

**Department of Legislative Services**  
 Maryland General Assembly  
 2020 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

Senate Bill 789  
 Finance

(Senator Eckardt)

**Public Health - Maryland Suicide Fatality Review Committee (Suicide Mortality Review and Prevention Act of 2020)**

This bill establishes the Maryland Suicide Fatality Review Committee (State team). The purpose of the State team is to identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicide deaths. The State team must include specified members. The Maryland Department of Health (MDH) must provide staff for the team. To the extent that funds are available, the State team may hire staff or consultants to assist it in carrying out its duties. MDH may adopt regulations to carry out the bill.

**Fiscal Summary**

**State Effect:** General fund expenditures increase by *as much as* \$571,300 in FY 2021 to build a data system and for staff. Future year expenditures reflect annualization, elimination of one-time-only costs, and ongoing costs to maintain the data system. Revenues are not affected.

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	571,300	507,100	512,200	519,500	527,100
Net Effect	(\$571,300)	(\$507,100)	(\$512,200)	(\$519,500)	(\$527,100)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** The bill is not anticipated to materially impact local government finances or operations.

**Small Business Effect:** Minimal.

## Analysis

### Bill Summary:

#### *State Team Members*

The State team must elect the chair of the team by a majority vote. Each designated member must serve on the State team for a three-year term and may be reappointed. At the end of a term, a designated member continues to serve until a successor is appointed. A member of the State team may not receive compensation for services but is entitled to reimbursement for expenses under the standard State travel regulations.

#### *Required Duties of the State Team*

The State team must:

- meet at least quarterly to review suicide deaths;
- make determinations regarding (1) issues related to individuals at risk for suicide, specifically trends, risk factors, current best practices in suicide prevention, lapses in systemic responses, and barriers to safety and well-being and (2) strategies for the prevention of suicide deaths;
- report at least annually to the Governor and the General Assembly on its activities and its specified recommendations;
- undertake annual specified statistical studies; and
- disseminate findings and recommendations based on the studies conducted to policy makers, health care providers, health care facilities, and the public.

#### *Immunity*

A person must have the immunity from liability under § 5-637 of the Courts Article for any action as a member of the State team or for giving information to, participating in, or contributing to the function of the State team.

#### *Records and Information*

On request of the chair of the State team and as necessary to carry out the State team's purpose and duties, a health care provider or a State or local government agency immediately must provide the team any records necessary to complete the review of a specific fatality.

The State team may request that a person with direct knowledge of circumstances surrounding a fatality provide it with information necessary to complete the review of the particular fatality.

The State team (1) may share information with other public health authorities or their designees as it determines necessary and (2) must interact and collaborate with the State's Child Fatality Review and Drug Overdose Fatality Review teams to share and receive information relevant to its findings.

### *Confidentiality*

In general, all information and records acquired by the State team must be confidential, must be exempt from disclosure under the Public Information Act, and may not be subject to discovery or introduction into evidence in any proceedings. Mental health records are subject to additional limitations.

### *Meetings*

Meetings of the State team must be closed to the public and are not subject to the Open Meetings Act. The meetings are subject to specified confidentiality requirements for disclosure of a medical record.

### *Applicability*

The bill must be construed to apply only prospectively to deaths that occur after the effective date of the bill.

## **Current Law:**

### *Veteran and Armed Service Member Suicide Reporting*

Chapters 154 and 155 of 2018 require the Secretary of Health to publish an annual report on the suicides of veterans and members currently serving in the U.S. Armed Forces. The report may only include specified demographic information, the nature of the service, and the method of suicide.

### *Veteran Suicide Prevention – Comprehensive Action Plan*

Chapter 35 of 2019 requires MDH to develop a comprehensive action plan to increase access to and availability of professional veteran health services to prevent veteran suicides. The action plan must include (1) short-term initiatives and reforms and a plan for

implementation beginning no later than July 1, 2021, and (2) long-term initiatives and reforms and a plan for implementation beginning no later than July 1, 2023.

*Maryland's Commitment to Veterans*

Chapter 555 of 2008 established Maryland's Commitment to Veterans within MDH and administered by the Behavioral Health Administration. The program assists veterans in coordinating comprehensive wellness and behavioral health services and directs veterans to federal services specifically available to veterans or to State resources when no federal services are available.

**State Expenditures:** MDH advises that additional resources are necessary to establish the State team to conduct an in-depth review of approximately 650 suicide deaths that occur annually in Maryland, including obtaining and reviewing records, conducting statistical analysis of data, and preparing an annual report. Furthermore, as the State team must conduct its public health activities in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA), a HIPAA-compliant database to house the confidential data about suicide decedents is required.

Thus, general fund expenditures increase by *as much as* \$571,335 in fiscal 2021, which accounts for the bill's October 1, 2020 effective date. This estimate reflects the estimated cost to create a HIPAA-compliant data system and the cost to hire one health policy analyst to coordinate State team activities and one data manager to oversee the data system. To estimate the costs of the data system, MDH used the Child Fatality Review data system as a conceptual point of comparison. The estimate includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Positions	2
Salaries and Fringe Benefits	\$160,602
Initial Expenses to Establish Data System	400,000
One-time Start-up Costs	9,780
Ongoing Operating Expenses	<u>953</u>
<b>Total FY 2021 State Expenditures</b>	<b>\$571,335</b>

Future year expenditures reflect full salaries with annual increases and employee turnover, ongoing operating expenses, and an estimated \$300,000 in annual expenses to manage and maintain the data system.

For the purposes of this fiscal and policy note, it is assumed that reimbursements for State team members are minimal and absorbable within existing budgeted resources.

## **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland Association of County Health Officers; Baltimore City; Montgomery and Worcester counties; Maryland Association of Counties; Governor's Office; Judiciary (Administrative Office of the Courts); Maryland Department of Health; Department of Legislative Services

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