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**SECOND SUBSTITUTE HOUSE BILL 1354**

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

**By** House Appropriations (originally sponsored by Representatives Mosbrucker, Orwall, Davis, Ramos, Callan, Berry, Valdez, Jacobsen, Bergquist, Dent, and Pollet)

AN ACT Relating to suicide review teams; amending RCW 70.02.050; adding a new section to chapter 43.70 RCW; creating new sections; and providing an expiration date.

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

NEW SECTION. **Sec.**  (1) The legislature finds that the work of the state suicide prevention plan steering committee has produced a valuable, comprehensive suicide prevention plan. This plan finds that about one-half of mental health conditions appear by age 14 and identifies a need for preventing youth suicide risk farther upstream in a child's life.

(2) The legislature intends to establish a youth suicide review team to complement the work of the state suicide prevention plan steering committee by providing a focused investigation of the lives of youth who have died by suicide. The work of the review team shall:

(a) Provide a more detailed picture of the lives of youth who have died by suicide in Washington to allow for more targeted intervention programs to reach youth earlier in their lives; and

(b) Help determine whether the COVID-19 pandemic or the state's response to the pandemic have impacted youth suicide rates.

NEW SECTION. **Sec.**  A new section is added to chapter 43.70 RCW to read as follows:

(1) The department shall establish the Washington youth suicide review team to review the circumstances related to suicides occurring among youth up to age 25. The Washington youth suicide review team shall:

(a) Perform an in-depth review of each instance of persons under 25 years old who have died by suicide in Washington during the 2020 calendar year. The review team may not include suicides that occur within the boundaries of an Indian reservation if the tribal government opposes the review;

(b) Analyze circumstances affecting the lives of the persons who have been reviewed according to (a) of this subsection to ascertain the existence of any common factors that may have contributed to the persons' suicide. The analysis may include:

(i) A review of medical records related to a youth suicide, including as appropriate:

(A) Medical records, including mental health information;

(B) School records;

(C) Social services records, including individual case information; and

(D) Relevant legal records;

(ii) Home interviews of parents and caretakers of the person;

(iii) The impact of the COVID-19 pandemic and the state's response to the pandemic; and

(iv) Access to various lethal means; and

(c) Compile statistics to establish a description of the lives of youth in Washington who have died by suicide and recommendations for targeting intervention programs to reach youth at risk for suicide earlier in life.

(2)(a) The Washington youth suicide review team consists of the following members appointed by the governor, with the advice of the secretary of health:

(i) One person who is licensed as either a physician under chapter 18.71 RCW or osteopathic physician under chapter 18.57 RCW who practices as a psychiatrist and works primarily with youth;

(ii) One psychologist licensed under chapter 18.83 RCW who works primarily with youth;

(iii) One person who is licensed as either an advanced clinical social worker or independent clinical social worker under chapter 18.225 RCW who works primarily with youth;

(iv) One person who is a member of the clergy, as defined in RCW 26.44.020;

(v) Either an advanced registered nurse practitioner licensed under chapter 18.79 RCW, a physician assistant licensed under chapter 18.71A RCW, or an osteopathic physician assistant licensed under chapter 18.57A RCW who works primarily with youth;

(vi) One representative of a tribal health department;

(vii) One representative of an organization that advocates for persons with mental illness and their family members;

(viii) One county coroner or medical examiner;

(ix) One person who is a member of the education community with experience related to existing and potential suicide prevention efforts for students in primary and secondary schools;

(x) One person who is a member of the law enforcement community with experience related to existing and potential suicide prevention efforts for youth who are involved with the law enforcement system;

(xi) One person who is a member of the legislative youth advisory council established under RCW 43.15.095, or a designee of the legislative youth advisory council;

(xii) One person who is a member of the child protection system with experience related to existing and potential suicide prevention efforts for youth involved with the child protection system; and

(xiii) One family member of a youth who died from suicide.

(b) In addition to the members identified in (a) of this subsection, the membership of the review team may vote to add one additional member with experience and perspectives that the review team determines may inform the activities of the review team.

(3) For the sole purposes of its analysis and review, the Washington youth suicide review team has the authority to:

(a) Request and receive data relevant to a specific youth's death by suicide including, but not limited to, all medical records related to the suicide, autopsy reports, medical examiner reports, coroner reports, and schools, law enforcement, justice system, 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, law enforcement, the justice system, laboratories, medical examiners, coroners, and any other relevant professions and facilities licensed by the department of health, local health jurisdictions, the health care authority, the department of social and health services, and the department of children, youth, and families.

(4) Upon request by the Washington youth suicide review team, health care providers, health care facilities, clinics, schools, law enforcement, the justice system, laboratories, medical examiners, coroners, and any other relevant professions and facilities licensed by the department of health, local health jurisdictions, the health care authority, the department of social and health services, and the department of children, youth, and families must provide all information and records related to a specific youth's death by suicide including but not limited to medical records, autopsy reports, medical examiner reports, coroner reports, social services records, and any other relevant data requested for a specific suicide to the Washington youth suicide review team.

(5) The Washington youth suicide review team shall develop protocols for contacting and interviewing families and caregivers as contemplated in subsection (1)(b)(iv) of this section. Such protocols shall be based on trauma-informed care principles and address:

(a) The review team's collection, use, and disclosure of information and records to families and caregivers related to the youth; and

(b) The fact that the interviews are voluntary.

(6) No information or data collected or created by the Washington youth suicide review team may be used for any purpose other than the analysis and work done by the review team.

(7) The department shall convene the meetings of the Washington youth suicide review team and assist the review team with its activities, as necessary, including the collection of information related to the work of the review team.

(8)(a) All health care information collected by the Washington youth suicide review team shall remain confidential and subject to chapter 70.02 RCW. When documents are collected as part of the work of the Washington youth suicide review team, the records may be used solely by the review team and the department of health for the purposes of supporting the activities of the review team.

(b) No identifying information related to the deceased person, the person's personal representatives, or anyone interviewed as part of the work of the Washington youth suicide review team may be disclosed. Any such information shall be deidentified in accordance with the requirements set forth in 45 C.F.R. 164.514 from any records produced as part of the review team's activities.

(c) Any witness statements or documents collected from witnesses, or summaries or analyses of those statements or records prepared exclusively for purposes of the Washington youth suicide review team, are not subject to public disclosure, discovery, subpoena, or introduction into evidence in any administrative, civil, or criminal proceeding related to the death of a person reviewed. This provision does not restrict or limit the discovery or subpoena from a health care provider of records or documents maintained by such health care provider in the ordinary course of business, whether or not such records or documents may have been supplied to a local health department pursuant to this section. This provision does not restrict or limit the discovery or subpoena of documents from such witnesses simply because a copy of a document was collected as part of the Washington youth suicide review team.

(d) The requirements of this section shall be construed to be consistent with federal law regarding health care information, also known as protected health information or patient identifying information.

(e) Any identifying information collected by the Washington youth suicide review team is exempt from public disclosure under chapter 42.56 RCW.

(9) The Washington youth suicide review team shall, in the course of its review, consider relevant suicide prevention analyses and recommendations by entities such as the children and youth behavioral health work group as established under RCW 74.09.4951, accountable communities of health as defined under RCW 82.04.43395, the Robert Bree collaborative as established under RCW 70.250.050, and any suicide review team or committee as may be established concurrent to the Washington youth suicide review team.

(10) The Washington youth suicide review team shall report its findings and recommendations to the governor and the committees of the legislature with jurisdiction over issues related to suicide prevention for youth by June 1, 2023. The report must include information regarding the feasibility of establishing locally based youth suicide review teams. Any compilation of data must be summarized in a manner so as to prevent the identification of any specific person who was the subject of review.

(11) For purposes of this section, "suicide" or "death by suicide" means a death that is identified as a suicide through a death certificate, by a medical examiner or coroner, or by another process that may be determined by the department.

**Sec.**  RCW 70.02.050 and 2017 c 298 s 2 are each amended to read as follows:

(1) A health care provider or health care facility may disclose health care information, except for information and records related to sexually transmitted diseases which are addressed in RCW 70.02.220, about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is:

(a) To a person who the provider or facility reasonably believes is providing health care to the patient;

(b) To any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, actuarial services to, or other health care operations for or on behalf of the health care provider or health care facility; or for assisting the health care provider or health care facility in the delivery of health care and the health care provider or health care facility reasonably believes that the person:

(i) Will not use or disclose the health care information for any other purpose; and

(ii) Will take appropriate steps to protect the health care information;

(c) To any person if the health care provider or health care facility believes, in good faith, that use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the information is disclosed only to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. There is no obligation under this chapter on the part of the provider or facility to so disclose; or

(d) For payment, including information necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled.

(2) A health care provider shall disclose health care information, except for information and records related to sexually transmitted diseases, unless otherwise authorized in RCW 70.02.220, about a patient without the patient's authorization if the disclosure is:

(a) To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws, or to investigate unprofessional conduct or ability to practice with reasonable skill and safety under chapter 18.130 RCW. Any health care information obtained under this subsection is exempt from public inspection and copying pursuant to chapter 42.56 RCW; ((~~or~~))

(b) When needed to protect the public health; or

(c) As requested by the department of health as needed to support the activities of the Washington youth suicide review team established in section 2 of this act.

NEW SECTION. **Sec.**  If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2021, in the omnibus appropriations act, this act is null and void.

NEW SECTION. **Sec.**  This act expires July 1, 2023.

**--- END ---**