

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 168

Finance

(Senator Eckardt)

Health and Government Operations

Public Health - Maryland Suicide Fatality Review Committee

This bill establishes the Maryland Suicide Fatality Review Committee (State team) 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* \$542,300 in FY 2022 to establish a data system and staff the State team. Future year expenditures reflect annualization and ongoing costs to maintain the data system. Revenues are not affected.

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	542,300	468,000	473,100	479,300	485,700
Net Effect	(\$542,300)	(\$468,000)	(\$473,100)	(\$479,300)	(\$485,700)

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: None.

Analysis

Bill Summary:

State Team Members and Required Duties

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.

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, Provision of Records and Information, and Confidentiality

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.

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 coordinate with the State's Child Fatality

Review and Drug Overdose Fatality Review teams to share and receive information relevant to its findings and to ensure efficiency in the work of the teams.

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

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.

Current Law: Chapter 585 of 2020 authorizes the State Highway Administration to post information on suicide prevention, including a hotline number, on electronic signs along any highway within a five-mile radius of a high suicide risk zone.

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.

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.

Chapter 555 of 2008 establishes 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), an HIPAA-compliant database to house the confidential data about suicide decedents is required.

Thus, general fund expenditures increase by *as much as* \$542,340 in fiscal 2022, which accounts for the bill's October 1, 2021 effective date. This estimate reflects the estimated cost to create an 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	2.0
Initial Expenses to Establish Data System	\$400,000
Salaries and Fringe Benefits	131,177
Other Operating Expenses	<u>11,163</u>
Total FY 2022 State Expenditures	\$542,340

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.

Additionally, it is assumed that reimbursements for State team members are minimal and absorbable within existing budgeted resources.

Additional Information

Prior Introductions: SB 789 of 2020 received a hearing in the Senate Finance Committee, but no further action was taken.

Designated Cross File: HB 209 (Delegate Belcastro) - Health and Government Operations.

Information Source(s): Maryland State Treasurer's Office; Judiciary (Administrative Office of the Courts); Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - January 22, 2021
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