

CHAPTER 23-50
DRUG FATALITIES REVIEW PANEL

23-50-01. Drug fatalities review panel. (Effective through August 31, 2022)

1. The forensic pathology department of the university of North Dakota school of medicine and health sciences shall appoint individuals to serve as members on the drug fatalities review panel. To encompass disciplines needed for evaluation and balance of members' viewpoints, panel membership must include representation from multiple disciplines and services. Membership may include a forensic pathologist, a pharmacist with knowledge in pharmacogenomics, representatives of rural and urban healthcare facilities, a licensed addiction counselor, a physician, and representatives of nonregulatory divisions of the state department of health and department of human services.
2. The state department of health and the university of North Dakota school of medicine and health sciences shall provide for or arrange for administrative services to assist the panel in performing official duties, including collection and management of case review files, the maintenance of records, data collection and analysis, and the issuance of a state report on drug-related fatalities. The department and the university of North Dakota school of medicine and health sciences are responsible for the confidentiality and security of data on the sharing site on which the documents are stored.

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23-50-02. Powers and duties.

1. The panel may:
 - a. Provide outcome data on drug-related fatalities in the state as a basis for policy, intervention, and other program effectiveness.
 - b. Promote the identification of circumstances that may contribute to drug-related fatalities.
 - c. Promote the identification of public health issues related to drug-related fatalities.
 - d. Promote training for individuals and agencies that share a responsibility in responding to or preventing drug-related fatalities.
 - e. Promote interagency communication for the management of pharmaceutical and nonpharmaceutical drug-related fatalities and for the management of future nonfatal cases.
 - f. Promote evaluation of the impact of specific drug-related fatality risk factors, including substance abuse, domestic violence, and behavioral or mental health issues.
 - g. Promote the use of intervention and education programs to prevent drug-related fatalities.

