# **B-Engrossed** House Bill 3037

Ordered by the Senate May 20 Including House Amendments dated March 11 and Senate Amendments dated May 20

Sponsored by Representative DEXTER, Senator LIEBER; Representatives CAMPOS, GRAYBER, KROPF, NERON, NOSSE, PRUSAK, REARDON, REYNOLDS, RUIZ, SALINAS, SMITH DB, Senators ANDERSON, FREDERICK, TAYLOR

#### SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure

Directs medical examiner or medical-legal death investigator to report [suspected suicides involving] deaths of decedents 24 years of age or younger to local mental health authority if district medical examiner, assistant district medical examiner, pathologist or designee of district medical examiner reasonably believes manner of death was suicide.

Directs Oregon Health Authority to develop statewide suicide post-intervention protocol. Authorizes cross-reporting between local mental health authorities. Takes effect on 91st day following adjournment sine die.

- A BILL FOR AN ACT Relating to youth suicide response; amending ORS 146.100 and 418.735; and prescribing an effective 2 3 date. 4 Be It Enacted by the People of the State of Oregon: 5 SECTION 1. ORS 146.100 is amended to read: 6 146.100. (1) Death investigations shall be under the direction of the district medical examiner  $\mathbf{7}$ and the district attorney for the county where the death occurs.
- 8 (2) For purposes of ORS 146.003 to 146.189, if the county where death occurs is unknown, the 9 death shall be deemed to have occurred in the county where the body is found, except that if in an 10 emergency the body is moved by conveyance to another county and is dead on arrival, the death shall be deemed to have occurred in the county from which the body was originally removed. 11
- 12(3) The district medical examiner or an assistant district medical examiner for the county where 13 death occurs shall be immediately notified of:

(a) All deaths requiring investigation; and 14

15 (b) All deaths of persons admitted to a hospital or institution for less than 24 hours, although 16 the medical examiner need not investigate nor certify such deaths.

17 (4) No person having knowledge of a death requiring investigation shall intentionally or knowingly fail to make notification thereof as required by subsection (3) of this section. 18

19 (5) The district medical examiner or medical-legal death investigator shall immediately notify the district attorney for the county where death occurs of all deaths requiring investigation except for 20those specified by ORS 146.090 (1)(d) to (g). 21

(6) All peace officers, health care providers as defined in ORS 192.556, supervisors of penal in-2223stitutions and supervisors of hospitals or institutions caring for the ill or helpless shall cooperate

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with the medical examiner by providing a decedent's medical records and tissue samples and any

2 other material necessary to conduct the death investigation of the decedent and shall make notifi-

cation of deaths as required by subsection (3) of this section. A person who cooperates with the
medical examiner in accordance with this subsection does not:

5 (a) Waive any claim of privilege applicable to, or the confidentiality of, the materials and re-6 cords provided.

7 (b) Waive any claim that the materials and records are subject to an exemption from disclosure 8 under ORS 192.311 to 192.478.

9 (7) Records or materials described in subsection (6) of this section may be released by the 10 medical examiner only pursuant to a valid court order.

(8)(a) If a death is suspected to be suicide and the decedent was 24 years of age or younger, the district medical examiner or medical-legal death investigator shall notify the local mental health authority in the county where the death occurred and, if the decedent was a member of a federally recognized Oregon tribe, shall also notify the tribe's mental health authority.

(b) For the purposes of this subsection, the manner of death is suspected to be suicide if the district medical examiner, the assistant district medical examiner, a pathologist authorized under ORS 146.045 (2)(b) or a designee of the district medical examiner, including a medical-legal death investigator, confirms orally or in writing that the district medical examiner, assistant district medical examiner, pathologist or designee of the district medical examiner reasonably believes that the manner of death was suicide.

(c) The notification under this subsection must include the decedent's name, date of
 birth, date of death, suspected manner of death and cause of death.

(d) The notification under this subsection may include any other information that the district medical examiner or medical-legal death investigator determines is necessary to preserve the public health and that is not otherwise protected from public disclosure by state or federal law, including information regarding the decedent's school attended and extracurricular activities.

(e) The district medical examiner or medical-legal death investigator must provide the
 notification under this subsection no later than:

(A) 48 hours after receiving notification of the death if the county where the death oc curred has a population of 400,000 or more; or

(B) 72 hours after receiving notification of the death if the county where the death oc curred has a population of fewer than 400,000.

(f) As used in this subsection, "local mental health authority" has the meaning given that
 term in ORS 430.630.

37 SECTION 2. ORS 418.735 is amended to read:

38 418.735. (1) As used in this section[,]:

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39 (a) "Cause of death" has the meaning given that term in ORS 146.003.

40 (b) "Local mental health authority" has the meaning given that term in ORS 430.630.

41 (c) "Manner of death" has the meaning given that term in ORS 146.003.

42 (d) "Third-party notification" means notification from a source other than a patient in

a program administered by the local mental health authority during the patient's treatment.
(e) "Urban Indian health program" means an urban Indian health program in this state

45 that is operated by an urban Indian organization pursuant to 25 U.S.C. 1651 et seq.

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1 (2)(a) The Oregon Health Authority shall develop a plan for communication among local mental 2 health authorities and local systems to improve notifications and information-sharing when [a death 3 that is suspected to be a suicide involves] an individual who is 24 years of age or younger **dies and** 4 **the manner of death is suspected to be suicide**. The plan must address community suicide re-5 sponse and post-intervention efforts to address loss and the potential of contagion risk. The Oregon 6 Health Authority shall collaborate with the following entities in developing and implementing the 7 plan:

8 [(a)] (A) Public school districts;

9 [(b)] (B) Public universities listed in ORS 352.002[, if the death involves an individual who is 24 10 years of age or younger];

11 [(c)] (C) Private post-secondary institutions of education[, if the death involves an individual who 12 is 24 years of age or younger; and];

13 [(d)] (**D**) Any facility that provides services or resources to runaway or homeless youth[.];

14 (E) Federally recognized Oregon tribes; and

15 (F) Urban Indian health programs.

(b) The Oregon Health Authority shall develop a statewide post-intervention protocol to 16 enable local mental health authorities to deploy uniform and effective post-intervention ef-17 18 forts. In developing the post-intervention protocol, the authority shall take into consideration the Youth Suicide Intervention and Prevention Plan developed by the Youth Suicide 19 20Intervention and Prevention Coordinator under ORS 418.731 and 418.733 and may consult with local mental health authorities, federally recognized Oregon tribes, urban Indian health pro-2122grams, youth-serving entities, individuals with lived experience in suicide ideation, attempts 23and loss, medical examiners, colleges and universities and national experts in suicide postintervention. 24

(3) No later than 72 hours after receiving a third-party notification, including notice under ORS 146.100, of the death of an individual described in subsection (2)(a) of this section,
if the deceased individual was not domiciled in the county where the death occurred, the local mental health authority shall provide notice of the death to the local mental health authority in the county where the deceased individual was domiciled.

(4)(a) The local mental health authority in the county where an individual described in
subsection (2)(a) of this section was domiciled may notify the local mental health authority
in any other county in which the deceased individual had significant contacts, as described
by the Oregon Health Authority by rule.

34 [(3) Within seven days after a death that is suspected to be a suicide of an individual 24 years of 35 age or younger, the local mental health authority in the area where the suicide occurred and any public school district, public university listed in ORS 352.002 or private post-secondary institution of education 36 37 the individual was attending at the time of the individual's death shall inform the Oregon Health Au-38 thority, in a manner and in a format to be determined by the authority, of activities implemented to support local entities and individuals affected by the suicide and to prevent the risk of contagion. The 39 40 authority shall serve as a resource to the local mental health authority and any public school district, public university listed in ORS 352.002 or private post-secondary institution of education the individual 41 42was attending at the time of the individual's death as needed by the community.]

43 [(4)(a)] (b) [If a local mental health authority receives a third-party notification of a death that is 44 suspected to be a suicide of an individual 24 years of age or younger,] The local mental health au-45 thority in the county where an individual described in subsection (2)(a) of this section was

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1 **domiciled** shall provide notice of the death to the following local systems that had contact with the 2 deceased individual:

3 (A) The principal or superintendent of relevant area public schools, the principal of relevant 4 area private schools or any public university listed in ORS 352.002 or private post-secondary insti-5 tution of education the individual was attending at the time of the individual's death;

6 (B) The juvenile department;

7 (C) Community developmental disabilities programs;

8 (D) Local child welfare agencies;

9 (E) Local substance use disorder programs; [or]

10 (F) Urban Indian health programs; or

11 [(F)] (G) Any other organization or person identified by the local mental health authority as 12 necessary to receive notice to preserve the public health.

(c) No later than seven days after receiving notice of the death of an individual described 13 in subsection (2)(a) of this section, each local mental health authority in a county in which 14 15 the deceased individual had significant contacts, as described by the Oregon Health Authority by rule, and any public school district, public university listed in ORS 352.002 or private 16 post-secondary institution of education the individual was attending at the time of the 17 individual's death shall inform the Oregon Health Authority, in a manner and in a format 18 determined by the authority, of activities implemented to support local entities and individ-19 uals affected by the suicide and to prevent the risk of contagion. The authority shall serve 20as a resource to the local mental health authorities and any public school district, public 2122university listed in ORS 352.002 or private post-secondary institution of education the indi-23vidual was attending at the time of the individual's death as needed by the community.

[(b)] (5) [The notification in paragraph (a) of this subsection] The notifications described in subsections (3) and (4) of this section must contain the following information regarding the deceased individual to enable the local systems to deploy effective post-intervention efforts:

27 (A) The name of the deceased individual;

28 (B) The birth date of the deceased individual;

29 (C) The date of death of the deceased individual;

30 (D) The suspected manner of death;

31 (E) A description of the cause of death; and

32 [(D)] (F) Any other information that the local mental health authority determines is necessary 33 to preserve the public health and that is not otherwise protected from public disclosure by state or 34 federal law.

35 [(c) As used in this subsection, "third-party notification" means notification from a source other 36 than a patient in a program administered by the local mental health authority during the patient's 37 treatment.]

38 <u>SECTION 3.</u> This 2021 Act takes effect on the 91st day after the date on which the 2021
 39 regular session of the Eighty-first Legislative Assembly adjourns sine die.

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