



January 23, 2022

The Honorable Shane E. Pendergrass  
House Health & Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

RE: Support – HB 48: Public Health - Maryland Suicide Fatality Review Committee

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support House Bill 48 (HB 48): Public Health - Maryland Suicide Fatality Review Committee (SFRC) as the US suicide rate has climbed alarmingly over the past 20 years and is higher now than it has been since WWII. While other significant causes of death, such as heart disease and cancer, have declined significantly, suicide rates have risen to become the second leading cause of death for Americans under age 40 (NCHS Data Brief, 2020). Not only are the suicide rates climbing nationally, but in our own state.

From 2016 to 2017, Maryland's suicide rate rose by nine percent (9%), an increase of 53 lives lost in a one-year span (MVDRS, 2017). In addition to these tragic numbers, the economic burden of suicide is significant. The American Foundation for Suicide Prevention estimates that suicides cost Maryland over \$1.1 million per decedent. Without a cohesive body specifically dedicated to reviewing and reporting on the circumstances of suicide deaths in the State, it is difficult for public health officials to create and implement effective and sustainable prevention efforts.

To combat the rising suicide rates in Maryland, MPS and WPS support creating a Suicide Fatality Review Committee (SFRC). Suicide is the tragic outcome of complex interactions between societal, community, family, and individual risk factors; hence its prevention requires collaborative efforts from multiple sectors (i.e., healthcare, social, legal, and educational).

If established, the SFRC would have the authority to compile a wide range of existing data



sources (i.e., medical records, death records, healthcare data) concerning those who have committed suicide to enable the SFRC to comparatively analyze the State's data to that of other public and private entities. This would ensure that Maryland conducts more in-depth case and systems reviews to produce more accurate reports and recommendations for future suicide prevention efforts.

Although Maryland currently participates in more superficial data collection enterprises, such as National Violent Death Reporting System (NVDRS), an SFRC has unique facets that would address existing gaps within our current systems.

Here are some examples of the NVDRS' shortcomings:

- NVDRS estimates if a decedent was a veteran, but does not disclose deployment history, combat history, etc.
- NVDRS data includes the suicide weapon (e.g., a firearm, prescription drugs, etc.), but excludes information on the weapon's owner, how the weapon was stored, whether the prescription drugs used were prescribed to the victim, if a certain location is a suicide hotspot, etc.
- NVDRS data includes whether the victim had mental health issues, but does not disclose the diagnoses, treatments, prescribed medications, the caregiver's profession, etc.
- NVDRS data discloses attempted suicide history, but excludes the frequency, recency, and/or warning signs of the attempts

The SFRC has the potential to:

- provide information on contributing factors and patterns in demographics that display higher rates of suicide
- provide potential indicators, intervention points, or levers to prevent suicide amongst these subgroups
- establish points of intervention for suicidal individuals
- test a process for cross-agency data collection and synthesis of the information gathered
- reduce the economic burden of suicide costs that are covered by the State
- establish risk profiles based on decedents who did not display suicidal intent
- improve the training of clinical providers
- intersect with findings from opiate fatality reviews to better establish decision trees toward the manner of death determinations
- provide additional information informing improved continuity of care recommendations



**Washington  
Psychiatric Society**

Amidst the increasing suicide rates in Maryland, the importance of innovative state-wide efforts to reduce suicide has become a compelling issue. Implementing a Suicide Fatality Review Committee (SFRC) is an extremely cost-effective venture for lowering suicide rates. By establishing an SFRC in Maryland, we can ensure that future suicide prevention-based state policies and programs will be informed by the most complete and reliable suicide data, leading to more sustainable and impactful suicide prevention efforts.

Therefore, MPS and WPS ask the committee for a favorable report on HB 48. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee