



**BILL NO:** House Bill 1012  
**TITLE:** Public Health - Local Suicide Fatality Review Teams - Authorization  
**COMMITTEE:** Health  
**HEARING DATE:** February 24, 2026  
**POSITION:** **INFORMATION**

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The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that works to lead diverse community partners toward the common purpose of reducing the occurrence and impact of intimate partner violence. MNADV offers this information based on its experience with Maryland's Domestic Violence Fatality Review Teams (DVFRTs) and its statewide tracking of intimate partner violence homicides. MNADV also leads the Maryland Domestic Violence Fatality Review State Implementation Team (MD-DVFRSIT). We provide this context to highlight structural similarities and areas of potential intersection and partnership relevant to HB 1012.

House Bill 1012 outlines a structure for suicide fatality reviews that shares similarities with Maryland's existing Domestic Violence Fatality Review Team statute (Family Law § 4-701). Under HB 1012, counties are authorized to establish local teams whose purpose is to prevent suicide deaths by identifying systemic, service, and policy factors. Like DVFRTs, membership would be made up of a multidisciplinary group, including law enforcement, health officers or departments, social services, and other stakeholders. The product of the team would be exempt from public disclosure. Local suicide fatality review teams must coordinate with the State Suicide Fatality Review Committee.

### **Intersection of Intimate Partner Violence and Suicide**

MNADV offers this information in light of the documented intersection between intimate partner violence and suicide.

According to MNADV's 2024 Intimate Partner Violence Homicide Data, 41 Marylanders lost their lives to domestic violence in 2024. In over one-third of those deaths, the homicide was followed almost immediately by the abusive partner's suicide. Of those murder-suicide cases, 94% involved a firearm.

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At the same time, survivors who die by suicide as a result of ongoing abuse may not be identified as intimate partner violence-related in suicide mortality data. Research demonstrates that individuals who experience intimate partner violence face a significantly elevated risk of suicidal ideation and suicide attempts. Without attention to abuse dynamics, suicide data may not fully capture the role that intimate partner violence plays in suicide risk.

These patterns demonstrate that *suicide and intimate partner violence are interconnected public health concerns*. As suicide fatality review teams are established, attention to intimate partner violence dynamics may strengthen prevention efforts and reduce gaps in systemic analysis.

### **Documented Impact of Maryland’s DVFR System**

Over the past two decades, Maryland’s Domestic Violence Fatality Review Teams have contributed to measurable improvements in local and statewide systems. Fatality review findings have informed operational changes within law enforcement, the courts, and healthcare systems, including strengthened evidence collection practices, expanded lethality assessment implementation, enhanced domestic violence screening in healthcare settings, and improved firearm relinquishment enforcement tied to protective orders.

Fatality review work has also supported the development and expansion of coordinated community response structures, including Family Justice Centers and specialized domestic violence divisions within local government. Through sustained multidisciplinary collaboration, DVFRs have translated fatality data into implemented system changes that improve cross-agency coordination, victim safety, and offender accountability.

### **Implementation Considerations**

Authorizing review teams in statute is an important first step. MNADV’s experience with Maryland’s existing fatality review processes shows that clear guidance on how teams function in practice is equally important. Based on that experience, several implementation considerations may be helpful as counties evaluate how to operationalize HB 1012:

1. **Defining “Actionable” Recommendations:** Over time, DVFRs have developed approaches for drafting recommendations that are specific, measurable, and directed

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toward the appropriate agency. MNADV's experience supporting these processes may be helpful in sharing tools and frameworks that assist new teams in translating case review findings into systems-level prevention strategies.

2. **Confidentiality:** HB 1012 grants suicide fatality review teams access to sensitive mental health and substance use records. Domestic Violence Fatality Review Teams in Maryland operate under confidentiality provisions that reconcile federal HIPAA requirements with state-authorized review authority. Under Maryland's DVFRT statute, information and records obtained by DVFRTs are confidential and not subject to subpoena. Establishing clear protocols for how protected health information may be accessed, discussed, and safeguarded is essential to ensuring compliance and maintaining trust among participating agencies. MNADV's experience supporting DVFRTs may be helpful in navigating similar considerations as suicide fatality review teams are implemented.
3. **Case Selection and Review Criteria:** Fatality review teams cannot review every death. DVFRTs use case selection committees and work closely with their various partners to prioritize cases that present the greatest opportunity for systemic learning, including cases involving firearm use, prior protective order filings, documented suicide threats, or known histories of violence. MNADV's experience working with DVFRTs on these criteria may be helpful in informing how suicide fatality review teams establish clear and sustainable review parameters.
4. **Multidisciplinary Coordination:** Domestic Violence Fatality Review Teams in Maryland operate within structured, multidisciplinary frameworks that bring together law enforcement, prosecutors, victim service providers, healthcare professionals, and other stakeholders to examine cases collaboratively. This coordinated approach is designed not only to review individual deaths, but to identify systemic gaps and implement cross-agency improvements at the local level. MNADV's experience leading and supporting this multidisciplinary coordination may be helpful as suicide fatality review teams establish collaborative processes that promote meaningful systems change.

Fatality review processes across disciplines often involve the same systems, including behavioral health services, courts, law enforcement, and firearm relinquishment processes.

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When suicide and intimate partner violence are reviewed separately, important context may be overlooked.

MNADV offers this information to provide context regarding Maryland's existing fatality review infrastructure and the documented intersection between intimate partner violence and suicide. Suicide fatality review processes will be stronger by incorporating intimate partner violence dynamics into review and collaborating with local Domestic Violence Fatality Review Teams when appropriate.

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