

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1074

67th Legislature
2022 Regular Session

Passed by the House March 7, 2022
Yeas 98 Nays 0

**Speaker of the House of
Representatives**

Passed by the Senate March 1, 2022
Yeas 49 Nays 0

President of the Senate

Approved

Governor of the State of Washington

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.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1074

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)

READ FIRST TIME 01/22/21.

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

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

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.05
5 RCW to read as follows:

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

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

18 (b) The department shall assist local health departments to
19 collect the reports of any overdose, withdrawal, and suicide fatality
20 reviews conducted by local health departments and assist with
21 entering the reports into a database to the extent that the data is

1 not protected under subsection (3) of this section. Notwithstanding
2 subsection (3) of this section, the department shall respond to any
3 requests for data from the database to the extent permitted for
4 health care information under chapters 70.02 and 70.225 RCW. In
5 addition, the department shall provide technical assistance to local
6 health departments and overdose, withdrawal, and suicide fatality
7 review teams conducting overdose, withdrawal, and suicide fatality
8 reviews and encourage communication among overdose, withdrawal, and
9 suicide fatality review teams.

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

14 (3)(a) All health care information collected as part of an
15 overdose, withdrawal, and suicide fatality review is confidential,
16 subject to the restrictions on disclosure provided for in chapter
17 70.02 RCW. When documents are collected as part of an overdose,
18 withdrawal, and suicide fatality review, the records may be used
19 solely by local health departments for the purposes of the review.

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

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

39 (d) Any person who, in substantial good faith, participates as a
40 member of the review team or provides information to further the

1 purposes of the review team may not be subject to an action for civil
2 damages or other relief as a result of the activity or its
3 consequences.

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

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

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

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

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

28 (6) Upon request by the local health department, health care
29 providers, health care facilities, clinics, schools, criminal
30 justice, law enforcement, laboratories, medical examiners, coroners,
31 professions and facilities licensed by the department of health,
32 local health jurisdictions, the health care authority and its
33 licensees and providers, the department of health and its licensees,
34 the department of social and health services and its licensees and
35 providers, and the department of children, youth, and families and
36 its licensees and providers must provide all medical records related
37 to the overdose, withdrawal, and suicide, autopsy reports, medical
38 examiner reports, coroner reports, social services records, and other
39 data requested for specific overdose, withdrawal, and suicide

1 fatalities to perform an overdose, withdrawal, and suicide fatality
2 review to the local health department.

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

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