23-50-01. Drug fatalities review panel.
1. The forensic pathology department of the university of North Dakota school of medicine and health sciences shall appoint individuals to serve as members on the drug fatalities review panel. To encompass disciplines needed for evaluation and balance of members' viewpoints, panel membership must include representation from multiple disciplines and services. Membership may include a forensic pathologist, a pharmacist with knowledge in pharmacogenomics, representatives of rural and urban healthcare facilities, a licensed addiction counselor, a physician, and representatives of nonregulatory divisions of the state department of health and department of human services.
2. The state department of health and the university of North Dakota school of medicine and health sciences shall provide for or arrange for administrative services to assist the panel in performing official duties, including collection and management of case review files, the maintenance of records, data collection and analysis, and the issuance of a state report on drug-related fatalities. The department and the university of North Dakota school of medicine and health sciences are responsible for the confidentiality and security of data on the sharing site on which the documents are stored.

1. The panel may:
   a. Provide outcome data on drug-related fatalities in the state as a basis for policy, intervention, and other program effectiveness.
   b. Promote the identification of circumstances that may contribute to drug-related fatalities.
   c. Promote the identification of public health issues related to drug-related fatalities.
   d. Promote training for individuals and agencies that share a responsibility in responding to or preventing drug-related fatalities.
   e. Promote interagency communication for the management of pharmaceutical and nonpharmaceutical drug-related fatalities and for the management of future nonfatal cases.
   f. Promote evaluation of the impact of specific drug-related fatality risk factors, including substance abuse, domestic violence, and behavioral or mental health issues.
   g. Promote the use of intervention and education programs to prevent drug-related fatalities.
   h. Provide data regarding use and potential expansion of drug-related rescue programs and referral services.
2. The panel shall review the deaths of individuals which are identified as prescription drug, illicit drug, or alcohol overdoses or which pertain to a trend or pattern of deaths identified as drug or alcohol overdoses. The panel shall prioritize the reviews conducted under this subsection. In conducting a review under this subsection, the panel:
   a. May utilize case-specific consultants on a case-by-case basis.
   b. Shall identify factors that may have contributed to a preventable fatality, gaps in the system, and community areas of need.
   c. Shall make recommendations or observations to identify whether a fatality was preventable, whether additional information is needed for a more complete review, whether it is appropriate to make a referral to an agency requesting services, and any systemic issues raised by the circumstances of the fatality.
23-50-03. Confidentiality.
Notwithstanding section 44-04-19, all portions of a meeting of the panel which reviews drug fatalities are closed to the public. Notwithstanding section 44-04-18, all documentation and reports of the panel which are related to panel review of drug fatalities are confidential, except for the annual state report, which may not disclose personally identifiable information of decedents. The confidential records are not discoverable as evidence.

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

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