1	OVERDOSE AND SUICIDE FATALITY REVIEW
2	MODIFICATIONS
3	2022 GENERAL SESSION
4	STATE OF UTAH
5	Chief Sponsor: Raymond P. Ward
6	Senate Sponsor:
7	
8	LONG TITLE
9	General Description:
10	This bill addresses reviews of an overdose or suicide-related fatality.
11	Highlighted Provisions:
12	This bill:
13	requires the overdose fatality examiner and psychological autopsy examiner to:
14	• request discharge information from a health care facility or treatment program if
15	the deceased died within a certain time period after release; and
16	 develop and distribute a form to be used to obtain the discharge information;
17	and
18	makes technical and conforming changes.
19	Money Appropriated in this Bill:
20	None
21	Other Special Clauses:
22	None
23	Utah Code Sections Affected:
24	AMENDS:
25	26-4-28.5 , as enacted by Laws of Utah 2017, Chapter 346
26	26-4-30, as enacted by Laws of Utah 2020, Chapter 201



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20	be it enacted by the Legislature of the state of Otan:
29	Section 1. Section 26-4-28.5 is amended to read:
30	26-4-28.5. Psychological autopsy examiner.
31	(1) [With] Within funds appropriated by the Legislature for this purpose, the
32	department shall provide compensation, at a standard rate determined by the department, to a
33	psychological autopsy examiner.
34	(2) The psychological autopsy examiner shall:
35	(a) work with the medical examiner to compile data regarding suicide related deaths;
36	(b) as relatives of the deceased are willing, gather information from relatives of the
37	deceased regarding the psychological reasons for the [decedent's] deceased's death;
38	(c) maintain a database of information described in Subsections (2)(a) and (b);
39	(d) in accordance with all applicable privacy laws subject to approval by the
40	department, share the database described in Subsection (2)(c) with the University of Utah
41	Department of Psychiatry or other university-based departments conducting research on
42	suicide;
43	(e) coordinate no less than monthly with the suicide prevention coordinator described
44	in Subsection 62A-15-1101(2); [and]
45	(f) coordinate no less than quarterly with the state suicide prevention coalition[-];
46	(g) if the psychological autopsy examiner determines the deceased was discharged
47	from a health care facility or mental health treatment program within 30 days before the day on
48	which the deceased died, request information from the health care facility or mental health
49	treatment program regarding the deceased's discharge plan; and
50	(h) develop a form to obtain the information described in Subsection (2)(g) that
51	includes:
52	(i) a place for a description of:
53	(A) the deceased's condition upon arrival at the health care facility or mental health
54	treatment program;
55	(B) the reason for the deceased's visit to the health care facility or mental health
56	treatment program;
57	(C) the deceased's length of stay at the health care facility or mental health treatment
58	program; and

59	(D) the deceased's condition upon discharge from the health care facility or mental
60	health treatment program;
61	(ii) an indication of:
62	(A) whether the deceased had a discharge plan upon discharge from the health care
63	facility or mental health treatment program;
64	(B) whether the deceased's discharge plan included mental health treatment; and
65	(C) if the deceased's discharge plan included mental health treatment, whether the
66	health care facility or mental health treatment program took steps to ensure the deceased had
67	access to mental health treatment upon discharge; and
68	(iii) distribute the form described in Subsection (2)(h) to health care facilities and
69	mental health treatment programs in the state.
70	Section 2. Section 26-4-30 is amended to read:
71	26-4-30. Overdose fatality examiner.
72	(1) Within funds appropriated by the Legislature, the department shall provide
73	compensation, at a standard rate determined by the department, to an overdose fatality
74	examiner.
75	(2) The overdose fatality examiner shall:
76	(a) work with the medical examiner to compile data regarding overdose and opioid
77	related deaths, including:
78	(i) toxicology information;
79	(ii) demographics; and
80	(iii) the source of opioids or drugs;
81	(b) as relatives of the deceased are willing, gather information from relatives of the
82	deceased regarding the circumstances of the decedent's death;
83	(c) maintain a database of information described in Subsections (2)(a) and (b);
84	(d) coordinate no less than monthly with the suicide prevention coordinator described
85	in Section 62A-15-1101; [and]
86	(e) coordinate no less than quarterly with the Opioid and Overdose Fatality Review
87	Committee created in Section 26-7-13[-];
88	(f) if the overdose fatality examiner determines the deceased was discharged from a
89	health care facility or substance use treatment program within 30 days before the day on which

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90	the deceased died, request information from the health care facility or substance use treatment
91	program regarding the deceased's discharge plan;
92	(g) develop a form to obtain the information described in Subsection (2)(f) that
93	includes:
94	(i) a place for a description of:
95	(A) the deceased's condition upon arrival at the health care facility or substance use
96	treatment program;
97	(B) the reason for the deceased's visit to the health care facility or substance use
98	treatment program;
99	(C) the deceased's length of stay at the health care facility or substance use treatment
100	program; and
101	(D) the deceased's condition upon discharge from the health care facility or substance
102	use treatment program; and
103	(ii) an indication of:
104	(A) whether the deceased had a discharge plan upon discharge from the health care
105	facility or substance use treatment program;
106	(B) whether the deceased's discharge plan included substance use disorder treatment;
107	<u>and</u>
108	(C) if the deceased's discharge plan included substance use disorder treatment, whether
109	the health care facility or substance use treatment program took steps to ensure the deceased
110	had access to substance use disorder treatment upon discharge; and
111	(h) distribute the form described in Subsection (2)(g) to health care facilities and
112	substance use treatment programs in the state.