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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO HEALTH AND SAFETY -- OFFICE OF STATE MEDICAL EXAMINERS

Introduced By: Representatives Solomon, Edwards, and Casey

Date Introduced: February 28, 2024

Referred To: House Health & Human Services

(Dept. of Health)

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-4-3 of the General Laws in Chapter 23-4 entitled "Office of State
2 Medical Examiners" is hereby amended to read as follows:

3 **23-4-3. Functions.**

4 The office of state medical examiners shall be responsible for:

- 5 (1) The investigation of deaths within the state that, in its judgment, might reasonably be
6 expected to involve causes of death enumerated in this chapter;
- 7 (2) For the conduct of inquests when requested by the attorney general;
- 8 (3) For the performance of autopsies, including the retention, examination, and appropriate
9 disposal of tissue, when appropriate, for deaths that, in its judgment, might reasonably be expected
10 to involve causes of deaths enumerated in this chapter;
- 11 (4) For the written determination of the causes of death investigated pursuant to this
12 chapter;
- 13 (5) For the presentation to the courts of Rhode Island of expert testimony relating to the
14 cause of death;
- 15 (6) For the keeping of complete records, including names, places, circumstances, and
16 causes of deaths, of deaths investigated and reported, copies of which shall be delivered to the
17 attorney general and of which written determinations of causes of death shall be made available for
18 public inspection;
- 19 (7) For the burial of bodies for which there is no other existing legal responsibility to do

1 so;

2 (8) For the development and enforcement of procedures for the pronouncement of death
3 and for the transplantation of organs from bodies of persons who have died within the state;

4 (9)(i) For a multidisciplinary team review of child fatalities with the goal to decrease the
5 prevalence of preventable child deaths and report recommendations for community- and systems-
6 intervention strategies. A child death-review team shall include, but is not limited to, representation
7 from state agencies, health care, child welfare, and law enforcement; and

8 (ii) The work product of the child death-review team shall be confidential and protected
9 under all applicable laws, including the federal Health Insurance Portability and Accountability Act
10 of 1996 and the Rhode Island confidentiality of health care information act (chapter 37.3 of title 5)
11 and shall be exempt from the provisions of chapter 2 of title 38 and shall be deemed privileged
12 pursuant to § 23-17.21-8;

13 (10) The department of health shall work with the department of children, youth and
14 families and the office of the child advocate to develop a process to ensure the timely availability
15 of autopsy reports on child deaths;

16 (11)(i) For a multidisciplinary team review of drug-related overdose deaths with the goal
17 of reducing the prevalence of these deaths by examining emerging trends in overdose, identifying
18 potential demographic, geographic, and structural points for prevention, and other factors. The
19 multidisciplinary team for review of drug-related overdose deaths may include, as determined by
20 the director of the department of health, representatives from the department of health; the
21 department of the attorney general; the Rhode Island state police; the department of corrections;
22 the department of behavioral healthcare, developmental disabilities and hospitals; the Rhode Island
23 Police Chiefs Association; the Hospital Association of Rhode Island; an emergency department
24 physician; a primary care physician; an addiction medicine/treatment provider; a mental health
25 clinician; a toxicologist; a recovery coach or other representative of the recovery community; and
26 others as may be determined by the director of the department of health;

27 (ii) The work product of the multidisciplinary team for review of drug-related overdose
28 deaths shall be confidential and protected under all applicable laws, including the federal Health
29 Insurance Portability and Accountability Act of 1996 and the Rhode Island confidentiality of health
30 care information act (chapter 37.3 of title 5), and shall be exempt from the provisions of chapter 2
31 of title 38, not subject to subpoena, discovery, or introduction into evidence in any civil or criminal
32 proceeding, and not subject to disclosure beyond the team members (except to authorized
33 employees of the department of health as necessary to perform its official duties pursuant to this
34 subsection (11));

1 (iii) The multidisciplinary team shall report on or before December 1 of each year to the
2 governor, the speaker of the house, and president of the senate, which report shall summarize the
3 activities of the team, as well as the team's findings, progress towards reaching its goals, and
4 recommendations for any needed changes in legislation or otherwise;

5 (iv) [Deleted by P.L. 2021, ch. 21, § 1 and P.L. 2021, ch. 22, § 1.]

6 (v) The multidisciplinary team, or Rhode Island department of health state employees
7 appointed by the director of the department of health, shall, as relatives of the deceased are willing,
8 be empowered to gather information from such consenting relatives regarding the circumstances of
9 the decedent's death. The information gathered shall remain confidential and publicly released as
10 aggregate de-identified information. The information gathered will be utilized to help identify
11 specific prevention and intervention strategies to prevent further deaths. The information gathered
12 shall not be subject to subpoena, discovery, or introduction into evidence in any civil or criminal
13 proceeding, and shall not be subject to disclosure beyond the team members except to authorized
14 employees of the department of health as necessary to perform its official duties pursuant to this
15 subsection (11), and except as aggregate de-identified information; ~~and~~

16 (12)(i) For a multidisciplinary maternal mortality review committee for review of maternal
17 deaths of women that occur during pregnancy, delivery, or within one year of the end of pregnancy
18 with the goal of reducing the prevalence of such deaths by examining emerging trends in such
19 deaths, identifying potential demographic, geographic, and structural points for prevention, and
20 other factors. This committee has the authority to request and receive data from vital records,
21 healthcare providers, healthcare facilities, pharmacy records, and any other agencies or officials
22 having information that is necessary for the committee to carry out its duties under this section.
23 The multidisciplinary maternal mortality review committee shall include, but not be limited to, as
24 determined by the director of the department of health, representation from state agencies; an
25 obstetric provider from each hospital that delivers obstetrical care; a neonatal specialist; individuals
26 or organizations that represent the populations that are most affected by pregnancy-related deaths
27 or pregnancy-associated deaths and lack of access to maternal healthcare services; a perinatal
28 pathologist; and a maternal fetal medicine specialist. This committee shall develop
29 recommendations for the prevention of maternal deaths and disseminate findings and
30 recommendations to policy makers, healthcare providers, healthcare facilities, and the general
31 public;

32 (ii) The work product of the maternal mortality review committee shall be confidential and
33 protected under all applicable laws, including the federal Health Insurance Portability and
34 Accountability Act of 1996 and the Rhode Island confidentiality of health care information act

1 (chapter 37.3 of title 5) and shall be exempt from the provisions of chapter 2 of title 38 and shall
2 be deemed privileged pursuant to § 23-17.21-8; and

3 (13)(i) For a multidisciplinary team review of suicide deaths with the goal of reducing the
4 prevalence of these deaths by examining trends in demographic, geographic, community, and
5 structural protective and risk factors. The multidisciplinary team may include, as determined by the
6 director of Rhode Island department of health (RIDOH), representatives from the Rhode Island
7 office of the medical examiner, RIDOH's violence and injury prevention program, the department
8 of behavioral healthcare, developmental disabilities, and hospitals, emergency medical services,
9 law enforcement, healthcare and others as may be determined by the director of the department of
10 health;

11 (ii) The work product of the adult suicide fatality review team shall be confidential and
12 protected under all applicable laws, including the federal Health Insurance Portability and
13 Accountability Act of 1996 and chapter 37.3 of title 5 (the "Rhode Island confidentiality of health
14 care communications and information act") and shall be exempt from the provisions of chapter 2
15 of title 38 ("access to public records") and shall be deemed privileged pursuant to § 23-17.21-8, not
16 subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding,
17 and not subject to disclosure beyond the team members (except to authorized employees of the
18 department of health as necessary to perform its official duties pursuant to this subsection.

19 (iii) The multidisciplinary team shall be responsible for developing annual
20 recommendations for the state suicide prevention coalition and/or the state agency(ies) responsible
21 for suicide prevention in Rhode Island. The recommendations should align with the Rhode Island
22 suicide prevention state plan and shall outline, based on suicide fatality case review data, potential
23 strategies to increase protective factors and decrease risk factors to reduce suicide deaths in Rhode
24 Island.

25 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- OFFICE OF STATE MEDICAL EXAMINERS

1 This act would include among the responsibilities of the office of state medical examiners,
2 the responsibility to provide for a multidisciplinary team review of suicide deaths with a goal of
3 reducing the prevalence of these deaths by examining trends in demographic, geographic and
4 community risk factors.

5 This act would take effect upon passage.

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