

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

SECOND REGULAR SESSION-2026

Legislative Document

No. 2108

H.P. 1423

House of Representatives, January 7, 2026

An Act to Establish the Suicide Mortality Review Panel

(EMERGENCY)

Submitted by the Department of Health and Human Services pursuant to Joint Rule 203.
Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script, reading "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative STOVER of Boothbay.

1 **Emergency preamble.** Whereas, acts and resolves of the Legislature do not
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3 **Whereas,** Maine has one of the highest suicide rates in New England, with a suicide
4 rate consistently above the national average; and

5 **Whereas,** suicide is the 2nd leading cause of death for Maine residents who are 10 to
6 24 years of age, highlighting an urgent need to identify targeted prevention efforts for youth
7 and young adults; and

8 **Whereas,** Maine recently completed a comprehensive, cross-sector planning process,
9 jointly funded by the United States Department of Veterans Affairs and the United States
10 Department of Health and Human Services, Substance Abuse and Mental Health Services
11 Administration, to plan for the implementation of a panel designed to conduct thorough
12 and thoughtful retrospective case reviews of individuals who died by suicide in an effort to
13 identify policy and systems gaps that, if addressed, could reduce the incidence of death by
14 suicide in Maine; and

15 **Whereas,** Maine has several retrospective mortality review panels, but none focused
16 specifically on deaths by suicide, and establishing such a panel as soon as possible is
17 essential to strengthening the State's suicide prevention efforts by providing a deeper
18 understanding of the factors leading to these deaths; and

19 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
20 the meaning of the Constitution of Maine and require the following legislation as
21 immediately necessary for the preservation of the public peace, health and safety; now,
22 therefore,

23 **Be it enacted by the People of the State of Maine as follows:**

24 **Sec. 1. 22 MRSA §266** is enacted to read:

25 **§266. Suicide Mortality Review Panel**

26 **1. Panel established.** The Suicide Mortality Review Panel is established to review
27 deaths by suicide.

28 **2. Definitions.** As used in this section, unless the context otherwise indicates, the
29 following terms have the following meanings.

30 A. "Director" means the Director of the Maine Center for Disease Control and
31 Prevention.

32 B. "Next of kin" means a living relative of a deceased individual, as determined in
33 accordance with the order of priority established under applicable state law for
34 purposes of inheritance or notification. "Next of kin" includes, but is not limited to:

35 (1) A surviving spouse or domestic partner;

36 (2) An adult child;

37 (3) A parent; and

38 (4) An adult sibling.

39 "Next of kin" may also include a legal guardian or any other individual identified as a
40 primary contact person or personal representative of the deceased individual.

1 C. "Panel" means the Suicide Mortality Review Panel established in subsection 1.

2 D. "Panel coordinator" means an employee of the Maine Center for Disease Control
3 and Prevention who is appointed by the director.

4 E. "Record" means any written, electronic, oral or recorded information, document,
5 report or material that is created, received, maintained or possessed by any person,
6 agency, organization or entity in connection with an individual's health, behavior,
7 social services, education, legal matters or circumstances surrounding the individual's
8 death.

9 F. "Suicide" means the act of intentionally causing one's own death. "Suicide"
10 includes deaths that are:

11 (1) Confirmed suicides, as determined by a medical examiner, coroner or other
12 authorized official;

13 (2) Suspected suicides, for which the circumstances, evidence or history
14 reasonably indicate an intentional self-inflicted death, even if the official manner
15 of death has not been conclusively determined; and

16 (3) Undetermined deaths, for which intent is unclear but suicide cannot be ruled
17 out based on the available evidence.

18 **3. Composition.** The panel consists of health care and social service providers, public
19 health officials, persons with experience working with veterans and military service-
20 connected individuals, persons who provide services to youth, law enforcement officers
21 and first responders and other persons with professional expertise or lived experience
22 related to suicide. The director shall appoint the members of the panel, who serve at the
23 pleasure of the director. Individuals with unique expertise may be invited as guests by the
24 panel coordinator to support case reviews as necessary. Any guests of the panel are subject
25 to the same confidentiality requirements as panel members pursuant to subsection 9.

26 **4. Terms; meetings; chair.** The term for each member of the panel is 3 years, except
27 that members serve at the pleasure of the director. A member may serve until a successor
28 has been appointed. Members may be reappointed. A vacancy must be filled as soon as
29 practicable by appointment for the unexpired term. The panel shall meet at least 4 times
30 each year and sufficiently frequently to carry out its duties and to guarantee the timely and
31 comprehensive reviews of all deaths as required in this section. The director or the director's
32 designee shall call the first meeting. The panel shall elect a chair from among its members
33 annually.

34 **5. Contact with next of kin.** The first contact pursuant to this section with the next
35 of kin of an individual who died by suicide may not occur prior to 4 months after the death
36 of the individual and must:

37 A. Be by letter from the director on letterhead of the Maine Center for Disease Control
38 and Prevention;

39 B. Include an invitation to participate in a voluntary interview about the deceased
40 individual by the panel coordinator or a designated next of kin interviewer; and

41 C. Include information on services available to the next of kin in the aftermath of a
42 suicide.

1 **6. Panel coordinator; appointment; powers and duties.** The director shall appoint
2 an employee of the Maine Center for Disease Control and Prevention to serve as the panel
3 coordinator. The panel coordinator must have completed a nationally certified training
4 program for conducting death investigations or must complete the training within 6 months
5 of appointment as panel coordinator. The panel coordinator has the following powers and
6 duties.

7 A. The panel coordinator shall conduct preliminary reviews of all deaths by suicide.

8 B. The panel coordinator may access the following records:

9 (1) Death certificates;

10 (2) Autopsy, medical examiner and coroner reports;

11 (3) State-level data collected and reported in the United States Department of
12 Health and Human Services, Centers for Disease Control and Prevention's National
13 Violent Death Reporting System;

14 (4) Emergency medical personnel reports and documentation;

15 (5) Health care information pursuant to section 1711-C, subsection 6, paragraph
16 X. For the purposes of this subparagraph, "health care information" has the same
17 meaning as in section 1711-C, subsection 1, paragraph E;

18 (6) Military service information;

19 (7) Police investigation records and other law enforcement records; and

20 (8) Social services records.

21 Notwithstanding any provision of law to the contrary, the panel coordinator has access
22 to information or records from the department determined by the panel coordinator to
23 be necessary to carry out the panel coordinator's duties. The department shall provide
24 the panel coordinator with direct access to the information or records or provide the
25 information or records necessary and relevant as soon as practicable upon oral or
26 written request of the panel coordinator.

27 C. The panel coordinator may conduct voluntary interviews with parties that may have
28 relevant information for a preliminary review.

29 (1) The purpose of an interview must be limited to gathering information or data
30 for the panel, provided in summary or abstract form without family names or
31 identification of the deceased individual.

32 (2) The panel coordinator may delegate the responsibility to conduct interviews
33 pursuant to this paragraph to an individual who has completed a nationally certified
34 training program for conducting critical incident or death investigations.

35 (3) An individual conducting an interview under this paragraph may make a
36 referral for bereavement counseling if indicated for and desired by the individual
37 being interviewed.

38 D. The panel coordinator shall try to minimize the burden imposed on health care
39 providers, hospitals and social service providers.

1 E. The panel coordinator shall prepare a summary and abstract of relevant trends in
2 deaths of the population of individuals who died by suicide for comparison to cases
3 reviewed by the panel pursuant to subsection 7.

4 F. The panel coordinator shall prepare a review, summary or abstract of information
5 regarding each case, as determined to be useful to the panel and at a time determined
6 to be timely, without the name or identifier of the deceased individual, to be presented
7 to the panel.

8 G. The panel coordinator shall, in conjunction with the department, establish and
9 maintain in a confidential manner a state mortality database that includes, but is not
10 limited to, the following information regarding death by suicide:

11 (1) Name, age, sex and race or ethnicity of the deceased individual;

12 (2) Description of the events leading to the death of the individual and the
13 immediate circumstances of the death;

14 (3) Location of the death, such as the home, community setting, hospital or
15 hospice;

16 (4) Immediate and secondary causes of death;

17 (5) Whether an autopsy was conducted and a narrative of any findings from the
18 autopsy;

19 (6) Findings of the preliminary reviews of all deaths by the panel coordinator
20 pursuant to paragraph A;

21 (7) Findings of the comprehensive reviews by the panel pursuant to subsection 7;
22 and

23 (8) Recommendations for corrective actions pursuant to subsection 7, paragraph
24 B issued by the panel and information related to the implementation of those
25 recommended corrective actions.

26 H. The panel coordinator shall determine the records that are made available to the
27 panel for the purposes of reviewing cases of death by suicide. The panel coordinator
28 shall maintain custody of all records.

29 **7. Panel; powers and duties.** The panel shall conduct comprehensive
30 multidisciplinary reviews of data presented by the panel coordinator.

31 A. The panel shall review all cases of death by suicide that are referred by the panel
32 coordinator. A review of a case by the panel is a comprehensive evaluation of the
33 circumstances surrounding the death, including the overall care of the individual who
34 died by suicide, quality of life issues, the death event and the medical care that preceded
35 and followed the event.

36 B. The panel shall submit a report, no later than January 2nd of each year beginning
37 in 2027, to the Governor, the commissioner and the joint standing committee of the
38 Legislature having jurisdiction over health and human services matters. The report
39 must contain the following:

40 (1) Factors contributing to suicide-related mortality;

41 (2) Strengths and weaknesses of the system of care;

1 (3) Recommendations for the commissioner to decrease the rate of death by
2 suicide;

3 (4) Recommendations about methods to improve the system for prevention of
4 death by suicide, including modifications to law, rules, training, policies and
5 procedures;

6 (5) Recommendations for improving the availability of sources of information
7 relating to the investigation of reported deaths by suicide; and

8 (6) Any other information the panel considers necessary.

9 C. The panel shall offer a copy of the annual report under paragraph B to any party
10 who granted permission for an interview conducted by the panel coordinator pursuant
11 to subsection 6, paragraph C.

12 D. Following the submission of the annual report to the Governor, the commissioner
13 and the joint standing committee of the Legislature having jurisdiction over health and
14 human services matters pursuant to paragraph B, the report must be released to the
15 public.

16 E. In addition to the annual report under paragraph B, the panel may periodically make
17 available, in a general manner that does not reveal confidential information about
18 individual cases, only the aggregate findings of the panel's reviews and the panel's
19 recommendations for preventive actions to allow for timely consideration and
20 implementation of those actions.

21 F. The panel shall coordinate with the State's child death and serious injury review
22 panel; maternal, fetal and infant mortality review panel; Accidental Drug Overdose
23 Death Review Panel; and any other statutorily established mortality review panel that
24 reviews cases of individuals who died by suicide to share and receive information
25 relevant to the panel's findings and to ensure efficiency in the work of the review
26 panels.

27 **8. Access to information and records.** In any case subject to review by the panel
28 under subsection 7, upon oral or written request of the panel, notwithstanding any provision
29 of law to the contrary, a person that possesses information or records that are necessary and
30 relevant to a panel review shall as soon as practicable provide the panel with the
31 information or records. A person disclosing or providing information or records upon
32 request of the panel is not civilly or criminally liable for disclosing or providing information
33 or records in compliance with this subsection.

34 **9. Confidentiality.** Records held by the panel coordinator or the panel are confidential
35 to the same extent they are confidential while in the custody of the entity that provided the
36 record to the panel coordinator or the panel. Records relating to interviews conducted
37 pursuant to subsection 6, paragraph C by the panel coordinator and proceedings of the panel
38 are confidential and are not subject to subpoena, discovery or introduction into evidence in
39 a civil or criminal action. The commissioner shall disclose conclusions of the panel upon
40 request, but may not disclose information, records or data that are otherwise classified as
41 confidential.

42 **10. Rulemaking.** The department shall adopt rules to implement this section,
43 including rules on collecting information and data, for the use of a standardized review
44 tool, establishing time frames for reviews, identifying criteria for prioritizing cases

1 involving individuals from vulnerable populations for case review, selecting and setting
2 any limits on the number of terms for the members of the panel, managing and avoiding
3 conflicts of interest of members of the panel, collecting and using individually identifiable
4 health information and conducting reviews. Rules adopted pursuant to this subsection are
5 routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

6 **Sec. 2. 22 MRSA §1711-C, sub-§6, ¶V**, as amended by PL 2025, c. 332, §2, is
7 further amended to read:

8 V. To a panel coordinator of the Aging and Disability Mortality Review Panel pursuant
9 to section 264, subsection 5, paragraph B, subparagraph (4) for the purposes of
10 reviewing health care information of an adult receiving services who is deceased, in
11 accordance with section 264, subsection 5, paragraph A. For purposes of this
12 paragraph, "panel coordinator" has the same meaning as in section 264, subsection 2,
13 paragraph B; ~~and~~

14 **Sec. 3. 22 MRSA §1711-C, sub-§6, ¶W**, as enacted by PL 2025, c. 332, §3, is
15 amended to read:

16 W. To the medical director of the Office of Child and Family Services or a child and
17 adolescent psychiatric consultant or nurse consultant employed by the Office of Child
18 and Family Services, or to case aide staff when acting under the direction of the medical
19 director or a child and adolescent psychiatric consultant or nurse consultant employed
20 by the Office of Child and Family Services, for the exclusive purpose of coordinating
21 health care of an individual who has not attained 18 years of age and is in the
22 department's custody pursuant to chapter 1071. The department shall request records
23 directly from the individual's providers. Disclosure under this paragraph may include
24 allowing access to health information from a state-designated statewide health
25 information exchange. Information accessed through a state-designated statewide
26 health information exchange may be used only for understanding and providing
27 continuity of treatment with regard to any current health conditions, medications and
28 immediate medical needs of the individual; and

29 **Sec. 4. 22 MRSA §1711-C, sub-§6, ¶X** is enacted to read:

30 X. To a panel coordinator of the Suicide Mortality Review Panel pursuant to section
31 266, subsection 6, paragraph B, subparagraph (5) for the purposes of reviewing health
32 care information of an individual who died by suicide, in accordance with section 266,
33 subsection 6, paragraph A. For purposes of this paragraph, "panel coordinator" has the
34 same meaning as in section 266, subsection 2, paragraph D.

35 **Emergency clause.** In view of the emergency cited in the preamble, this legislation
36 takes effect when approved.

37 SUMMARY

38 This bill establishes the Suicide Mortality Review Panel, which is a multidisciplinary
39 panel established to review the trends in deaths by suicide of all residents of the State. The
40 panel is charged with reviewing records of cases of confirmed or suspected deaths by
41 suicide and deaths recorded as undetermined in which suicide cannot be ruled out to
42 identify strengths and weaknesses of the system of care and to recommend to the
43 Commissioner of Health and Human Services ways to decrease the rate of deaths by suicide

1 and improve the system for preventing death by suicide, including modifications to law,
2 rules, training, policies and procedures. A report is required to be submitted by January 2nd
3 of each year to the Governor, commissioner and the joint standing committee of the
4 Legislature having jurisdiction over health and human services matters.