CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 1074**

Chapter 190, Laws of 2022

67th Legislature

2022 Regular Session

FATALITY REVIEW TEAMS—OVERDOSE, WITHDRAWAL, AND SUICIDE

EFFECTIVE DATE: June 9, 2022

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| Passed by the House March 7, 2022  Yeas 98 Nays 0  LAURIE JINKINS  **Speaker of the House of Representatives**  Passed by the Senate March 1, 2022  Yeas 49 Nays 0  DENNY HECK  **President of the Senate** | CERTIFICATE  I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1074** as passed by the House of Representatives and the Senate on the dates hereon set forth.  BERNARD DEAN  Chief Clerk |
| Approved March 30, 2022 2:08 PM | March 31, 2022 |
| JAY INSLEE  **Governor of the State of Washington** | **Secretary of State**  **State of Washington** |

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**SUBSTITUTE HOUSE BILL 1074**

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AS AMENDED BY THE SENATE

Passed Legislature - 2022 Regular Session

**State of Washington 67th Legislature 2021 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Peterson, Rude, Leavitt, Wylie, Kloba, Ortiz-Self, Callan, Riccelli, Davis, and Pollet)

AN ACT Relating to overdose, withdrawal, and suicide fatality reviews; and adding a new section to chapter 70.05 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  A new section is added to chapter 70.05 RCW to read as follows:

(1) The legislature finds that the mortality rate in Washington state due to overdose, withdrawal related to substance abuse such as opiates, benzodiazepines, and alcohol, and suicide is unacceptably high and that such mortality may be preventable. The legislature further finds that, through the performance of overdose, withdrawal, and suicide fatality reviews, preventable causes of mortality can be identified and addressed, thereby reducing the number of overdose, withdrawal, and suicide fatalities in Washington state.

(2)(a) A local health department may establish multidisciplinary overdose, withdrawal, and suicide fatality review teams to review overdose, withdrawal, and suicide deaths and to develop strategies for the prevention of overdose, withdrawal, and suicide fatalities.

(b) The department shall assist local health departments to collect the reports of any overdose, withdrawal, and suicide fatality reviews conducted by local health departments and assist with entering the reports into a database to the extent that the data is not protected under subsection (3) of this section. Notwithstanding subsection (3) of this section, the department shall respond to any requests for data from the database to the extent permitted for health care information under chapters 70.02 and 70.225 RCW. In addition, the department shall provide technical assistance to local health departments and overdose, withdrawal, and suicide fatality review teams conducting overdose, withdrawal, and suicide fatality reviews and encourage communication among overdose, withdrawal, and suicide fatality review teams.

(c) All overdose, withdrawal, or suicide fatality reviews undertaken under this section shall be shared with the department, subject to the same confidentiality restrictions described in this section.

(3)(a) All health care information collected as part of an overdose, withdrawal, and suicide fatality review is confidential, subject to the restrictions on disclosure provided for in chapter 70.02 RCW. When documents are collected as part of an overdose, withdrawal, and suicide fatality review, the records may be used solely by local health departments for the purposes of the review.

(b) Information, documents, proceedings, records, and opinions created, collected, or maintained by the overdose, withdrawal, and suicide fatality review team or the local health department in support of the review team are confidential and are not subject to public inspection or copying under chapter 42.56 RCW and are not subject to discovery or introduction into evidence in any civil or criminal action.

(c) Any person who was in attendance at a meeting of the review team or who participated in the creation, collection, or maintenance of the review team's information, documents, proceedings, records, or opinions may not be permitted or required to testify in any civil or criminal action as to the content of such proceedings, or the review team's information, documents, records, or opinions. This subsection does not prevent a member of the review team from testifying in a civil or criminal action concerning facts which form the basis for the overdose, withdrawal, and suicide fatality review team's proceedings of which the review team member had personal knowledge acquired independently of the overdose, withdrawal, and suicide fatality review team or which is public information.

(d) Any person who, in substantial good faith, participates as a member of the review team or provides information to further the purposes of the review team may not be subject to an action for civil damages or other relief as a result of the activity or its consequences.

(e) All meetings, proceedings, and deliberations of the overdose, withdrawal, and suicide fatality review team must be confidential and may be conducted in executive session.

(4) This section does not prevent a local health department from publishing statistical compilations and reports related to the overdose, withdrawal, and suicide fatality review. Any portions of such compilations and reports that identify individual cases and sources of information must be redacted.

(5) To aid in an overdose, withdrawal, and suicide fatality review, the local health department has the authority to:

(a) Request and receive data for specific overdose, withdrawal, and suicide fatalities including, but not limited to, all medical records related to the overdose, withdrawal, and suicide, autopsy reports, medical examiner reports, coroner reports, schools, criminal justice, law enforcement, and social services records; and

(b) Request and receive data as described in (a) of this subsection from health care providers, health care facilities, clinics, schools, criminal justice, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, the department of health and its licensees, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers.

(6) Upon request by the local health department, health care providers, health care facilities, clinics, schools, criminal justice, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, the department of health and its licensees, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers must provide all medical records related to the overdose, withdrawal, and suicide, autopsy reports, medical examiner reports, coroner reports, social services records, and other data requested for specific overdose, withdrawal, and suicide fatalities to perform an overdose, withdrawal, and suicide fatality review to the local health department.

(7) For the purposes of this section, "overdose, withdrawal, and suicide fatality review" means a confidential process to review minor or adult overdose, withdrawal, and suicide deaths as identified through a death certificate; by a medical examiner or coroner; or by a process defined by the local department of health. The process may include a systematic review of medical, clinical, and hospital records related to the overdose, withdrawal, and suicide; confidential interviews conducted with the protections established in subsection (3) of this section; analysis of individual case information; and review of this information by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death.

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Passed by the House March 7, 2022.

Passed by the Senate March 1, 2022.

Approved by the Governor March 30, 2022.

Filed in Office of Secretary of State March 31, 2022.