nestadt, M.D.  
Associate Professor, Johns Hopkins School of Medicine  
Department of Psychiatry and Behavioral Sciences