Fifty-seventh Legislative Assembly of North Dakota

ENGROSSED SENATE BILL NO. 2451

Introduced by

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Senators D. Mathern, Lee

Representative Svedjan

- 1 A BILL for an Act to amend and reenact subsection 5 of section 23-07.5-02 of the North Dakota
- 2 Century Code, relating to access to a dead person's medical records.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 5 of section 23-07.5-02 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows:

If a person who is the subject of a reported significant exposure is unconscious or incapable of giving informed consent for testing under this section, that consent may be obtained in accordance with section 23-12-13. If a person who is the subject of a reported significant exposure dies without an opportunity to consent to testing prior to admission to, or discharge or release from, the facility that received that person, collection of appropriate specimens and testing for the presence of any contagious disease bloodborne pathogens, including human immunodeficiency virus, hepatitis B, and hepatitis C infection must be conducted within twenty-four hours. A licensed physician with expertise in infectious diseases shall make the determination of which tests are required. Results of these tests must be provided to the physician providing care for the person who experienced the significant exposure. If a facility that received the person who died fails to test for the presence of bloodborne pathogens as required under this subsection, the facility shall provide the physician providing care for the exposed emergency medical services provider, health care provider, or person who rendered aid under chapter 32-03.1 testing results of any bloodborne pathogen present in any medical records of the dead person which are in the facility's control within twenty-four hours. If there are no testing results for bloodborne pathogens within that facility and there is reason to believe that results are available from another facility, the

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1	facility that received the person who died shall attempt to obtain testing results of
2	bloodborne pathogens of the deceased within twenty-four hours from the facility
3	where it is believed results exist. The test results must be provided to the
4	physician providing care for the person who experienced the significant exposure.