



Testimony of Jessica Fay for
The Maine Council on Aging
January 2026
In Support of LD 2108

Senator Ingwersen, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services,

My name is Jess Fay and I am the Policy and Advocacy Director for the Maine Council on Aging (MCOA), a broad, multidisciplinary network of over 140 organizations, businesses, municipalities, and older community members working to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age at home and in community settings. We are offering testimony in support of LD 2108, An Act to Establish the Suicide Mortality Review Panel presented by Rep. Stover, with a recommendation to add a panel member with specific experience in providing services to older people in section 3 of the bill.

Suicide rates are highest among older people. In 2021, The suicide rate for men age 55 and over was 29.6 deaths per 100,000 population and the rate for women was 6.2 per 100,000 population.

¹ According to the National Council on Aging, older people make up 22% of suicides.²

The numbers are particularly stark for men over the age of 75. According to the U.S. CDC, men age 75-84 have a suicide rate of 19.4 per 100,000 population and men 85 and over have a rate of 22.7 per 100,000 population³

Because of the higher rates of suicide for older people, it is important to include a panelist with specific experience in aging services and the mental health of older people. Reasons for this higher rate among older people are as varied as they are for most age groups, but there are some additional factors that should be taken into consideration. These factors include social isolation, depression, grief, cognitive impairment⁴ and lack of access to mental health services.⁵

It is a hard reality that suicide for too many older people is “the plan.” The reasons for this are too complex for legislative testimony, but certainly not for thoughtful inquiry as part of this Review Panel. Our collective apathy about elder suicide is driven by many of the same worries that can lead to suicide itself. We are afraid of getting dementia, of losing our abilities, of being dependent and being moved out of our homes and communities into an institutional setting. We do not want these things for ourselves, so justify why someone might choose this path. This apathy can dull our curiosity and can cause us to overlook the many systemic barriers that make living long into later life challenging. We can change systems; we can improve overall health;

¹ Garnett MF, Spencer MR, Weeks JD. Suicide among adults age 55 and older, 2021. NCHS Data Brief, no 483. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://doi.org/10.15620/cdc:133701>

² <https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know/>

³ https://www.cdc.gov/suicide/facts/data.html?CDC_AAref_Val=https://www.cdc.gov/suicide/suicide-data-statistics.html

⁴ <https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know/>

⁵ Dhole AR, Petkar P, Choudhari SG, Mendhe H. Understanding the Factors Contributing to Suicide Among the Geriatric Population: A Narrative Review. Cureus. 2023 Oct 2;15(10):e46387. doi: 10.7759/cureus.46387. PMID: 37927668; PMCID: PMC10620465.

we can increase options; we can effectively address depression and isolation later in life; and we can reduce elder suicide. For these things to happen, this perspective must be included in the conversation.

MCOA commends DHHS for creating a mechanism by which we can better understand the specific factors that are contributing to this crisis so that we can work together to find effective policy solutions.

Thank you for the opportunity to provide testimony on this important issue.