



AN ACT CREATING THE MONTANA SUICIDE REVIEW TEAM; ESTABLISHING MEMBERSHIP REQUIREMENTS; ESTABLISHING A PROCESS FOR OBTAINING AND REVIEWING INFORMATION RELATED TO SUICIDES; PROVIDING CONFIDENTIALITY; PROVIDING PENALTIES; PROVIDING AN APPROPRIATION; AMENDING SECTIONS 50-16-522, 50-16-525, 50-16-804, 50-16-805, AND 53-21-1102, MCA; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE.

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

Section 1. Statement of policy -- access to information. (1) The prevention of suicide is both the policy of the state of Montana and a community responsibility. Many community professionals have expertise that can be used to promote strategies and supports to prevent suicide. The use of these professionals in reviewing suicides can lead to a greater understanding of the causes of death and the methods of preventing deaths.

(2) It is the intent of the legislature to establish the Montana suicide review team to study the incidence and causes of suicides in Montana and to make recommendations for community or statewide change, if appropriate, that may help prevent future deaths.

Section 2. Montana suicide review team -- duties. (1) There is a Montana suicide review team established to review the circumstances related to suicides and to make recommendations to the governor. Activities by the suicide review team are limited to:

- (a) performing an in-depth analysis of suicides that occur in Montana, including a review of records available by law;
- (b) compiling statistics related to suicides for use in reports published by the department;
- (c) analyzing the causes of suicides; and
- (d) recommending measures to prevent future suicides.

(2) The Montana suicide review team may not review suicides that occur within the boundaries of an Indian reservation if the tribal government opposes the review.

(3) The Montana suicide review team shall provide a report to the governor before the end of each biennium that summarizes the review team's work and recommendations.

Section 3. Montana suicide review team -- membership -- meetings. (1) The Montana suicide review team consists of:

- (a) six members appointed by the governor; and
 - (b) the suicide prevention officer provided for in 53-21-1101, who shall serve as a nonvoting member.
- (2) (a) The governor shall appoint as members of the team:
- (i) one psychiatrist licensed under Title 37, chapter 3;
 - (ii) one psychologist licensed under Title 37, chapter 17;
 - (iii) one clinical social worker licensed under Title 37, chapter 22, or one clinical professional counselor licensed under Title 37, chapter 23; and
 - (iv) one member of the clergy as defined in 15-6-201.
- (b) The governor shall appoint two members from among the following:
- (i) a nurse licensed under Title 37, chapter 8, to practice as a registered professional nurse or as an advanced practice registered nurse;
 - (ii) a physician assistant licensed under Title 37, chapter 20;
 - (iii) a representative of a tribal health department nominated by the tribal government;
 - (iv) a representative of the U.S. department of veterans affairs;
 - (v) a representative of an organization that advocates for individuals with mental illness and their family members;
 - (vi) a law enforcement representative;
 - (vii) a forensic pathologist; or
 - (viii) a county coroner.
- (3) Appointed members shall serve a term of 3 years and may be reappointed.
- (4) The suicide review team shall meet at least eight times a year.
- (5) Members of the suicide review team who are not employees of a public agency may be paid a stipend.
- (6) (a) Except as provided in subsection (6)(b), members are eligible for reimbursement for travel

expenses as provided for in 2-18-501 through 2-18-503.

(b) A member who is an employee of a public agency may be reimbursed for travel and meal expenses only if the member travels to a meeting held in a location other than the location where the member lives or is employed.

(7) The suicide review team is attached to the department for administrative purposes only under 2-15-121.

Section 4. Disclosure of information -- confidentiality. (1) The department shall provide the Montana suicide review team with a copy of each death certificate filed with the state that lists suicide as the cause of death. The department may not charge a fee for providing the death certificate.

(2) The suicide review team may request and may receive information from:

(a) a county coroner;

(b) the state medical examiner provided for in 44-3-201;

(c) an appropriate tribal official as designated by a tribe; and

(d) a health care provider as permitted in Title 50, chapter 16, part 5 or 8, or applicable federal law.

(3) Upon request of the Montana suicide review team, a health care provider may disclose information about a patient without the patient's authorization or without the authorization of the representative of a patient who is deceased.

(4) The review team shall maintain the confidentiality of the information received pursuant to [sections 1 through 6].

(5) Materials and information obtained by the Montana suicide review team are not subject to subpoena or to the requirements related to public records under Title 2, chapter 6.

Section 5. Unauthorized disclosure -- civil penalty. A person aggrieved by the use of information obtained pursuant to [section 4] for a purpose not authorized by [sections 1 through 6] may bring a civil action for damages, costs, and fees as provided in 50-16-553 or 50-16-817.

Section 6. Unauthorized disclosure -- misdemeanor. A person who knowingly uses information obtained pursuant to [section 4] for a purpose not authorized by [sections 1 through 6] is guilty of a misdemeanor

and upon conviction is punishable as provided in 46-18-212.

Section 7. Section 50-16-522, MCA, is amended to read:

"50-16-522. Representative of deceased patient. A Except as provided in [section 4], a personal representative of a deceased patient may exercise all of the deceased patient's rights under this part. If there is no personal representative or upon discharge of the personal representative, a deceased patient's rights under this part may be exercised by the surviving spouse, a parent, an adult child, an adult sibling, or any other person who is authorized by law to act for the deceased patient."

Section 8. Section 50-16-525, MCA, is amended to read:

"50-16-525. Disclosure by health care provider. (1) Except as authorized in 50-16-529, 50-16-530, and 50-19-402, and [section 4] or as otherwise specifically provided by law or the Montana Rules of Civil Procedure, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent or employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.

(2) A health care provider shall maintain, in conjunction with a patient's recorded health care information, a record of each person who has received or examined, in whole or in part, the recorded health care information during the preceding 3 years, except for a person who has examined the recorded health care information under 50-16-529(1) or (2). The record of disclosure must include the name, address, and institutional affiliation, if any, of each person receiving or examining the recorded health care information, the date of the receipt or examination, and to the extent practicable a description of the information disclosed."

Section 9. Section 50-16-804, MCA, is amended to read:

"50-16-804. Representative of deceased patient's estate. A Except as provided in [section 4], a personal representative of a deceased patient's estate may exercise all of the deceased patient's rights under this part. If there is no personal representative or upon discharge of the personal representative, a deceased patient's rights under this part may be exercised by the surviving spouse, a parent, an adult child, an adult sibling, or any other person who is authorized by law to act for the deceased person."

Section 10. Section 50-16-805, MCA, is amended to read:

"50-16-805. Disclosure of information for workers' compensation and occupational disease claims and law enforcement purposes allowed for certain purposes. (1) To the extent provided in 39-71-604 and 50-16-527, a signed claim for workers' compensation or occupational disease benefits authorizes disclosure to the workers' compensation insurer, as defined in 39-71-116, by the health care provider.

(2) A health care provider may disclose health care information about an individual for law enforcement purposes if the disclosure is to:

- (a) federal, state, or local law enforcement authorities to the extent required by law; or
- (b) a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured by the possible criminal act of another.

(3) A health care provider may disclose health care information to the Montana suicide review team for the purposes of [sections 1 through 6]."

Section 11. Section 53-21-1102, MCA, is amended to read:

"53-21-1102. Suicide reduction plan. (1) The department of public health and human services shall produce a biennial suicide reduction plan that must be submitted to the legislature as provided in 5-11-210.

(2) The plan must include:

- (a) an assessment of both risk and protective factors impacting Montana's suicide rate;
- (b) specific activities to reduce suicide;
- (c) concrete targets for suicide reduction among various demographic populations, including but not limited to American Indians, veterans, and youth;
- (d) measurable outcomes for all activities; and
- (e) information on all existing state suicide reduction activities for all state agencies, as well as including but not limited to statistics from and recommendations by the Montana suicide review team and information from any known local or tribal suicide reduction activities.

(3) Upon the development of a suicide reduction plan draft, the department shall initiate a public comment period of not less than 21 days during which members of mental health advocacy groups and other interested parties may submit comments on and suggestions for the plan. The department shall produce a final

plan, which takes public comment into account, no later than 60 days after the close of the comment period. The plan must be published on the department's website and submitted to the appropriate interim committee of the legislature, the director of the department, and the governor."

Section 12. Appropriation. There is appropriated from the general fund to the department of public health and human services \$67,000 in each year of the biennium beginning July 1, 2013, for carrying out the activities of the Montana suicide review team as established in [sections 2 through 4].

Section 13. Notification to tribal governments. The secretary of state shall send a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell Chippewa tribe.

Section 14. Codification instruction. [Sections 1 through 6] are intended to be codified as an integral part of Title 53, chapter 21, part 11, and the provisions of Title 53, chapter 21, apply to [sections 1 through 6].

Section 15. Effective date. [This act] is effective July 1, 2013.

Section 16. Termination. [This act] terminates June 30, 2016.

- END -

I hereby certify that the within bill,
HB 0583, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2013.

President of the Senate

Signed this _____ day
of _____, 2013.

HOUSE BILL NO. 583

INTRODUCED BY COOK, BLASDEL

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