

# SENATE BILL 168

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(PRE-FILED)

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CF HB 209

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By: **Senator Eckardt**

Requested: September 8, 2020

Introduced and read first time: January 13, 2021

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Maryland Suicide Fatality Review Committee**

3 FOR the purpose of establishing the Maryland Suicide Fatality Review Committee;  
4 providing for the purpose of the Committee; providing for the composition, chair, and  
5 staffing of the Committee; requiring all members of the Committee to be voting  
6 members; providing for the term and manner of filling vacancies of certain members  
7 of the Committee; prohibiting a member of the Committee from receiving certain  
8 compensation, but authorizing the reimbursement of certain expenses; authorizing  
9 the Committee to hire staff or consultants under certain circumstances; requiring  
10 the Committee to meet a minimum number of times each year, make certain  
11 determinations, report at least annually to the Governor and the General Assembly  
12 on certain matters, perform certain annual studies, and disseminate certain findings  
13 and recommendations to certain persons; authorizing the Committee to make certain  
14 information available periodically and in a certain manner; requiring that a certain  
15 person have certain immunity from liability under certain circumstances; providing  
16 that the Committee is a certain public health authority; requiring certain persons to  
17 provide the Committee access to certain records in a certain manner under certain  
18 circumstances; authorizing the Committee to request that a certain person provide  
19 certain information; authorizing the Committee to share certain information with  
20 certain persons; requiring the Committee to interact and collaborate with certain  
21 review teams for a certain purpose; requiring that certain information and records  
22 be kept confidential and exempt from certain disclosure; prohibiting certain  
23 information and records from being subject to discovery or introduction into evidence  
24 in any proceedings; authorizing the disclosure of certain information in a certain  
25 manner and for a certain purpose; providing that certain records are subject to  
26 certain additional limitations; requiring that certain meetings be closed to the public;  
27 establishing that certain meetings are not subject to certain provisions of law;  
28 prohibiting certain persons from releasing to the public or the news media certain  
29 information or testifying in any proceeding about certain information; requiring  
30 certain persons to sign a certain statement; providing for the construction of this Act;

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 authorizing the Maryland Department of Health to adopt certain regulations;  
2 establishing a certain short title; defining a certain term; and generally relating to  
3 the Maryland Suicide Fatality Review Committee.

4 BY repealing and reenacting, without amendments,  
5 Article – Courts and Judicial Proceedings  
6 Section 5–637  
7 Annotated Code of Maryland  
8 (2020 Replacement Volume)

9 BY adding to  
10 Article – Health – General  
11 Section 5–1001 through 5–1009 to be under the new subtitle “Subtitle 10. Maryland  
12 Suicide Fatality Review Committee”  
13 Annotated Code of Maryland  
14 (2019 Replacement Volume and 2020 Supplement)

15 BY repealing and reenacting, without amendments,  
16 Article – Health Occupations  
17 Section 1–401(a)(1) and (3), (b), and (c)  
18 Annotated Code of Maryland  
19 (2014 Replacement Volume and 2020 Supplement)

20 Preamble

21 WHEREAS, The Maryland Governor’s Commission on Suicide Prevention declared  
22 that suicide deaths are a serious public health issue and have a tremendous family and  
23 societal impact; and

24 WHEREAS, Veterans account for 18% of all suicide deaths in this State, as reported  
25 by the National Violent Death Reporting System in 2013–2014; and

26 WHEREAS, The number of recorded suicide deaths in Maryland increased from 474  
27 to 650 between 2000 and 2018, representing a 37% increase; and

28 WHEREAS, Across all ages, one–half of all persons who die by suicide in this State  
29 experienced mental health problems; and

30 WHEREAS, Every year in this State, an average of 530 persons die by suicide; and

31 WHEREAS, More persons die by suicide in this State than die by homicide; and

32 WHEREAS, Suicide deaths are significantly underestimated and inadequately  
33 documented, thus preventing efforts to identify and reduce or eliminate such deaths; and

34 WHEREAS, No process exists in this State for the confidential identification,  
35 investigation, or dissemination of findings regarding suicide deaths; and

1 WHEREAS, Goal number one in the Maryland Center for Preventive Health  
2 Services and the Partnership for a Safer Maryland's Strategic Plan is to expand and refine  
3 the current surveillance efforts to assess injury risks, inform intervention development,  
4 and evaluate the impacts of injury prevention initiatives; and

5 WHEREAS, The U.S. National Strategy for Suicide Prevention, as issued by the U.S.  
6 Office of the Surgeon General, recommends that suicide deaths be investigated through  
7 state-based suicide mortality reviews to institute the systemic changes needed to decrease  
8 suicide mortality; and

9 WHEREAS, There is a need to establish a statewide program to review suicide  
10 deaths among persons in this State and to develop strategies for the prevention of suicide  
11 deaths in this State; now, therefore,

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
13 That the Laws of Maryland read as follows:

14 **Article – Courts and Judicial Proceedings**

15 5–637.

16 (a) In this section, “medical review committee” has the meaning stated in § 1–401  
17 of the Health Occupations Article.

18 (b) A person who acts in good faith and within the scope of the jurisdiction of a  
19 medical review committee is not civilly liable for any action as a member of the medical  
20 review committee or for giving information to, participating in, or contributing to the  
21 function of the medical review committee.

22 **Article – Health – General**

23 **SUBTITLE 10. MARYLAND SUICIDE FATALITY REVIEW COMMITTEE.**

24 **5–1001.**

25 **IN THIS SUBTITLE, “STATE TEAM” MEANS THE MARYLAND SUICIDE FATALITY**  
26 **REVIEW COMMITTEE.**

27 **5–1002.**

28 **(A) THERE IS A MARYLAND SUICIDE FATALITY REVIEW COMMITTEE, ALSO**  
29 **REFERRED TO AS THE STATE TEAM.**

30 **(B) THE PURPOSE OF THE STATE TEAM IS TO IDENTIFY AND ADDRESS THE**  
31 **FACTORS CONTRIBUTING TO SUICIDE DEATHS AND FACILITATE SYSTEM CHANGES IN**

1 THE STATE TO PREVENT SUICIDE DEATHS.

2 (c) (1) THE STATE TEAM SHALL INCLUDE THE FOLLOWING MEMBERS,  
3 WHO SHALL SERVE ON AN EX OFFICIO BASIS:

4 (i) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;

5 (ii) THE DEPUTY SECRETARY OF THE BEHAVIORAL HEALTH  
6 ADMINISTRATION, OR THE DEPUTY SECRETARY'S DESIGNEE; AND

7 (iii) THE CHAIR OF THE GOVERNOR'S COMMISSION ON SUICIDE  
8 PREVENTION.

9 (2) THE SECRETARY MAY INCLUDE THE FOLLOWING MEMBERS IN  
10 THE STATE TEAM:

11 (i) THE CHIEF MEDICAL EXAMINER, OR THE CHIEF MEDICAL  
12 EXAMINER'S DESIGNEE;

13 (ii) THE CHAIR OF THE HEALTH SUBCOMMITTEE OF THE  
14 SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE, OR  
15 THE CHAIR'S DESIGNEE; AND

16 (iii) THE CHAIR OF THE HOUSE HEALTH AND GOVERNMENT  
17 OPERATIONS COMMITTEE, OR THE CHAIR'S DESIGNEE.

18 (3) THE SECRETARY MAY INCLUDE THE FOLLOWING MEMBERS IN  
19 THE STATE TEAM, AS DESIGNATED BY THE SECRETARY:

20 (i) A SUICIDOLOGIST OR AN ACADEMIC WITH A SPECIALTY IN  
21 THE STUDY AND PREVENTION OF SUICIDE;

22 (ii) ONE REPRESENTATIVE OF HEALTH CARE PROVIDERS;

23 (iii) ONE REPRESENTATIVE OF AN ORGANIZATION HAVING  
24 EXPERTISE IN SUICIDE PREVENTION;

25 (iv) ONE REPRESENTATIVE OF AN ORGANIZATION HAVING  
26 EXPERTISE IN THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE;

27 (v) ONE REPRESENTATIVE OF AN ORGANIZATION THAT  
28 ADVOCATES FOR INDIVIDUALS WITH MENTAL ILLNESS;

1 (VI) ONE REPRESENTATIVE OF LAW ENFORCEMENT OR  
2 CORRECTIONAL SERVICES; AND

3 (VII) ANY ADDITIONAL MEMBERS DETERMINED TO BE  
4 NECESSARY BY THE SECRETARY TO CARRY OUT THE PURPOSE OF THIS SUBTITLE,  
5 WHICH MAY INCLUDE REPRESENTATIVES FROM RELEVANT DISCIPLINES AND  
6 RELEVANT COMMUNITY-BASED ORGANIZATIONS.

7 (D) THE STATE TEAM SHALL ELECT THE CHAIR OF THE STATE TEAM BY A  
8 MAJORITY VOTE.

9 (E) THE DEPARTMENT SHALL PROVIDE STAFF FOR THE STATE TEAM.

10 (F) ALL MEMBERS OF THE STATE TEAM SHALL BE VOTING MEMBERS.

11 (G) (1) EACH MEMBER DESIGNATED UNDER SUBSECTION (C)(3) OF THIS  
12 SECTION SHALL SERVE ON THE STATE TEAM FOR A TERM OF 3 YEARS AND MAY BE  
13 REAPPOINTED.

14 (2) AT THE END OF A TERM, A MEMBER DESIGNATED UNDER  
15 SUBSECTION (C)(3) OF THIS SECTION CONTINUES TO SERVE UNTIL A SUCCESSOR IS  
16 APPOINTED.

17 (3) ALL VACANCIES SHALL BE FILLED BY THE DESIGNATING  
18 AUTHORITY IN ACCORDANCE WITH THIS SECTION.

19 (H) A MEMBER OF THE STATE TEAM:

20 (1) MAY NOT RECEIVE COMPENSATION FOR SERVICE ON THE STATE  
21 TEAM; BUT

22 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
23 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

24 (I) TO THE EXTENT THAT FUNDS ARE AVAILABLE, THE STATE TEAM MAY  
25 HIRE STAFF OR CONSULTANTS TO ASSIST THE STATE TEAM IN CARRYING OUT ITS  
26 DUTIES.

27 5-1003.

28 (A) THE STATE TEAM SHALL:

29 (1) MEET AT LEAST QUARTERLY TO REVIEW SUICIDE DEATHS,

1 CONSISTENT WITH THE REQUIREMENTS OF THIS SUBTITLE;

2 (2) MAKE DETERMINATIONS REGARDING:

3 (I) THE FOLLOWING ISSUES RELATED TO INDIVIDUALS AT RISK  
4 FOR SUICIDE:

5 1. TRENDS;

6 2. RISK FACTORS;

7 3. CURRENT BEST PRACTICES IN SUICIDE PREVENTION;

8 4. LAPSES IN SYSTEMIC RESPONSES; AND

9 5. BARRIERS TO SAFETY AND WELL-BEING; AND

10 (II) STRATEGIES FOR THE PREVENTION OF SUICIDE DEATHS;

11 (3) REPORT AT LEAST ANNUALLY TO THE GOVERNOR AND, IN  
12 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL  
13 ASSEMBLY ON:

14 (I) THE STATE TEAM'S ACTIVITIES; AND

15 (II) THE STATE TEAM'S RECOMMENDATIONS ON:

16 1. CHANGING ANY LAW OR POLICY IN A MANNER THAT  
17 WOULD PROMOTE THE PREVENTION OF SUICIDE DEATHS; AND

18 2. IMPROVING THE AVAILABILITY OF SOURCES OF  
19 INFORMATION RELATING TO THE INVESTIGATION OF REPORTED SUICIDE  
20 FATALITIES;

21 (4) UNDERTAKE ANNUAL STATISTICAL STUDIES OF:

22 (I) THE INCIDENTS AND CAUSES OF SUICIDE MORTALITY IN  
23 THE STATE; AND

24 (II) TRENDS AND PATTERNS OF SUICIDE DEATHS IN THE STATE;  
25 AND

26 (5) DISSEMINATE FINDINGS AND RECOMMENDATIONS BASED ON THE

1 STUDIES CONDUCTED UNDER ITEM (4) OF THIS SUBSECTION TO POLICYMAKERS,  
2 HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES, AND THE PUBLIC.

3 (B) THE STATE TEAM MAY PERIODICALLY MAKE AVAILABLE, IN A GENERAL  
4 MANNER THAT DOES NOT REVEAL CONFIDENTIAL INFORMATION ABOUT INDIVIDUAL  
5 CASES, ONLY THE AGGREGATE FINDINGS OF THE STATE TEAM'S REVIEWS AND THEIR  
6 RECOMMENDATIONS FOR PREVENTIVE ACTIONS.

7 **5-1004.**

8 A PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY UNDER § 5-637 OF  
9 THE COURTS ARTICLE FOR ANY ACTION AS A MEMBER OF THE STATE TEAM OR FOR  
10 GIVING INFORMATION TO, PARTICIPATING IN, OR CONTRIBUTING TO THE FUNCTION  
11 OF THE STATE TEAM.

12 **5-1005.**

13 (A) THE STATE TEAM IS A PUBLIC HEALTH AUTHORITY, AS DEFINED IN 45  
14 C.F.R. § 164.501, CONDUCTING PUBLIC HEALTH ACTIVITIES IN ACCORDANCE WITH  
15 THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.

16 (B) ON REQUEST OF THE CHAIR OF THE STATE TEAM AND AS NECESSARY TO  
17 CARRY OUT THE STATE TEAM'S PURPOSE AND DUTIES, A HEALTH CARE PROVIDER  
18 OR A STATE OR LOCAL GOVERNMENT AGENCY IMMEDIATELY SHALL PROVIDE TO  
19 THE STATE TEAM ANY RECORDS OF THE HEALTH CARE PROVIDER OR STATE OR  
20 LOCAL GOVERNMENT AGENCY NECESSARY TO COMPLETE THE REVIEW OF A  
21 SPECIFIC FATALITY, INCLUDING:

22 (1) HOSPITAL RECORDS;

23 (2) OUTPATIENT CLINIC, HEALTH CARE PROVIDER, AND  
24 LABORATORY RECORDS;

25 (3) POLICE INVESTIGATION DATA;

26 (4) MEDICAL EXAMINER INVESTIGATIVE DATA;

27 (5) CAUSE-OF-DEATH INFORMATION IN VITAL RECORDS;

28 (6) SOCIAL SERVICES RECORDS; AND

29 (7) OTHER RECORDS FROM STATE OFFICES, AGENCIES, AND  
30 DEPARTMENTS.

1           **(C) THE STATE TEAM MAY REQUEST THAT A PERSON WITH DIRECT**  
2 **KNOWLEDGE OF CIRCUMSTANCES SURROUNDING A FATALITY PROVIDE THE STATE**  
3 **TEAM WITH INFORMATION NECESSARY TO COMPLETE THE REVIEW OF THE**  
4 **PARTICULAR FATALITY, INCLUDING INFORMATION FROM:**

5                   **(1) A HEALTH CARE PROVIDER OR STAFF INVOLVED IN THE CARE OF**  
6 **THE DECEDENT; AND**

7                   **(2) THE PERSON WHO FIRST RESPONDED TO A REPORT CONCERNING**  
8 **THE DECEDENT.**

9           **(D) THE STATE TEAM:**

10                   **(1) MAY SHARE INFORMATION WITH OTHER PUBLIC HEALTH**  
11 **AUTHORITIES OR THEIR DESIGNEES AS THE STATE TEAM DETERMINES NECESSARY**  
12 **TO CARRY OUT THE PURPOSES OF THIS SUBTITLE; AND**

13                   **(2) SHALL INTERACT AND COLLABORATE WITH THE STATE'S CHILD**  
14 **FATALITY REVIEW AND DRUG OVERDOSE FATALITY REVIEW TEAMS TO SHARE AND**  
15 **RECEIVE INFORMATION RELEVANT TO THE STATE TEAM'S FINDINGS.**

16           **(E) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,**  
17 **ALL INFORMATION AND RECORDS ACQUIRED BY THE STATE TEAM IN THE EXERCISE**  
18 **OF ITS DUTIES:**

19                           **(I) SHALL BE CONFIDENTIAL;**

20                           **(II) SHALL BE EXEMPT FROM DISCLOSURE UNDER THE PUBLIC**  
21 **INFORMATION ACT; AND**

22                           **(III) MAY NOT BE SUBJECT TO DISCOVERY OR INTRODUCTION**  
23 **INTO EVIDENCE IN ANY PROCEEDINGS.**

24                   **(2) INFORMATION MAY BE DISCLOSED AS NECESSARY AND IN A**  
25 **MANNER CONSISTENT WITH THIS SUBTITLE TO CARRY OUT THE PURPOSES OF THIS**  
26 **SUBTITLE.**

27           **(F) MENTAL HEALTH RECORDS ARE SUBJECT TO THE ADDITIONAL**  
28 **LIMITATIONS UNDER § 4-307 OF THIS ARTICLE FOR DISCLOSURE OF A MEDICAL**  
29 **RECORD DEVELOPED PRIMARILY IN CONNECTION WITH THE PROVISION OF MENTAL**  
30 **HEALTH SERVICES.**



1 **5-1006.**

2 (A) MEETINGS OF THE STATE TEAM SHALL BE CLOSED TO THE PUBLIC AND  
3 ARE NOT SUBJECT TO THE OPEN MEETINGS ACT.

4 (B) A MEMBER OF THE STATE TEAM OR ATTENDEE OF A STATE TEAM  
5 MEETING MAY NOT:

6 (1) RELEASE TO THE PUBLIC OR THE NEWS MEDIA INFORMATION  
7 DISCUSSED AT MEETINGS; OR

8 (2) EXCEPT AS PROVIDED IN § 5-1007 OF THIS SUBTITLE, TESTIFY IN  
9 ANY PROCEEDING ABOUT DETAILS OF A STATE TEAM MEETING, INCLUDING ANY  
10 INFORMATION PRESENTED AT THE MEETING, OR ABOUT OPINIONS FORMED BY THE  
11 INDIVIDUAL BECAUSE OF THE MEETING.

12 (C) EACH MEMBER OF THE STATE TEAM AND ANY ATTENDEE OF A MEETING  
13 OF THE STATE TEAM SHALL SIGN A STATEMENT INDICATING AN UNDERSTANDING  
14 OF AND ADHERENCE TO THE STATE TEAM'S CONFIDENTIALITY REQUIREMENTS,  
15 INCLUDING ANY POTENTIAL CIVIL OR CRIMINAL CONSEQUENCES FOR A BREACH OF  
16 CONFIDENTIALITY UNDER THIS SECTION.

17 **5-1007.**

18 THIS SUBTITLE MAY NOT BE CONSTRUED TO PROHIBIT A PERSON FROM:

19 (1) TESTIFYING IN A CIVIL OR CRIMINAL ACTION ABOUT MATTERS  
20 THAT OCCURRED IN A STATE TEAM MEETING IF THE TESTIMONY WILL BE BASED ON  
21 THE PERSON'S INDEPENDENT KNOWLEDGE; OR

22 (2) INVESTIGATING OR REVIEWING A SUICIDE DEATH UNDER ANY  
23 OTHER PROVISION OF LAW.

24 **5-1008.**

25 THE DEPARTMENT MAY ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE,  
26 INCLUDING REGULATIONS ON:

27 (1) THE PROCEDURES BY WHICH HEALTH CARE PROVIDERS, HEALTH  
28 CARE FACILITIES, AND OTHER PERSONS IDENTIFY AND REPORT SUICIDE DEATHS TO  
29 THE DEPARTMENT OR AS DIRECTED BY THE DEPARTMENT;

30 (2) THE PROTOCOLS, PROCEDURES, METHODS, MANNER, AND

1 EXTENT OF ALL INVESTIGATIONS AND REVIEWS BY THE STATE TEAM; AND

2 (3) THE MANNER IN AND EXTENT TO WHICH INFORMATION SHALL BE  
3 DISSEMINATED UNDER THIS SUBTITLE.

4 5-1009.

5 THIS SUBTITLE MAY BE CITED AS THE MARYLAND SUICIDE MORTALITY  
6 REVIEW AND PREVENTION ACT.

7 Article – Health Occupations

8 1-401.

9 (a) (1) In this section the following words have the meanings indicated.

10 (3) “Medical review committee” means a committee or board that:

11 (i) Is within one of the categories described in subsection (b) of this  
12 section; and

13 (ii) Performs functions that include at least one of the functions  
14 listed in subsection (c) of this section.

15 (b) For purposes of this section, a medical review committee is:

16 (1) A regulatory board or agency established by State or federal law to  
17 license, certify, or discipline any provider of health care;

18 (2) A committee of the Maryland State Medical Society or any of its  
19 component societies or a committee of any other professional society or association  
20 composed of providers of health care;

21 (3) A committee appointed by or established in the Department or a local  
22 health department for review purposes;

23 (4) A committee appointed by or established in the Maryland Institute for  
24 Emergency Medical Services Systems;

25 (5) A committee of the medical staff or other committee, including any risk  
26 management, credentialing, or utilization review committee established in accordance with  
27 § 19-319 of the Health – General Article, of a hospital, related institution, or alternative  
28 health care system, if the governing board of the hospital, related institution, or alternative  
29 health care system forms and approves the committee or approves the written bylaws under  
30 which the committee operates;

1 (6) A committee or individual designated by the holder of a pharmacy  
2 permit, as defined in § 12–101 of this article, that performs the functions listed in  
3 subsection (c) of this section, as part of a pharmacy’s ongoing quality assurance program;

4 (7) Any person, including a professional standard review organization, who  
5 contracts with an agency of this State or of the federal government to perform any of the  
6 functions listed in subsection (c) of this section;

7 (8) Any person who contracts with a provider of health care to perform any  
8 of those functions listed in subsection (c) of this section that are limited to the review of  
9 services provided by the provider of health care;

10 (9) An organization, established by the Maryland Hospital Association,  
11 Inc. and the Maryland State Medical Society, that contracts with a hospital, related  
12 institution, or alternative delivery system to:

13 (i) Assist in performing the functions listed in subsection (c) of this  
14 section; or

15 (ii) Assist a hospital in meeting the requirements of § 19–319(e) of  
16 the Health – General Article;

17 (10) A committee appointed by or established in an accredited health  
18 occupations school;

19 (11) An organization described under § 14–501 of this article that contracts  
20 with a hospital, related institution, or health maintenance organization to:

21 (i) Assist in performing the functions listed in subsection (c) of this  
22 section; or

23 (ii) Assist a health maintenance organization in meeting the  
24 requirements of Title 19, Subtitle 7 of the Health – General Article, the National Committee  
25 for Quality Assurance (NCQA), or any other applicable credentialing law or regulation;

26 (12) An accrediting organization as defined in § 14–501 of this article;

27 (13) A Mortality and Quality Review Committee established under § 5–801  
28 or a Morbidity, Mortality, and Quality Review Committee established under § 18–107 of  
29 the Health – General Article;

30 (14) A center designated by the Maryland Health Care Commission as the  
31 Maryland Patient Safety Center that performs the functions listed in subsection (c)(1) of  
32 this section; or

33 (15) The Maryland Health Care Commission or its staff, when performing  
34 the functions listed in subsection (c) of this section, provided that the data or medical

1 information under review is furnished to the Maryland Health Care Commission by  
2 another medical review committee.

3 (c) For purposes of this section, a medical review committee:

4 (1) Evaluates and seeks to improve the quality of health care provided by  
5 providers of health care;

6 (2) Evaluates the need for and the level of performance of health care  
7 provided by providers of health care;

8 (3) Evaluates the qualifications, competence, and performance of providers  
9 of health care; or

10 (4) Evaluates and acts on matters that relate to the discipline of any  
11 provider of health care.

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall be construed to  
13 apply only prospectively to deaths that occur after the effective date of this Act and may  
14 not be applied or interpreted to have any effect on or application to any deaths that occurred  
15 before the effective date of this Act.

16 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
17 October 1, 2021.