

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1012
Health

(Delegate Fair)

Public Health - Local Suicide Fatality Review Teams - Authorization

This bill authorizes a county or municipality to establish a multidisciplinary and multiagency suicide fatality review team to prevent suicide deaths by (1) reviewing suicide deaths that occur within the county; (2) identifying systemic, service, and policy factors associated with risk of suicide; (3) promoting coordination between entities involved in suicide prevention, crisis response, treatment, and postvention; and (4) developing recommendations to prevent suicide. Two or more counties may establish a single multicounty team, but they must execute a memorandum of understanding on membership, staffing, and operation. The bill outlines (1) membership of a local team; (2) requirements and recommendations for local team operations; and (3) requirements for use of records and data. An individual guilty of violating the bill's meeting or data privacy restrictions is subject to a fine of up to \$500 and/or imprisonment for up to 90 days.

Fiscal Summary

State Effect: This analysis assumes that any potential operational impact on the Maryland Department of Health can be absorbed within existing budgeted resources. Penalty provisions are not anticipated to materially affect State finances or operations.

Local Effect: Local health department (LHD) and municipal government expenditures may increase indeterminately, as early as FY 2027, for any jurisdiction that chooses to establish a local suicide fatality review team, as discussed below. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary:

Local Team Membership

The membership of a local team must be drawn from the following, if available:

- the county health officer (or their designee);
- the director of the local department of social services (or their designee);
- the director of the local health authority (or their designee);
- the superintendent of schools for the county (or their designee);
- a State, county, or municipal law enforcement officer;
- the director of behavioral health services in the county (or their designee);
- an emergency medical services provider in the county;
- a representative of a hospital;
- a health care professional who specializes in the prevention, diagnosis, and treatment of mental or behavioral health conditions;
- a member of the public with interest or expertise in suicide prevention, appointed by the county health officer; and
- any other individual necessary for the work of the local team, recommended by the team and appointed by the county health officer.

Each team must elect a chair from among its members.

Local Team Operations

Each team must coordinate with and operate subject to guidance issued by the State Suicide Fatality Review Committee.

Each team may (1) examine trends in suicide and factors that contribute to risk; (2) identify gaps in care systems or coordination between entities involved in suicide prevention, crisis response, treatment, and postvention; and (3) submit recommendations to the State Suicide Fatality Review Committee or other local entities as appropriate.

Except when discussing individual cases of suicide, meetings must be open to the public and subject to the Open Meetings Act. During a public meeting, information may not be disclosed that either discloses the involvement of an agency with or identifies (1) a deceased individual; (2) an individual who has experienced suicide or a suicide attempt; (3) a family member, guardian, or caretaker of an individual described above; or (4) an individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality. This does not prohibit a local team from requesting the

attendance of a person who has information relevant to the team's exercise of its purpose and duties at a meeting.

Data and Records

Generally, all information and records acquired by a local team are confidential, exempt from disclosure under the Public Information Act (PIA), and may only be disclosed as necessary to carry out the team's purpose and duties. Mental health and substance abuse treatment records are subject to additional limitations under State and federal law.

Statistical compilations of data and reports of a local team without personally identifiable information are public records.

Except as necessary to carry out a local team's purpose and duties, team members and those who attend a meeting may not disclose (1) any proceeding at a nonpublic meeting or (2) any information that may not be disclosed as outlined above.

Team members, those who attend a team meeting, and those who present information to a local team may not be questioned in a civil or criminal proceeding about information presented or opinions formed because of a meeting. However, an individual is not prohibited from testifying to independently obtained information or public information. Information, documents, or records of a local team are not subject to subpoena, discovery, or introduction into evidence in a civil or criminal proceeding, but if the information, documents, or records are otherwise available from other sources, they are not immune solely because of presentation in a local team meeting.

Current Law: Chapters 80 and 81 of 2022 established the State Suicide Fatality Review Committee 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:

- 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 recommendations as specified;
- undertake annual specified statistical studies; and
- disseminate findings and recommendations based on the studies conducted to policymakers, health care providers, health care facilities, and the public.

In general, all information and records acquired by the State team are confidential, exempt from disclosure under PIA, 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.

Local Fatality Review Teams

Under Maryland law, there are three types of local fatality review teams: local child fatality review teams (Title 5, Subtitle 7 of the Health – General Article); local drug overdose fatality review teams (Title 5, Subtitle 9 of the Health – General Article); and local domestic violence fatality review teams (Title 4, Subtitle 7 of the Family Law Article). Each county is required to have a child fatality review team (or a multicounty local team), while counties are authorized to establish a drug overdose fatality review team or a domestic violence fatality review team.

Local Fiscal Effect: The Maryland Municipal League advises that expenditures for municipal governments may increase indeterminately, to the extent that a municipal government chooses to form a local review team, depending on the amount of staff, supplies, and operational support a municipality provides to the team.

The Maryland Association of County Health Officers (MACHO) similarly advises that, for any jurisdiction that opts to establish a local review team, LHD expenditures would increase to set up the review team. Based on the cost of establishing other fatality review teams at the county level, MACHO advises that expenditures would increase by \$30,000 to \$50,000 to establish a local review team.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Maryland Association of County Health Officers; Maryland Municipal League; Office of the Attorney General; Department of Legislative Services

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