

**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 state health officer shall appoint individuals to serve as members on the drug  
8 fatalities review panel and shall designate the presiding officer. To encompass  
9 disciplines needed for evaluation and balance of members' viewpoints, panel  
10 membership must include representation from multiple disciplines and services.  
11 Membership may include a forensic pathologist, a pharmacist with knowledge in  
12 pharmacogenomics, representatives of rural and urban healthcare facilities, a licensed  
13 addiction counselor, a physician, and representatives of the state department of health  
14 and department of human services.
- 15 2. Other than initial appointments designed to stagger the expiration of terms, a panel  
16 member shall serve a term of two years. The state health officer may remove a panel  
17 member for cause, such as violation of confidentiality, violation of a professional code  
18 of ethics, and chronic absenteeism.
- 19 3. The department shall provide for or arrange for administrative services to assist the  
20 panel in performing official duties, including collection and management of case review  
21 files, the maintenance of records, data collection and analysis, and the issuance of a  
22 state report on drug-related fatalities. The department is responsible for the  
23 confidentiality and security of data on the sharing site on which the documents are  
24 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 drug overdoses  
21       or which pertain to a trend or pattern of drug-related deaths identified as drug  
22       overdoses. Based on legislative appropriation, 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 and may not be used by  
7 the panel for research.

8        **Access to records.**

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

13        **State report.**

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