## Senate Bill 66

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## **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 **as introduced.** 

Directs medical examiner to report suspected suicides involving decedents 24 years of age or younger to local mental health authority.

Directs Oregon Health Authority to develop statewide suicide post-intervention protocol.

## A BILL FOR AN ACT

Relating to youth suicide response; amending ORS 146.100 and 418.735.

## Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 146.100 is amended to read:

146.100. (1) Death investigations shall be under the direction of the district medical examiner and the district attorney for the county where the death occurs.

- (2) For purposes of ORS 146.003 to 146.189, if the county where death occurs is unknown, the death shall be deemed to have occurred in the county where the body is found, except that if in an 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.
- (3) The district medical examiner or an assistant district medical examiner for the county where death occurs shall be immediately notified of:
  - (a) All deaths requiring investigation; and
- (b) All deaths of persons admitted to a hospital or institution for less than 24 hours, although the medical examiner need not investigate nor certify such deaths.
- (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.
- (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 those specified by ORS 146.090 (1)(d) to (g).
- (6) All peace officers, health care providers as defined in ORS 192.556, supervisors of penal institutions and supervisors of hospitals or institutions caring for the ill or helpless shall cooperate with the medical examiner by providing a decedent's medical records and tissue samples and any other material necessary to conduct the death investigation of the decedent and shall make notification 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:
- (a) Waive any claim of privilege applicable to, or the confidentiality of, the materials and records provided.
- (b) Waive any claim that the materials and records are subject to an exemption from disclosure under ORS 192.311 to 192.478.

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

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- (7) Records or materials described in subsection (6) of this section may be released by the medical examiner only pursuant to a valid court order.
- (8)(a) No later than 24 hours after notification of a death requiring investigation, the district medical examiner or medical-legal death investigator shall notify the local mental health authority for the county where the death occurs if the decedent was 24 years of age or younger and the cause of death is suspected to be suicide.
- (b) The notification under this subsection must include the name, date of birth and date of death of the decedent and 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.
- (c) As used in this subsection, "local mental health authority" has the meaning given that term in ORS 430.630.

SECTION 2. ORS 418.735 is amended to read:

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

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

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

- [(b)] (B) Public universities listed in ORS 352.002, if the death involves an individual who is 24 years of age or younger;
- [(c)] (C) Private post-secondary institutions of education, if the death involves an individual who is 24 years of age or younger; and
  - [(d)] (D) Any facility that provides services or resources to runaway or homeless youth.
- (b) The Oregon Health Authority shall develop a statewide post-intervention protocol to enable local mental health authorities to deploy uniform and effective post-intervention efforts. In developing the post-intervention protocol, the authority shall take into consideration the Youth Suicide Intervention and Prevention Plan developed by the Youth Suicide Intervention and Prevention Coordinator under ORS 418.731 and 418.733 and may consult with local mental health authorities, youth-serving entities, individuals with lived experience in suicide ideation, attempts and loss, tribes, medical examiners, colleges and universities and national experts in suicide post-intervention.
- (3) [Within seven days after] No later than seven days after receiving notice under ORS 146.100 of a death that is suspected to be a suicide of an individual 24 years of 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 the individual was attending at the time of the individual's death shall inform the Oregon Health Authority, 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 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 was attending at the time of the individual's death as needed by the community.

- (4)(a) If a local mental health authority receives a third-party notification of a death that is suspected to be a suicide of an individual 24 years of age or younger, the local mental health authority shall provide notice of the death to the following local systems that had contact with the deceased individual:
- (A) The principal or superintendent of relevant area public schools, the principal of relevant area private schools or any public university listed in ORS 352.002 or private post-secondary institution of education the individual was attending at the time of the individual's death;
  - (B) The juvenile department;

- (C) Community developmental disabilities programs;
- (D) Local child welfare agencies;
  - (E) Local substance use disorder programs; or
- (F) Any other organization or person identified by the local mental health authority as necessary to receive notice to preserve the public health.
- (b) The notification in paragraph (a) of this subsection must contain the following information regarding the deceased individual to enable the local systems to deploy effective post-intervention efforts:
  - (A) The name of the deceased individual;
  - (B) The birth date of the deceased individual;
  - (C) The date of death of the deceased individual; and
- (D) Any other information that the local mental health authority determines is necessary to preserve the public health and that is not otherwise protected from public disclosure by state or federal law.
- (c) As used in this subsection, "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.