



# 132nd MAINE LEGISLATURE

## SECOND REGULAR SESSION-2026

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Legislative Document

No. 2108

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H.P. 1423

House of Representatives, January 7, 2026

### **An Act to Establish the Suicide Mortality Review Panel**

(EMERGENCY)

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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 that reads "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.