

By Senator DiCeglie

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A bill to be entitled
An act relating to suicide and drug overdose prevention; creating ss. 394.47893 and 394.47894, F.S.; providing legislative intent and purpose; creating the Drug Overdose Death Review Committee and the Suicide Death Review Committee, respectively, within the Department of Health for specified purposes; requiring local public health departments to establish local review committees for a specified purpose; providing for membership of the committees and duties of the Drug Overdose Death Review Committee and the Suicide Death Review Committee, respectively; authorizing external stakeholders to review specified information; providing for stakeholder participation; requiring the Drug Overdose Death Review Committee and the Suicide Death Review Committee, respectively, to annually submit a report to the Department of Health and the Statewide Drug Policy Advisory Council by a specified date; providing requirements for the report; authorizing the chair of the committees to access certain records; authorizing the committees to access certain records and information; authorizing providers to charge a specified fee for records; providing requirements for and prohibitions on the use of such records and information; authorizing the chair of the Drug Overdose Death Review Committee and the Suicide Death Review Committee, respectively, to issue subpoenas for records; providing construction; providing that persons who attend a committee meeting

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30 or otherwise participate in committee activities may
31 not be required to testify in any proceeding as to any
32 records or information related to such meetings or
33 activities; providing certain entities and persons
34 immunity from liability for participating in or
35 furnishing records or information to a committee;
36 providing applicability; authorizing the Department of
37 Health, or any political subdivision of the state
38 operating a local review committee, to administer
39 certain funds for the operation of the committees,
40 apply for grants and accept donations, and, to the
41 extent funds are available, hire staff or consultants
42 and reimburse reasonable expenses; authorizing the
43 State Surgeon General or a county or city
44 administrator to substitute certain existing entities
45 for purposes of carrying out the responsibilities of
46 the committees; requiring each regional managing
47 director of the Department of Children and Families to
48 appoint a local review committee representative;
49 providing requirements for the representative;
50 requiring the Department of Health to adopt rules;
51 providing an effective date.

52
53 Be It Enacted by the Legislature of the State of Florida:

54
55 Section 1. Section 394.47893, Florida Statutes, is created
56 to read:

57 394.47893 Drug overdose review; Drug Overdose Death Review
58 Committee; local review committees.—

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59 (1) LEGISLATIVE INTENT; PURPOSE.—It is the intent of the
60 Legislature to establish multidisciplinary, multiagency,
61 epidemiological drug overdose death review committees. The local
62 committees shall review the facts and circumstances of drug-
63 related deaths that occur within each committee jurisdiction.
64 The local review committees shall work cooperatively. The
65 primary function of the local review committees is to conduct
66 individual case reviews of drug overdose deaths; identify
67 factors contributing to those deaths; make recommendations for
68 system, policy, and practice improvements at the local and state
69 level; promote interagency collaboration and data sharing
70 consistent with federal and state confidentiality protections;
71 and inform prevention initiatives through accurate, timely, and
72 comprehensive data. The purpose of the local review committees
73 is to:

74 (a) Achieve a greater understanding of the causes and
75 contributing factors of deaths resulting from drug overdose.

76 (b) Whenever possible, develop a communitywide approach to
77 address the causes and contributing factors.

78 (c) Identify any gaps, deficiencies, or problems in the
79 delivery of services to individuals by public and private
80 agencies which may be related to deaths that are the result of
81 drug overdose.

82 (d) Recommend changes in law, rules, and policies at the
83 state and local levels, as well as develop practice standards
84 that support the safe and healthy stabilization of individuals
85 and reduce preventable deaths.

86 (e) Following internal review of identified cases, engage
87 community stakeholders as part of a deidentified review of case

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88 findings from the review group for broader insights about gaps,
89 deficiencies, or observed themes that identify problems or
90 prevention practices.

91 (f) Implement such recommendations, to the extent possible.

92 (2) DRUG OVERDOSE DEATH REVIEW COMMITTEE.—The Drug Overdose
93 Death Review Committee is established within the Department of
94 Health to review deaths resulting from drug overdose. Local
95 public health departments shall establish local review
96 committees, which shall provide review results to the Drug
97 Overdose Death Review Committee.

98 (a) Membership.—

99 1.a. The Drug Overdose Death Review Committee shall, at a
100 minimum, include representatives appointed by the State Surgeon
101 General from all of the following:

102 (I) The Department of Health.

103 (II) County and city health and human services departments
104 or divisions.

105 (III) The medical examiner's office.

106 (IV) Local managing entities that are contracted by the
107 Department of Children and Families.

108 (V) Emergency medical services.

109 (VI) Next of kin of persons whose deaths resulted from drug
110 overdose.

111 b. The members of the Drug Overdose Death Review Committee
112 shall be appointed to staggered terms not to exceed 2 years
113 each, as determined by the State Surgeon General. Members may be
114 appointed to no more than three consecutive terms. The Drug
115 Overdose Death Review Committee shall elect a chair from among
116 its members to serve for a 2-year term, and the chair may

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117 appoint ad hoc committees as necessary to carry out the duties
118 of the committee.

119 2.a. Local committees may include representatives appointed
120 by county health department directors, to the extent available,
121 from:

122 (I) The Agency for Health Care Administration.

123 (II) County and city health and human services departments
124 or divisions.

125 (III) Hospitals and health systems.

126 (IV) Behavioral health service providers and recovery
127 organizations.

128 (V) Judges and public defenders from the judicial circuit.

129 (VI) Poison control centers.

130 b. The members of a local committee shall be appointed to
131 2-year terms and may be reappointed. The local review committee
132 shall elect a chair from among its members to serve for a 2-year
133 term. Members shall serve without compensation but may receive
134 reimbursement for per diem and travel expenses incurred in the
135 performance of their duties as provided in s. 112.061 and to the
136 extent that funds are available.

137 (b) Duties.—The Drug Overdose Death Review Committee shall:

138 1. Develop standardized protocols and data collection
139 instruments for use by the local review committees.

140 2. Review selected cases for drug overdose death review.

141 3. Maintain a protected database of reviewed fatalities to
142 safeguard disclosure of private and protected health information
143 and to inventory the cases reviewed. The chair and vice chair of
144 the review committee shall have access to this protected
145 database. The protected database shall be created by the

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146 Department of Health.147 4. Study the adequacy of laws, rules, training, and
148 services to determine what changes are needed to decrease the
149 incidence of drug overdose deaths and develop strategies and
150 recruit partners to implement these changes.151 5. Promote continuing education for professionals who
152 review, treat, and prevent deaths related to drug overdose.153 6. Recommend, when appropriate, a review of the death
154 certificate of any individual who died as a result of drug
155 overdose.156 7. Assist the Department of Health in collecting data on
157 deaths that are the result of drug overdose.158 8. Submit written reports as requested by the Department of
159 Children and Families. The reports must include:160 a. Nonidentifying information from individual cases.
161 b. Identification of any problems with the data system
162 uncovered during the review process and the committee's
163 recommendations for system improvements and needed resources,
164 training, and information dissemination, where gaps or
165 deficiencies may exist.166 c. All steps taken by the local review committees and
167 private and public agencies to implement necessary changes and
168 improve the coordination of services and reviews.169 9. Submit all records requested by the Department of
170 Children and Families at the conclusion of the review of a death
171 resulting from drug overdose.172 (3) LOCAL STAKEHOLDER ENGAGEMENT.—Following internal review
173 by the Drug Overdose Death Review Committee, external
174 stakeholders may review nonidentifiable case findings to

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175 generate broader insights into the findings of cases reviewed,
176 to supplement identification of themes and problems, and to
177 develop prevention recommendations. Stakeholder participants
178 shall include representatives, to the extent available, from:

179 (a) The state attorney's office.

180 (b) Community-based service agencies.

181 (c) Persons with lived experience in recovery or loss
182 survivors.

183 (d) Law enforcement agencies.

184 (e) Middle schools and high schools.

185 (f) Physicians.

186 (g) Social workers.

187 (4) ANNUAL STATISTICAL REPORT.—The Drug Overdose Death

188 Review Committee shall prepare and submit a comprehensive
189 statistical report by December 1, 2027, and annually thereafter,
190 to the Department of Health and the Statewide Drug Policy
191 Advisory Council which includes data, trends, analysis,
192 findings, and recommendations for state and local action
193 regarding reviewed deaths from drug overdose. The data must be
194 presented on an individual calendar year basis and in the
195 context of a multiyear trend. At a minimum, the report must
196 include all of the following:

197 (a) Descriptive statistics, including demographic
198 information, regarding victims and the causes and nature of
199 deaths.

200 (b) A detailed statistical analysis of the incidence and
201 causes of deaths.

202 (c) Specific issues identified within current policy,
203 procedure, rule, or statute and recommendations to address those

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204 issues from both the state and local committees.

205 (d) Other recommendations to prevent drug overdose deaths
206 based on an analysis of the data presented in the report.

207 (5) ACCESS TO AND USE OF RECORDS AND INFORMATION.—

208 (a) Notwithstanding any other law, the chair of the Drug
209 Overdose Death Review Committee, or the chair of a local review
210 committee, may access any information or records that pertain to
211 an individual whose death is being reviewed by the committee and
212 are necessary for the committee to carry out its duties,
213 including information or records that pertain to a child's
214 family and all of the following:

215 1. Patient records in the possession of a public or private
216 provider of medical care, dental care, substance use treatment,
217 or mental health care, including, but not limited to, a facility
218 licensed under this chapter, chapter 393, or chapter 395, or a
219 health care practitioner as defined in s. 456.001. Providers may
220 charge a fee for copies not to exceed 50 cents per page for
221 paper records and \$1 per fiche for microfiche records.

222 2. Information or records of any state or local agency or
223 political subdivision which may assist a committee in reviewing
224 a death, including, but not limited to, information or records
225 of the Department of Children and Families, the Department of
226 Health, the Department of Education, the Department of Juvenile
227 Justice, the Agency for Health Care Administration, or any
228 health facility licensed by this state.

229 (b) The Drug Overdose Death Review Committee or a local
230 review committee may access all information of a medical
231 examiner or law enforcement agency which is not the subject of
232 an active investigation and which pertains to the review of a

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233 death. A committee may not disclose any information that is not
234 subject to public disclosure by the law enforcement agency, and
235 active criminal intelligence information or criminal
236 investigative information, as defined in s. 119.011(3), may not
237 be made available for review or access under this section. The
238 committee may not disclose any information or records that
239 contain personally identifiable information of a decedent or
240 family member; health, treatment, or social service records; law
241 enforcement or medical examiner records related to the decedent;
242 or information that would identify a provider involved in the
243 care of the decedent.

244 (c) Local review committees may share with each other any
245 relevant information that pertains to the review of the drug
246 overdose death.

247 (d) A member of the Drug Overdose Death Review Committee or
248 a local review committee may contact, interview, or obtain
249 information by request from a member of a decedent's family as
250 part of a committee's next of kin interview process to inform
251 the review of a death. A member of the decedent's family may
252 voluntarily provide records or information to the Drug Overdose
253 Death Review Committee or a local review committee.

254 (e) The chair of the Drug Overdose Death Review Committee
255 may require the production of records by requesting a subpoena,
256 through the Department of Legal Affairs, in any county of the
257 state. Such subpoena is effective throughout the state and may
258 be served by any sheriff. Failure to obey the subpoena is
259 punishable as provided by general law.

260 (f) This subsection does not authorize the members of any
261 committee to have access to any grand jury proceedings.

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262 (g) A person who has attended a meeting of a committee or
263 who has otherwise participated in activities authorized by this
264 section may not be authorized or required to testify in any
265 civil, criminal, or administrative proceeding as to any records
266 or information produced or presented to a committee during
267 meetings or other activities authorized by this section.
268 However, this paragraph does not prevent any person who presents
269 information to the committee or who is a member of the committee
270 from testifying as to matters otherwise within his or her
271 knowledge. An organization, institution, committee member, or
272 other person who participates or furnishes information, data,
273 reports, or records to a committee is not liable for damages to
274 any person and is not subject to any other civil, criminal, or
275 administrative recourse. This paragraph does not apply to any
276 person who admits to committing a crime.

277 (6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—

278 (a) The Department of Health, or any political subdivision
279 of the state operating a local review committee, may administer
280 the funds appropriated to operate the review committees and may
281 apply for grants and accept donations.

282 (b) To the extent that funds are available, the Department
283 of Health, or any political subdivision of the state, may hire
284 staff or consultants to assist a review committee in performing
285 its duties. Funds may also be used to reimburse reasonable
286 expenses of the staff and consultants for the committees.

287 (c) For the purpose of carrying out the responsibilities
288 assigned to the Drug Overdose Death Review Committee and local
289 review committees, the State Surgeon General or a county or city
290 administrator may substitute an existing entity whose function

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291 and organization includes the function and organization of the
292 committees established under this section.

293 (7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.—
294 Each regional managing director of the Department of Children
295 and Families must appoint a local review representative for the
296 region. The representative must have knowledge and expertise in
297 the area of drug overdose. The representative's general
298 responsibilities include:

299 (a) Coordinating with the local review committee.
300 (b) Participating in the implementation of the drug
301 overdose death review process and all regional activities
302 related to the review of drug overdose deaths.

303 (c) Working with the Drug Overdose Death Review Committee
304 and the contracted managing entity to ensure that the reviews
305 are thorough and that all issues are appropriately addressed.

306 (d) Ensuring that all critical issues identified by the
307 local review committee are brought to the attention of the
308 regional managing director and the Secretary of Children and
309 Families.

310 (e) Providing technical assistance to the Drug Overdose
311 Death Review Committee during the review of any drug overdose
312 death.

313 (8) RULEMAKING.—The Department of Health shall adopt rules
314 necessary to implement this section.

315 Section 2. Section 394.47894, Florida Statutes, is created
316 to read:

317 394.47894 Suicide review; Suicide Death Review Committee;
318 local review committees.—

319 (1) LEGISLATIVE INTENT; PURPOSE.—It is the intent of the

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320 Legislature to establish multidisciplinary, multiagency,
321 epidemiological suicide death review committees. The local
322 committees shall review the facts and circumstances of suicide
323 deaths that occur within each committee jurisdiction. The local
324 review committees shall work cooperatively. The primary function
325 of the local review committees is to conduct individual case
326 reviews of suicide deaths; identify factors contributing to
327 those deaths; make recommendations for system, policy, and
328 practice improvements at the local and state level; promote
329 interagency collaboration and data sharing consistent with
330 federal and state confidentiality protections; and inform
331 prevention initiatives through accurate, timely, and
332 comprehensive data. The purpose of the local review committees
333 is to:

334 (a) Achieve a greater understanding of the causes and
335 contributing factors of deaths resulting from suicide.

336 (b) Whenever possible, develop a communitywide approach to
337 address the causes and contributing factors.

338 (c) Identify any gaps, deficiencies, or problems in the
339 delivery of services to individuals by public and private
340 agencies which may be related to deaths that are the result of
341 suicide.

342 (d) Recommend changes in law, rules, and policies at the
343 state and local levels, as well as develop practice standards
344 that support the safe and healthy stabilization of individuals
345 and reduce preventable deaths.

346 (e) Following internal review of identified cases, engage
347 community stakeholders as part of a deidentified review of case
348 findings from the review group for broader insights about gaps,

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349 deficiencies, or observed themes that identify problems or
350 prevention practices.

351 (f) Implement such recommendations, to the extent possible.

352 (2) SUICIDE DEATH REVIEW COMMITTEE.—The Suicide Death

353 Review Committee is established within the Department of Health
354 to review deaths resulting from suicide. Local public health
355 departments shall establish local review committees, which shall
356 provide review results to the Suicide Death Review Committee.

357 (a) Membership.—

358 1.a. The Suicide Death Review Committee shall, at a
359 minimum, include representatives appointed by the State Surgeon
360 General from all of the following:

361 (I) The Department of Health.

362 (II) County and city health and human services departments
363 or divisions.

364 (III) The medical examiner's office.

365 (IV) Local managing entities that are contracted by the
366 Department of Children and Families.

367 (V) Emergency medical services.

368 (VI) Next of kin of persons whose deaths resulted from
369 suicide.

370 b. The members of the Suicide Death Review Committee shall
371 be appointed to staggered terms not to exceed 2 years each, as
372 determined by the State Surgeon General. Members may be
373 appointed to no more than three consecutive terms. The Suicide
374 Death Review Committee shall elect a chair from among its
375 members to serve for a 2-year term, and the chair may appoint ad
376 hoc committees as necessary to carry out the duties of the
377 committee.

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378 2.a. Local committees may include representatives appointed
379 by county health department directors, to the extent available,
380 from:

381 (I) The Agency for Health Care Administration.

382 (II) County and city health and human services departments
383 or divisions.

384 (III) Hospitals and health systems.

385 (IV) Behavioral health service providers and recovery
386 organizations.

387 (V) Judges and public defenders from the judicial circuit.

388 (VI) Poison control centers.

389 b. The members of a local committee shall be appointed to
390 2-year terms and may be reappointed. The local review committee
391 shall elect a chair from among its members to serve for a 2-year
392 term. Members shall serve without compensation but may receive
393 reimbursement for per diem and travel expenses incurred in the
394 performance of their duties as provided in s. 112.061 and to the
395 extent that funds are available.

396 (b) Duties.—The Suicide Death Review Committee shall:

397 1. Develop standardized protocols and data collection
398 instruments for use by the local review committees.

399 2. Review selected cases for review of deaths from suicide.

400 3. Maintain a protected database of reviewed fatalities to
401 safeguard disclosure of private and protected health information
402 and to inventory the cases reviewed. The chair and vice chair of
403 the review committee shall have access to this protected
404 database. The protected database shall be created by the
405 Department of Health.

406 4. Study the adequacy of laws, rules, training, and

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407 services to determine what changes are needed to decrease the
408 incidence of suicides and develop strategies and recruit
409 partners to implement these changes.

410 5. Promote continuing education for professionals who
411 review, treat, and prevent deaths related to suicide.

412 6. Recommend, when appropriate, the review of the death
413 certificate of any individual who died as a result of suicide.

414 7. Assist the Department of Health in collecting data on
415 deaths that are the result of suicide.

416 8. Submit written reports as requested by the Department of
417 Health. The reports must include:

418 a. Nonidentifying information from individual cases.
419 b. Identification of any problems with the data system
420 uncovered during the review process and the committee's
421 recommendations for system improvements and needed resources,
422 training, and information dissemination, where gaps or
423 deficiencies may exist.

424 c. All steps taken by the local review committees and
425 private and public agencies to implement necessary changes and
426 improve the coordination of services and reviews.

427 9. Submit all records requested by the Department of Health
428 at the conclusion of the review of a death resulting from
429 suicide.

430 (3) LOCAL STAKEHOLDER ENGAGEMENT.—Following internal review
431 by the Suicide Death Review Committee, external stakeholders may
432 review nonidentifiable case findings to generate broader
433 insights into the findings of cases reviewed, to supplement
434 identification of themes and problems, and to develop prevention
435 recommendations. Stakeholder participants shall include

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436 representatives, to the extent available, from:

437 (a) The state attorney's office.

438 (b) Community-based service agencies.

439 (c) Persons with lived experience in recovery or loss
440 survivors.

441 (d) Law enforcement agencies.

442 (e) Middle schools and high schools.

443 (f) Physicians.

444 (g) Social workers.

445 (4) ANNUAL STATISTICAL REPORT.—The Suicide Death Review
446 Committee shall prepare and submit a comprehensive statistical
447 report by December 1, 2027, and annually thereafter, to the
448 Department of Health and the Department of Children and Families
449 and the Statewide Drug Policy Advisory Council which includes
450 data, trends, analysis, findings, and recommendations for state
451 and local action regarding reviewed deaths from suicide. The
452 data must be presented on an individual calendar year basis and
453 in the context of a multiyear trend. At a minimum, the report
454 must include all of the following:

455 (a) Descriptive statistics, including demographic
456 information, regarding victims and the causes and nature of
457 deaths.

458 (b) A detailed statistical analysis of the incidence and
459 causes of deaths.

460 (c) Specific issues identified within current policy,
461 procedure, rule, or statute and recommendations to address those
462 issues from both the state and local committees.

463 (d) Other recommendations to prevent suicides based on an
464 analysis of the data presented in the report.

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465 (5) ACCESS TO AND USE OF RECORDS AND INFORMATION.—

466 (a) Notwithstanding any other law, the chair of the Suicide
467 Death Review Committee, or the chair of a local review
468 committee, may access any information or records that pertain to
469 an individual whose death is being reviewed by the committee and
470 are necessary for the committee to carry out its duties,
471 including information or records that pertain to a child's
472 family and all of the following:

473 1. Patient records in the possession of a public or private
474 provider of medical care, dental care, substance use treatment,
475 or mental health care, including, but not limited to, a facility
476 licensed under this chapter, chapter 393, or chapter 395, or a
477 health care practitioner as defined in s. 456.001. Providers may
478 charge a fee for copies not to exceed 50 cents per page for
479 paper records and \$1 per fiche for microfiche records.

480 2. Information or records of any state or local agency or
481 political subdivision which may assist a committee in reviewing
482 a death, including, but not limited to, information or records
483 of the Department of Children and Families, the Department of
484 Health, the Department of Education, the Department of Juvenile
485 Justice, the Agency for Health Care Administration, or any
486 health facility licensed by this state.

487 (b) The Suicide Death Review Committee or a local review
488 committee may access all information of a medical examiner or
489 law enforcement agency that is not the subject of an active
490 investigation and that pertains to the review of a death. A
491 committee may not disclose any information that is not subject
492 to public disclosure by the law enforcement agency, and active
493 criminal intelligence information or criminal investigative

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494 information, as defined in s. 119.011(3), may not be made
495 available for review or access under this section. The committee
496 may not disclose any information or records that contain
497 personally identifiable information of a decedent or family
498 member; health, treatment, or social service records; law
499 enforcement or medical examiner records related to the decedent;
500 or information that would identify a provider involved in the
501 care of the decedent.

502 (c) Local review committees may share with each other any
503 relevant information that pertains to the review of the suicide.

504 (d) A member of the Suicide Death Review Committee or a
505 local review committee may contact, interview, or obtain
506 information by request from a member of a decedent's family as
507 part of a committee's next of kin interview process to inform
508 the review of a death. A member of the decedent's family may
509 voluntarily provide records or information to the Suicide Death
510 Review Committee or a local review committee.

511 (e) The chair of the Suicide Death Review Committee may
512 require the production of records by requesting a subpoena,
513 through the Department of Legal Affairs, in any county of the
514 state. Such subpoena is effective throughout the state and may
515 be served by any sheriff. Failure to obey the subpoena is
516 punishable as provided by general law.

517 (f) This subsection does not authorize the members of any
518 committee to have access to any grand jury proceedings.

519 (g) A person who has attended a meeting of a committee or
520 who has otherwise participated in activities authorized by this
521 section may not be authorized or required to testify in any
522 civil, criminal, or administrative proceeding as to any records

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523 or information produced or presented to a committee during
524 meetings or other activities authorized by this section.
525 However, this paragraph does not prevent any person who presents
526 information to the committee or who is a member of the committee
527 from testifying as to matters otherwise within his or her
528 knowledge. An organization, institution, committee member, or
529 other person who participates in or furnishes information, data,
530 reports, or records to a committee is not liable for damages to
531 any person and is not subject to any other civil, criminal, or
532 administrative recourse. This paragraph does not apply to any
533 person who admits to committing a crime.

534 (6) DEPARTMENT OF HEALTH RESPONSIBILITIES.-

535 (a) The Department of Health, or any political subdivision
536 of the state operating a local review committee, may administer
537 the funds appropriated to operate the review committees and may
538 apply for grants and accept donations.

539 (b) To the extent that funds are available, the Department
540 of Health or any political subdivision of the state, may hire
541 staff or consultants to assist a review committee in performing
542 its duties. Funds may also be used to reimburse reasonable
543 expenses of the staff and consultants for the committees.

544 (c) For the purpose of carrying out the responsibilities
545 assigned to the Suicide Death Review Committee and local review
546 committees, the State Surgeon General or a county or city
547 administrator may substitute an existing entity whose function
548 and organization includes the function and organization of the
549 committees established under this section.

550 (7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.-

551 Each regional managing director of the Department of Children

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552 and Families shall appoint a local review representative for the
553 region. The representative must have knowledge and expertise in
554 the area of suicide. The representative's general
555 responsibilities include:

556 (a) Coordinating with the local review committee.

557 (b) Participating in the implementation of the suicide

558 death review process and all regional activities related to the
559 review of deaths from suicide.

560 (c) Working with the Suicide Death Review Committee and the
561 contracted managing entity to ensure that the reviews are
562 thorough and that all issues are appropriately addressed.

563 (d) Ensuring that all critical issues identified by the
564 local review committee are brought to the attention of the
565 regional managing director and the Secretary of Children and
566 Families.

567 (e) Providing technical assistance to the Suicide Death
568 Review Committee during the review of any suicide death.

569 (8) RULEMAKING.—The Department of Health shall adopt rules
570 necessary to implement this section.

571 Section 3. This act shall take effect July 1, 2026.