STATE OF NEW YORK

9645--A

IN ASSEMBLY

January 21, 2026

Introduced by M. of A. LAVINE, WEPRIN, HEVESI, HYNDMAN, KASSAY, SANTABARBARA, McDONALD, CONRAD, DINOWITZ, SIMON, SEAWRIGHT, ZACCARO, SCHIAVONI, JENSEN, SLATER, NOVAKHOV, DeSTEFANO, CHANG, GALLAHAN, K. BROWN, RA, LEMONDES -- read once and referred to the Committee on Veterans' Affairs -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the mental hygiene law, in relation to establishing a veteran suicide mortality review board

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The mental hygiene law is amended by adding a new article 79-A to read as follows:

ARTICLE 79-A

VETERAN SUICIDE MORTALITY REVIEW BOARD

Section 79.51 Veteran suicide mortality review board; establishment and purpose.
79.53 Membership.
79.55 Powers and duties.
79.57 Reporting.
79.59 Staffing and resources.

§ 79.51 Veteran suicide mortality review board; establishment and purpose.

1. There is hereby established within the office, in consultation with the department of health and the department of veterans' services, a veteran suicide mortality review board, hereinafter "the board".

2. The board is authorized to conduct a multidisciplinary review of suicide deaths among veterans and shall perform the following tasks:

(a) identify trends and systemic factors contributing to veteran suicide;

(b) assess gaps in services, access to care, and institutional practices;

(c) develop evidence-based recommendations for prevention and policy improvement;

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD14433-04-6

(d) promote collaboration among relevant state, local, and federal agencies; and

(e) identify initiatives or make recommendations that would enhance or build upon New York state's participation in federal veteran suicide programs, including the U.S. Substance Abuse and Mental Health Services Administration/VA Suicide Mortality review framework and the Governor's Challenge to Prevent Veteran Suicide.

3. As used in this article the term "veteran" shall have the same meaning as defined in subdivision ten of section six hundred seventy-seven of the county law.

§ 79.53 Membership.

1. The board shall be composed of at least thirteen members appointed by the governor including the following:

(a) the commissioner of health, or their designee;

(b) the commissioner of mental health, or their designee who shall be the chair of the board;

(c) the state commissioner of veterans' services, or their designee;

(d) two representatives of county medical examiners or coroners;

(e) one representative from the state conference of local mental hygiene directors established under article forty-one of this chapter;

(f) two licensed clinicians experienced in mental health and suicide prevention;

(g) two public health experts with experience in mortality review or epidemiology; and

(h) up to three additional members with expertise in veterans' issues, community mental health, or suicide prevention.

2. Members shall serve for three year terms, and may serve until a successor is appointed.

3. A majority of the membership of the board shall constitute a quorum.

4. When any member of the board fails to attend three consecutive regular meetings, unless such absence is for good cause, that membership may be deemed vacant for purposes of the appointment of a successor.

5. Meetings of the board shall be held at least twice a year but may be held more frequently as deemed necessary, subject to request of the office.

6. Members of the board shall be indemnified under section seventeen of the public officers law.

7. Members of the board shall not be compensated for their participation on the board but shall receive reimbursement for their ordinary and necessary expenses of participation.

8. Membership on the board shall not disqualify any person from holding any public office or employment.

§ 79.55 Powers and duties.

1. The board shall have the following powers and duties:

(a) Case review of deaths by suicide of individuals identified as veterans, including those recently separated from military service. In addition to any other information collected pursuant to this article, the board shall review completed forms received from the department of veterans' services pursuant to subdivision thirty-five of section four of the veterans' services law. The board shall assess the cause of suicide, factors leading to suicide, and the preventability for each suicide death reviewed.

(b) Coordination with federal and state partners, including U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Veterans Affairs (VA), and other agencies involved in

veteran suicide prevention. The commissioner is authorized to enter into memoranda of understanding with the federal government to facilitate such cooperation including data sharing and access to relevant records, including but not limited to VA records, provided that the commissioner shall ensure that such agreements adequately protect the confidentiality of veteran information consistent with state law.

(c) Issue evidence-based recommendations for system improvements, policy, and preventive interventions.

2. The commissioner may request and shall receive upon request from any department, division, board, bureau, commission, local health departments or other agency of the state or political subdivision thereof or any public authority, such information, including but not limited to death records, medical records, autopsy reports, toxicology reports, hospital discharge records, and any other information that will help the board under this section to properly carry out its functions, powers and duties.

3. The commissioner shall receive and may solicit voluntary information, including oral or written statements, relating to any veteran suicide death or suicide attempt from any family member or other interested party, including the veteran in a case of suicide attempt, relating to any case that may come before the board. Oral statements received under this paragraph shall be transcribed or summarized in writing. The commissioner shall transmit such information to the board.

4. Before transmitting any information to the board, the commissioner shall remove all personally identifying information of the veteran, health care practitioner or practitioners, or anyone else individually named in such information, as well as the hospital or facility that treated the veteran, if applicable, and any other information, such as geographic location, that may inadvertently identify the veteran, practitioner or facility. This subdivision shall not preclude the transmitting of information to the board that is reasonably necessary to enable the board to perform an appropriate review under this section.

5. The commissioner and the board shall each keep confidential any information collected or received under this article that includes personally identifying information of the veteran, health care practitioner or practitioners or anyone else individually named in such information, as well as the hospital or facility that treated the veteran, if applicable, and any other information such as geographic location that may inadvertently identify the veteran, practitioner or facility, and shall use the information provided or received under this section solely for the purposes of improvement of the quality of health care of veterans and to prevent veteran suicide. This subdivision shall not preclude the transmitting of information to the board that is reasonably necessary to enable the board to perform an appropriate review under this section.

6. All records received, meetings conducted, reports, except those reports required to be issued by the board pursuant to this article, and records made and maintained by the board, and all books and papers obtained by the board shall be confidential and shall not be made open or available, including under article six of the public officers law, with access limited only to board members and those authorized in writing by the commissioner. Such information shall not be discoverable or admissible as evidence in any action in any court or before any other tribunal, board, agency or person.

§ 79.57 Reporting.

1. No later than one year after its first meeting and each year thereafter, the board shall submit an annual report to the governor, the legislature, the commissioner, the commissioner of veterans' services and the commissioner of health summarizing:

(a) the board's activities including the number of veteran suicide cases reviewed;

(b) the number of apparent veteran suicide deaths reported by coroners, coroner's physicians or medical examiners pursuant to subdivision ten of section six hundred seventy-seven of the county law;

(c) trends in veteran suicides statewide, including at a minimum the most common methods of suicide;

(d) systemic gaps or failures contributing to veteran suicide deaths; and

(e) demographic information about veterans who die by suicide, including age, sex, race or ethnicity, county of residence and to the extent relevant and practicable, information about military service and medical history, including military discharge status, time elapsed since date of discharge or release from military service and date of death, service on federal or state active duty including the time and place of such service, eligibility for and/or use of VA health care services, and physical or mental health conditions including service-connected disabilities; and

(f) any other findings deemed relevant by the board, as well as the board's recommendations for policy, practice, and program improvements or best practices to contribute to the prevention of veteran suicide.

2. The report shall protect individual privacy, presenting only de-identified or aggregated data.

3. The report shall also be made publicly available on the websites of the office, the department of health and the department of veterans' services.

§ 79.59 Staffing and resources.

The office shall provide administrative support, staffing, and analytical capacity necessary for the board to fulfill its duties. The board may also utilize existing federal or state funding, technical assistance, and data systems, including those provided by U.S. Substance Abuse and Mental Health Services Administration and U.S. Department of Veterans Affairs programs.

§ 2. This act shall take effect on the one hundred eightieth day after it shall have become a law. The veteran suicide mortality review board established by section one of this act shall convene its first meeting within ninety days of such effective date.