

Chapter 80

(House Bill 48)

AN ACT concerning

Public Health – Maryland Suicide Fatality Review Committee

FOR the purpose of establishing the Maryland Suicide Fatality Review Committee; providing that a person has immunity from liability for certain actions related to the Committee; providing for the sharing of information with and confidentiality of information obtained by the Committee; exempting Committee meetings from the Open Meetings Act; prohibiting certain persons from testifying in any proceeding about details of a Committee meeting; and generally relating to the Maryland Suicide Fatality Review Committee.

BY repealing and reenacting, without amendments,
Article – Courts and Judicial Proceedings
Section 5–637
Annotated Code of Maryland
(2020 Replacement Volume and 2021 Supplement)

BY adding to
Article – Health – General
Section 5–1001 through 5–1009 to be under the new subtitle “Subtitle 10. Maryland
Suicide Fatality Review Committee”
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

BY repealing and reenacting, without amendments,
Article – Health Occupations
Section 1–401(a)(1) and (3), (b), and (c)
Annotated Code of Maryland
(2021 Replacement Volume)

Preamble

WHEREAS, The Maryland Governor’s Commission on Suicide Prevention declared that suicide deaths are a serious public health issue and have a tremendous family and societal impact; and

WHEREAS, Veterans account for 18% of all suicide deaths in this State, as reported by the National Violent Death Reporting System in 2013–2014; and

WHEREAS, The number of recorded suicide deaths in Maryland increased from 474 to 650 between 2000 and 2018, representing a 37% increase; and

WHEREAS, Across all ages, one-half of all persons who die by suicide in this State experienced mental health problems; and

WHEREAS, Every year in this State, an average of 530 persons die by suicide; and

WHEREAS, More persons die by suicide in this State than die by homicide; and

WHEREAS, Suicide deaths are significantly underestimated and inadequately documented, thus preventing efforts to identify and reduce or eliminate such deaths; and

WHEREAS, No process exists in this State for the confidential identification, investigation, or dissemination of findings regarding suicide deaths; and

WHEREAS, Goal number one in the Maryland Center for Preventive Health Services and the Partnership for a Safer Maryland's Strategic Plan is to expand and refine the current surveillance efforts to assess injury risks, inform intervention development, and evaluate the impacts of injury prevention initiatives; and

WHEREAS, The U.S. National Strategy for Suicide Prevention, as issued by the U.S. Office of the Surgeon General, recommends that suicide deaths be investigated through state-based suicide mortality reviews to institute the systemic changes needed to decrease suicide mortality; and

WHEREAS, There is a need to establish a statewide program to review suicide deaths among persons in this State and to develop strategies for the prevention of suicide deaths in this State; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Courts and Judicial Proceedings

5–637.

(a) In this section, “medical review committee” has the meaning stated in § 1–401 of the Health Occupations Article.

(b) A person who acts in good faith and within the scope of the jurisdiction of a medical review committee is not civilly liable for any action as a member of the medical review committee or for giving information to, participating in, or contributing to the function of the medical review committee.

Article – Health – General

SUBTITLE 10. MARYLAND SUICIDE FATALITY REVIEW COMMITTEE.

5-1001.

IN THIS SUBTITLE, “STATE TEAM” MEANS THE MARYLAND SUICIDE FATALITY REVIEW COMMITTEE.

5-1002.

(A) THERE IS A MARYLAND SUICIDE FATALITY REVIEW COMMITTEE, ALSO REFERRED TO AS THE STATE TEAM.

(B) 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.

(C) (1) THE STATE TEAM SHALL INCLUDE THE FOLLOWING MEMBERS, WHO SHALL SERVE ON AN EX OFFICIO BASIS:

(I) THE SECRETARY, OR THE SECRETARY’S DESIGNEE;

(II) THE DEPUTY SECRETARY OF THE BEHAVIORAL HEALTH ADMINISTRATION, OR THE DEPUTY SECRETARY’S DESIGNEE; AND

(III) THE CHAIR OF THE GOVERNOR’S COMMISSION ON SUICIDE PREVENTION.

(2) THE SECRETARY MAY INCLUDE IN THE STATE TEAM THE CHIEF MEDICAL EXAMINER, OR THE CHIEF MEDICAL EXAMINER’S DESIGNEE.

(3) THE SECRETARY MAY INCLUDE THE FOLLOWING MEMBERS IN THE STATE TEAM, AS DESIGNATED BY THE SECRETARY:

(I) A SUICIDOLOGIST OR AN ACADEMIC WITH A SPECIALTY IN THE STUDY AND PREVENTION OF SUICIDE;

(II) ONE REPRESENTATIVE OF HEALTH CARE PROVIDERS;

(III) ONE REPRESENTATIVE OF AN ORGANIZATION HAVING EXPERTISE IN SUICIDE PREVENTION;

(IV) ONE REPRESENTATIVE OF AN ORGANIZATION HAVING EXPERTISE IN THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE;

(V) ONE REPRESENTATIVE OF AN ORGANIZATION THAT ADVOCATES FOR INDIVIDUALS WITH MENTAL ILLNESS;

(VI) ONE REPRESENTATIVE OF LAW ENFORCEMENT OR CORRECTIONAL SERVICES; AND

(VII) ANY ADDITIONAL MEMBERS DETERMINED TO BE NECESSARY BY THE SECRETARY TO CARRY OUT THE PURPOSE OF THIS SUBTITLE, WHICH MAY INCLUDE REPRESENTATIVES FROM RELEVANT DISCIPLINES AND RELEVANT COMMUNITY-BASED ORGANIZATIONS.

(D) THE STATE TEAM SHALL ELECT THE CHAIR OF THE STATE TEAM BY A MAJORITY VOTE.

(E) THE DEPARTMENT SHALL PROVIDE STAFF FOR THE STATE TEAM.

(F) ALL MEMBERS OF THE STATE TEAM SHALL BE VOTING MEMBERS.

(G) (1) EACH MEMBER DESIGNATED UNDER SUBSECTION (C)(3) OF THIS SECTION SHALL SERVE ON THE STATE TEAM FOR A TERM OF 3 YEARS AND MAY BE REAPPOINTED.

(2) AT THE END OF A TERM, A MEMBER DESIGNATED UNDER SUBSECTION (C)(3) OF THIS SECTION CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED.

(3) ALL VACANCIES SHALL BE FILLED BY THE DESIGNATING AUTHORITY IN ACCORDANCE WITH THIS SECTION.

(H) A MEMBER OF THE STATE TEAM:

(1) MAY NOT RECEIVE COMPENSATION FOR SERVICE ON THE STATE TEAM; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(I) TO THE EXTENT THAT FUNDS ARE AVAILABLE, THE STATE TEAM MAY HIRE STAFF OR CONSULTANTS TO ASSIST THE STATE TEAM IN CARRYING OUT ITS DUTIES.

5-1003.

(A) THE STATE TEAM SHALL:

(1) MEET AT LEAST QUARTERLY TO REVIEW SUICIDE DEATHS,

CONSISTENT WITH THE REQUIREMENTS OF THIS SUBTITLE;

(2) MAKE DETERMINATIONS REGARDING:

(I) THE FOLLOWING ISSUES RELATED TO INDIVIDUALS AT RISK FOR SUICIDE:

- 1. TRENDS;**
- 2. RISK FACTORS;**
- 3. CURRENT BEST PRACTICES IN SUICIDE PREVENTION;**
- 4. LAPSES IN SYSTEMIC RESPONSES; AND**
- 5. BARRIERS TO SAFETY AND WELL-BEING; AND**

(II) STRATEGIES FOR THE PREVENTION OF SUICIDE DEATHS;

(3) REPORT AT LEAST ANNUALLY TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON:

(I) THE STATE TEAM'S ACTIVITIES; AND

(II) THE STATE TEAM'S RECOMMENDATIONS ON:

- 1. CHANGING ANY LAW OR POLICY IN A MANNER THAT WOULD PROMOTE THE PREVENTION OF SUICIDE DEATHS; AND**
- 2. IMPROVING THE AVAILABILITY OF SOURCES OF INFORMATION RELATING TO THE INVESTIGATION OF REPORTED SUICIDE FATALITIES;**

(4) UNDERTAKE ANNUAL STATISTICAL STUDIES OF:

(I) THE INCIDENTS AND CAUSES OF SUICIDE MORTALITY IN THE STATE; AND

(II) TRENDS AND PATTERNS OF SUICIDE DEATHS IN THE STATE;

AND

(5) DISSEMINATE FINDINGS AND RECOMMENDATIONS BASED ON THE STUDIES CONDUCTED UNDER ITEM (4) OF THIS SUBSECTION TO POLICYMAKERS,

HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES, AND THE PUBLIC.

(B) THE STATE TEAM MAY PERIODICALLY MAKE AVAILABLE, IN A GENERAL MANNER THAT DOES NOT REVEAL CONFIDENTIAL INFORMATION ABOUT INDIVIDUAL CASES, ONLY THE AGGREGATE FINDINGS OF THE STATE TEAM'S REVIEWS AND THEIR RECOMMENDATIONS FOR PREVENTIVE ACTIONS.

5-1004.

A PERSON SHALL 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.

5-1005.

(A) THE STATE TEAM IS A PUBLIC HEALTH AUTHORITY, AS DEFINED IN 45 C.F.R. § 164.501, CONDUCTING PUBLIC HEALTH ACTIVITIES IN ACCORDANCE WITH THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.

(B) 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 SHALL PROVIDE TO THE STATE TEAM ANY RECORDS OF THE HEALTH CARE PROVIDER OR STATE OR LOCAL GOVERNMENT AGENCY NECESSARY TO COMPLETE THE REVIEW OF A SPECIFIC FATALITY, INCLUDING:

- (1) HOSPITAL RECORDS;**
- (2) OUTPATIENT CLINIC, HEALTH CARE PROVIDER, AND LABORATORY RECORDS;**
- (3) POLICE INVESTIGATION DATA;**
- (4) MEDICAL EXAMINER INVESTIGATIVE DATA;**
- (5) CAUSE-OF-DEATH INFORMATION IN VITAL RECORDS;**
- (6) SOCIAL SERVICES RECORDS; AND**
- (7) OTHER RECORDS FROM STATE OFFICES, AGENCIES, AND DEPARTMENTS.**

(C) THE STATE TEAM MAY REQUEST THAT A PERSON WITH DIRECT

KNOWLEDGE OF CIRCUMSTANCES SURROUNDING A FATALITY PROVIDE THE STATE TEAM WITH INFORMATION NECESSARY TO COMPLETE THE REVIEW OF THE PARTICULAR FATALITY, INCLUDING INFORMATION FROM:

(1) A HEALTH CARE PROVIDER OR STAFF INVOLVED IN THE CARE OF THE DECEDENT; AND

(2) THE PERSON WHO FIRST RESPONDED TO A REPORT CONCERNING THE DECEDENT.

(D) THE STATE TEAM:

(1) MAY SHARE INFORMATION WITH OTHER PUBLIC HEALTH AUTHORITIES OR THEIR DESIGNEES AS THE STATE TEAM DETERMINES NECESSARY TO CARRY OUT THE PURPOSES OF THIS SUBTITLE; AND

(2) SHALL COORDINATE WITH THE STATE'S CHILD FATALITY REVIEW AND DRUG OVERDOSE FATALITY REVIEW TEAMS TO SHARE AND RECEIVE INFORMATION RELEVANT TO THE STATE TEAM'S FINDINGS AND TO ENSURE EFFICIENCY IN THE WORK OF THE TEAMS.

(E) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, ALL INFORMATION AND RECORDS ACQUIRED BY THE STATE TEAM IN THE EXERCISE OF ITS DUTIES:

(I) SHALL BE CONFIDENTIAL;

(II) SHALL BE EXEMPT FROM DISCLOSURE UNDER THE PUBLIC INFORMATION ACT; AND

(III) MAY NOT BE SUBJECT TO DISCOVERY OR INTRODUCTION INTO EVIDENCE IN ANY PROCEEDINGS.

(2) INFORMATION MAY BE DISCLOSED AS NECESSARY AND IN A MANNER CONSISTENT WITH THIS SUBTITLE TO CARRY OUT THE PURPOSES OF THIS SUBTITLE.

(F) MENTAL HEALTH RECORDS ARE SUBJECT TO THE ADDITIONAL LIMITATIONS UNDER § 4-307 OF THIS ARTICLE FOR DISCLOSURE OF A MEDICAL RECORD DEVELOPED PRIMARILY IN CONNECTION WITH THE PROVISION OF MENTAL HEALTH SERVICES.

5-1006.

(A) MEETINGS OF THE STATE TEAM SHALL BE CLOSED TO THE PUBLIC AND ARE NOT SUBJECT TO THE OPEN MEETINGS ACT.

(B) A MEMBER OF THE STATE TEAM OR ATTENDEE OF A STATE TEAM MEETING MAY NOT:

(1) RELEASE TO THE PUBLIC OR THE NEWS MEDIA INFORMATION DISCUSSED AT MEETINGS; OR

(2) EXCEPT AS PROVIDED IN § 5-1007 OF THIS SUBTITLE, TESTIFY IN ANY PROCEEDING ABOUT DETAILS OF A STATE TEAM MEETING, INCLUDING ANY INFORMATION PRESENTED AT THE MEETING, OR ABOUT OPINIONS FORMED BY THE INDIVIDUAL BECAUSE OF THE MEETING.

(C) EACH MEMBER OF THE STATE TEAM AND ANY ATTENDEE OF A MEETING OF THE STATE TEAM SHALL SIGN A STATEMENT INDICATING AN UNDERSTANDING OF AND ADHERENCE TO THE STATE TEAM'S CONFIDENTIALITY REQUIREMENTS, INCLUDING ANY POTENTIAL CIVIL OR CRIMINAL CONSEQUENCES FOR A BREACH OF CONFIDENTIALITY UNDER THIS SECTION.

5-1007.

THIS SUBTITLE MAY NOT BE CONSTRUED TO PROHIBIT A PERSON FROM:

(1) TESTIFYING IN A CIVIL OR CRIMINAL ACTION ABOUT MATTERS THAT OCCURRED IN A STATE TEAM MEETING IF THE TESTIMONY WILL BE BASED ON THE PERSON'S INDEPENDENT KNOWLEDGE; OR

(2) INVESTIGATING OR REVIEWING A SUICIDE DEATH UNDER ANY OTHER PROVISION OF LAW.

5-1008.

THE DEPARTMENT MAY ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE, INCLUDING REGULATIONS ON:

(1) THE PROCEDURES BY WHICH HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES, AND OTHER PERSONS IDENTIFY AND REPORT SUICIDE DEATHS TO THE DEPARTMENT OR AS DIRECTED BY THE DEPARTMENT;

(2) THE PROTOCOLS, PROCEDURES, METHODS, MANNER, AND EXTENT OF ALL INVESTIGATIONS AND REVIEWS BY THE STATE TEAM; AND

(3) THE MANNER IN AND EXTENT TO WHICH INFORMATION SHALL BE DISSEMINATED UNDER THIS SUBTITLE.

5-1009.

THIS SUBTITLE MAY BE CITED AS THE MARYLAND SUICIDE MORTALITY REVIEW AND PREVENTION ACT.

Article – Health Occupations

1-401.

(a) (1) In this section the following words have the meanings indicated.

(3) “Medical review committee” means a committee or board that:

(i) Is within one of the categories described in subsection (b) of this section; and

(ii) Performs functions that include at least one of the functions listed in subsection (c) of this section.

(b) For purposes of this section, a medical review committee is:

(1) A regulatory board or agency established by State or federal law to license, certify, or discipline any provider of health care;

(2) A committee of the Maryland State Medical Society or any of its component societies or a committee of any other professional society or association composed of providers of health care;

(3) A committee appointed by or established in the Department or a local health department for review purposes;

(4) A committee appointed by or established in the Maryland Institute for Emergency Medical Services Systems;

(5) A committee of the medical staff or other committee, including any risk management, credentialing, or utilization review committee established in accordance with § 19-319 of the Health – General Article, of a hospital, related institution, or alternative health care system, if the governing board of the hospital, related institution, or alternative health care system forms and approves the committee or approves the written bylaws under which the committee operates;

(6) A committee or individual designated by the holder of a pharmacy permit, as defined in § 12-101 of this article, that performs the functions listed in

subsection (c) of this section, as part of a pharmacy's ongoing quality assurance program;

(7) Any person, including a professional standard review organization, who contracts with an agency of this State or of the federal government to perform any of the functions listed in subsection (c) of this section;

(8) Any person who contracts with a provider of health care to perform any of those functions listed in subsection (c) of this section that are limited to the review of services provided by the provider of health care;

(9) An organization, established by the Maryland Hospital Association, Inc. and the Maryland State Medical Society, that contracts with a hospital, related institution, or alternative delivery system to:

(i) Assist in performing the functions listed in subsection (c) of this section; or

(ii) Assist a hospital in meeting the requirements of § 19–319(e) of the Health – General Article;

(10) A committee appointed by or established in an accredited health occupations school;

(11) An organization described under § 14–501 of this article that contracts with a hospital, related institution, or health maintenance organization to:

(i) Assist in performing the functions listed in subsection (c) of this section; or

(ii) Assist a health maintenance organization in meeting the requirements of Title 19, Subtitle 7 of the Health – General Article, the National Committee for Quality Assurance (NCQA), or any other applicable credentialing law or regulation;

(12) An accrediting organization as defined in § 14–501 of this article;

(13) A Mortality and Quality Review Committee established under § 5–802 of the Health – General Article or a Morbidity, Mortality, and Quality Review Committee established under § 18–107 of the Health – General Article;

(14) A center designated by the Maryland Health Care Commission as the Maryland Patient Safety Center that performs the functions listed in subsection (c)(1) of this section; or

(15) The Maryland Health Care Commission or its staff, when performing the functions listed in subsection (c) of this section, provided that the data or medical information under review is furnished to the Maryland Health Care Commission by

another medical review committee.

(c) For purposes of this section, a medical review committee:

(1) Evaluates and seeks to improve the quality of health care provided by providers of health care;

(2) Evaluates the need for and the level of performance of health care provided by providers of health care;

(3) Evaluates the qualifications, competence, and performance of providers of health care; or

(4) Evaluates and acts on matters that relate to the discipline of any provider of health care.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall be construed to apply only prospectively to deaths that occur after the effective date of this Act and may not be applied or interpreted to have any effect on or application to any deaths that occurred before the effective date of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.

Approved by the Governor, April 12, 2022.