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THE SENATE OF MARYLAND  
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TESTIMONY OF SENATOR SHELLY HETTLEMAN

SB 752 REGULATED FIREARMS - MARYLAND VOLUNTARY DO NOT SELL FIREARM PROCESS

SB752 is a suicide prevention effort that empowers those who may be experiencing a serious mental health crisis. It is a way to prevent an opportunity to inflict self-harm and lethality at a time when someone is most vulnerable. This bill enables someone to voluntarily put themselves on a list so that they are prohibited from purchasing a firearm at a time when they may be at heightened risk for suicide. It is our hope, and many individuals who suffer from episodic mental illness tell us, that when individuals with mental illness are in periods of stability, they would take this effort to protect themselves.

According to the Centers for Disease Control, 26,328 people died by suicide using a firearm in the US in 2021. This bill would create an avenue for people to voluntarily place themselves on a 'do not sell' list for firearms as a public health measure to protect people with mental health disorders. Approximately one in five of these firearm suicides are by veterans. Over the past 15 years, the veteran firearm suicide rate has increased nearly every year, losing an average of 4,500 veterans every year—about 12 deaths a day.

This bill requires the Maryland Department of Health to create and maintain a voluntary do not sell firearm list by the end of this year and prohibits dealers or other persons from selling, renting, loaning or transferring a firearm to those registered. People who voluntarily place themselves on the list will be able to take themselves off, with a 21-day waiting period.

Firearms are the most common means used for suicide, making easy access to them a highly concerning matter for public health.<sup>1</sup> Public health data demonstrate that purchasing a gun and bringing it into your home—especially for first-time gun buyers—significantly increases the risk of suicide approximately threefold.<sup>2</sup>

On average, 265 Marylanders die of a firearm suicide each year, with suicide accounting for 36% of gun deaths in our state.<sup>3</sup> Even more concerning, the Maryland firearm suicide rate has recently risen – declining in 2018 and 2019, from 45% to 43% respectively, to 52% in 2021. Unfortunately, some of the highest rise is among Black men.<sup>4</sup>

<sup>1</sup> <https://www.kff.org/other/issue-brief/do-states-with-easier-access-to-guns-have-more-suicide-deaths-by-firearm/>

<sup>2</sup> <https://www.nimh.nih.gov/health/statistics/suicide>

<sup>3</sup> <https://everystat.org/#Maryland>

<sup>4</sup> <https://publichealth.jhu.edu/2022/gun-deaths-spiked-during-the-pandemic>

While approaches like this voluntary self-prohibition are new, 3 states have recently passed laws: Washington, Utah, and Virginia. Since 2021, 33 people have placed themselves on the list in Virginia and 30 remain – you have an option to remove yourself from the list.

A 2017 survey of 200 individuals receiving treatment at both in and outpatient psychiatric clinics asked participants if they would put their own names on a “Do Not Sell” list to voluntarily waive their right to purchase a firearm. 46% of respondents said yes.<sup>5</sup> This is a significant number of people, in this study conducted in Alabama, who desired restricted firearm access for their own well-being.

In gambling, we enable Marylanders to put themselves on a list to restrict their access to casinos – why shouldn’t we do the same here – where the stakes are even higher? In fact, according to the Maryland Lottery and Gaming Control Agency, 1,074 individuals have opted for a lifetime ban from gambling while 1,624 have a 2-year prohibition – self-induced.

It is imperative that Marylanders have the opportunity to restrict their access to firearms ahead of time if they know it will protect them in a time of crisis. We enable certain people to raise red flags about others via our Extreme Risk Protection Order program (ERPO), why shouldn’t we enable individuals to raise those red flags for themselves?

I urge a favorable report on SB 159, and I thank you for your consideration.

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<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/27704597/>