

**FIRST ENGROSSMENT
with House Amendments
ENGROSSED SENATE BILL NO. 2196**

Introduced by

Senators Anderson, J. Lee

Representative Tveit

1 A BILL for an Act to create and enact a new chapter to title 23 of the North Dakota Century
2 Code, relating to creation of a drug fatalities review panel.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1.** A new chapter to title 23 of the North Dakota Century Code is created and
5 enacted as follows:

6 **Drug fatalities review panel.**

- 7 1. The forensic pathology department of the university of North Dakota school of
8 medicine and health sciences shall appoint individuals to serve as members on the
9 drug fatalities review panel. To encompass disciplines needed for evaluation and
10 balance of members' viewpoints, panel membership must include representation from
11 multiple disciplines and services. Membership may include a forensic pathologist, a
12 pharmacist with knowledge in pharmacogenomics, representatives of rural and urban
13 healthcare facilities, a licensed addiction counselor, a physician, and representatives
14 of nonregulatory divisions of the state department of health and department of human
15 services.
- 16 2. The state department of health and the university of North Dakota school of medicine
17 and health sciences shall provide for or arrange for administrative services to assist
18 the panel in performing official duties, including collection and management of case
19 review files, the maintenance of records, data collection and analysis, and the
20 issuance of a state report on drug-related fatalities. The department and the university
21 of North Dakota school of medicine and health sciences are responsible for the
22 confidentiality and security of data on the sharing site on which the documents are
23 stored.

1 **Powers and duties.**

2 1. The panel may:

3 a. Provide outcome data on drug-related fatalities in the state as a basis for policy,
4 intervention, and other program effectiveness.

5 b. Promote the identification of circumstances that may contribute to drug-related
6 fatalities.

7 c. Promote the identification of public health issues related to drug-related fatalities.

8 d. Promote training for individuals and agencies that share a responsibility in
9 responding to or preventing drug-related fatalities.

10 e. Promote interagency communication for the management of pharmaceutical and
11 nonpharmaceutical drug-related fatalities and for the management of future
12 nonfatal cases.

13 f. Promote evaluation of the impact of specific drug-related fatality risk factors,
14 including substance abuse, domestic violence, and behavioral or mental health
15 issues.

16 g. Promote the use of intervention and education programs to prevent drug-related
17 fatalities.

18 h. Provide data regarding use and potential expansion of drug-related rescue
19 programs and referral services.

20 2. The panel shall review the deaths of individuals which are identified as prescription
21 drug, illicit drug, or alcohol overdoses or which pertain to a trend or pattern of deaths
22 identified as drug or alcohol overdoses. The panel shall prioritize the reviews
23 conducted under this subsection. In conducting a review under this subsection, the
24 panel:

25 a. May utilize case-specific consultants on a case-by-case basis.

26 b. Shall identify factors that may have contributed to a preventable fatality, gaps in
27 the system, and community areas of need.

28 c. Shall make recommendations or observations to identify whether a fatality was
29 preventable; whether additional information is needed for a more complete
30 review; whether it is appropriate to make a referral to an agency requesting
31 services; and any systemic issues raised by the circumstances of the fatality.

1 **Confidentiality.**

2 Notwithstanding section 44-04-19, all portions of a meeting of the panel which reviews drug
3 fatalities are closed to the public. Notwithstanding section 44-04-18, all documentation and
4 reports of the panel which are related to panel review of drug fatalities are confidential, except
5 for the annual state report, which may not disclose personally identifiable information of
6 decedents. The confidential records are not discoverable as evidence.

7 **Access to records.**

8 Upon the written request of the presiding officer of the panel, a health care facility and
9 health care provider shall disclose all patient records of the facility or provider which are
10 requested by the panel and pertain to an identified drug fatality. The presiding officer may
11 request records from the most recent thirty-six-month period.

12 **State report.**

13 Annually the panel shall compile a state report of fatalities reviewed. The report must
14 include identification of patterns, trends, and policy issues related to drug fatalities, but may not
15 disclose personally identifiable information.