

1 Introduced by House Committee on Health Care
2 Referred to Committee on
3 Date:
4 Subject: Health; mental health; preventing death by suicide
5 Statement of purpose of bill as introduced: This bill proposes to establish a
6 suicide fatality review team.

7 An act relating to public health initiatives to address death by suicide

8 It is hereby enacted by the General Assembly of the State of Vermont:

9 Sec. 1. 18 V.S.A. chapter 192 is added to read

10 CHAPTER 192. PREVENTING DEATH BY SUICIDE

11 § 8151. SUICIDE FATALITY REVIEW TEAM

12 (a) Creation. There is created the Suicide Fatality Review Team within the
13 Department of Mental Health for the following purposes:

14 (1) to examine cases of fatality in Vermont in which the fatality is
15 known or suspected to be death by suicide;

16 (2) to identify system gaps and risk factors associated with known or
17 suspected deaths by suicide;

18 (3) to release correlated findings based on social autopsies that identify
19 opportunities for intervention;

1 (4) to work with and inform organizations that can provide community
2 supports based on identified opportunities for intervention;

3 (5) to educate the public, service providers, and policy makers about
4 death by suicide and suspected death by suicide, including strategies for
5 intervention; and

6 (6) to recommend legislation, rules, policies, practices, training, and
7 coordination of services that promote interagency collaboration and prevent
8 future deaths by suicide.

9 (b) Membership.

10 (1) The Team shall comprise the following members:

11 (A) the Commissioner of Mental Health or designee;

12 (B) the Chief Medical Examiner or designee;

13 (C) a physician licensed to practice pursuant to 26 V.S.A. chapter 23
14 or 33 who specializes in the practice of psychiatry, appointed by the Vermont
15 Medical Society;

16 (D) a representative, appointed by Vermont Care Partners; and

17 (E) a representative, appointed by the Vermont Suicide Prevention
18 Center.

19 (2) Members of the Team appointed pursuant to subdivision (b)(1)(C)-
20 (E) of this section shall serve three-year terms. Members shall hold office for
21 the term of their appointments and until their successors have been appointed.

1 All vacancies shall be filled for the balance of the unexpired term in the same
2 manner as the original appointment. Members are eligible for reappointment.

3 (c) Meetings.

4 (1) The Team shall meet at such times as may reasonably be necessary
5 to carry out its duties, but at least once in each calendar quarter.

6 (2) The Commissioner of Mental Health or designee shall call the first
7 meeting of the Team to occur on or before September 30, 2023.

8 (3) The Team shall select a chair and vice chair from among its
9 members at the first meeting, and annually thereafter.

10 (d) Assistance. The Team shall have the administrative, technical, and
11 legal assistance of the Department of Mental Health.

12 (e) Access to information and records.

13 (1) In any case under review by the Team, upon written request of the
14 Chair, a person who possesses information or records that are necessary and
15 relevant to the review of a death by suicide or suspected death by suicide shall,
16 as soon as practicable, provide the Team with the information and records. All
17 requests for information or records by the Chair related to a case under review
18 shall be provided by the person possessing the information or records to the
19 Team at no cost.

20 (2) A person shall not be held criminally or civilly liable for disclosing
21 or providing information or records to the Team pursuant to this subsection.

1 (3) The Team shall not have access to the proceedings, reports, and
2 records of a peer review committee as defined in 26 V.S.A. § 1441.

3 (f) Limitations.

4 (1) The Team’s review process shall not commence until:

5 (A) any criminal prosecution arising out of the fatality is concluded
6 or the Attorney General and State’s Attorney provide written notice to the
7 Team that no criminal charges shall be filed; and

8 (B) any investigation by the Department for Children and Families is
9 concluded.

10 (2) The Team shall seek to obtain information or records generated in
11 the course of an investigation from State agencies or law enforcement officials
12 before making a request to health care providers and educators.

13 (g) Confidentiality.

14 (1)(A) The records produced or acquired by the Team are exempt from
15 public inspection and copying under the Public Records Act and shall be kept
16 confidential. The records of the Team are not subject to subpoena, discovery,
17 or introduction into evidence in a civil or criminal action. Nothing in this
18 section shall be construed to limit or restrict the right to discover or use in any
19 civil or criminal proceedings information or records that are available from
20 another source and entirely outside the Team’s review. The Team shall not use

1 the information or records generated during the course of its review for
2 purposes other than those described in this section.

3 (B) The Department may share deidentified data produced or
4 acquired by the Team with other states that have suicide fatality review panels,
5 provided access under such agreements is consistent with the privacy, security,
6 and disclosure protections in this chapter.

7 (2) The Team’s meetings are confidential and shall be exempt from 1
8 V.S.A. chapter 5, subchapter 2 (the Vermont Open Meeting Law).

9 (3) Members of the Team and persons invited to testify before the Team
10 shall not disclose information, records, discussions, and opinions stated in
11 connection to the Team’s review. Members of the Team and persons invited to
12 testify before the Team shall execute a sworn statement honoring the
13 confidentiality of all information, records, discussions, and opinions related to
14 the Team’s review, which shall be maintained by the Chair.

15 (h) Report. Notwithstanding 2 V.S.A. § 20(d), the Team shall report its
16 conclusions and recommendations to the Governor and General Assembly, as
17 the Team deems necessary, but not less frequently than once per calendar year.
18 The report shall disclose individually identifiable information only to the
19 extent necessary to convey the Team’s conclusions and recommendations, and
20 any such disclosures shall be limited to information already known to the

- 1 public. The report shall be available to the public through the Department of
- 2 Mental Health.
- 3 Sec. 2. EFFECTIVE DATE
- 4 This act shall take effect on July 1, 2023.