



One Park Place | Suite 475 | Annapolis, MD 21401-3475  
 1-866-542-8163 | Fax: 410-837-0269  
 aarp.org/md | md@aarp.org | twitter: @aarpm  
 facebook.com/aarpm

**HB 48 Public Health – Maryland Suicide Fatality Review Committee  
 Favorable  
 House Health and Government Operations Committee  
 January 26, 2022**

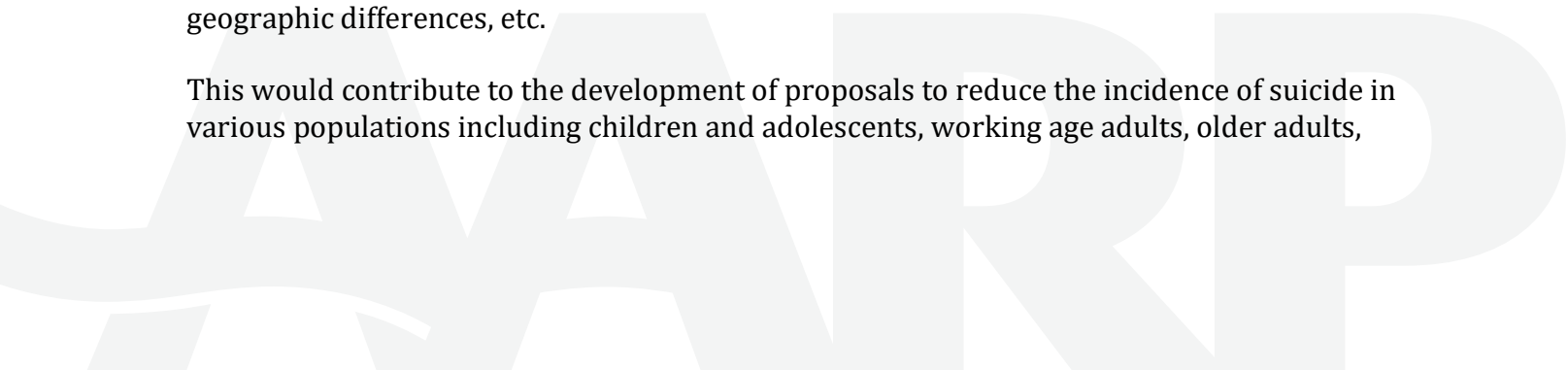
Good Afternoon Chair Pendergrass and members of the House Health and Government Operations Committee. I am Tammy Bresnahan, and I am the Director of Advocacy for AARP MD. AARP is the largest membership-based organizations for individuals 50 and over in the United States and has over 870,000 members in Maryland. AARP Maryland supports HB 48, which would establish a suicide fatality review committee in Maryland.

Suicide, the 10<sup>th</sup> leading cause of death in the United States, is a major public health issue affecting people of all ages but especially the population 50 and over. An AARP Maryland volunteer and expert in behavioral health, Michael Friedman compiled a chart on Maryland suicide rates from 2015 to 2019 based on information from the (Centers for Disease Control and Prevention: *Fatal Injury Reports*. (2020) <https://wisqars.cdc.gov/fatal-reports> (Per 100,000 population). The chart indicates that suicide increased with age, peaking with men 85 and over. Additionally, in 2019 alone, there were 657 deaths due to suicide in Maryland.

<u>Age</u>	<u>Overall Rate</u>	<u>Female Rate</u>	<u>Male Rate</u>
All ages	10.22	6.16	16.50
15-24	9.64	5.53	14.92
25-39	12.05	7.15	19.30
40-64	13.31	9.40	21.30
65+	13.28	5.18	24.75
75+	14.69	4.30	31.36
85+	16.65	3.74	<b>40.45</b>

A suicide fatality review committee would have the opportunity to identify issues that contribute to suicide including mental illness, substance abuse, social isolation, physical disability, pain, and cognitive decline. The review board would also be able to develop data (1) on rates of suicide of various populations in Maryland, (2) on access to and utilization of behavioral health services, (3) on identification of risk by primary care physicians and geriatricians, (4) on the means by which older adults take their own lives, (5) on geographic differences, etc.

This would contribute to the development of proposals to reduce the incidence of suicide in various populations including children and adolescents, working age adults, older adults,



people of color, and rural, urban, and suburban populations.

A suicide review committee would without doubt be of great use to both researchers and policy makers attempting to understand and reduce suicide rates in Maryland. AARP Maryland respectfully requests a favorable report from the House Health and Government Operations Committee on HB 48. For questions or additional information, please contact Tammy Bresnahan, Director of Advocacy at [tbresnahan@arp.org](mailto:tbresnahan@arp.org) or by calling 410-302-8451.