

An Act

ENROLLED HOUSE
BILL NO. 2013

By: Pae, Harris, Fugate, and
Gise of the House

and

Stanley and Hicks of the
Senate

An Act relating to sudden unexpected death in epilepsy (SUDEP); creating Dylan's Law; authorizing Service Oklahoma to create certain driver licenses for people diagnosed with epilepsy; prescribing the use of a unique symbol; making the use of the symbol voluntary; amending 63 O.S. 2021, Section 1-106, as amended by Section 1, Chapter 85, O.S.L. 2022 (63 O.S. Supp. 2024, Section 1-106), which relates to State Commissioner of Health, qualifications, and powers and duties; adding a power and duty to the Commissioner of Health; amending 63 O.S. 2021, Section 1-118, which relates to the creation of Division of Health Care Information, duties, rules, contracts, grants, and contributions; adding a duty to the Division of Health Care Information; amending 63 O.S. 2021, Section 945, which relates to person to perform autopsy, extent, report of findings, and records request; requiring an investigation and determination of sudden unexpected death in epilepsy of an individual with a history of seizures; requiring certain notations on death certificates; requiring certain reporting; providing for noncodification; providing for codification; and providing an effective date.

SUBJECT: Sudden unexpected death in epilepsy (SUDEP)

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law not to be codified in the Oklahoma Statutes reads as follows:

This act shall be known and may be cited as "Dylan's Law".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6-130 of Title 47, unless there is created a duplication in numbering, reads as follows:

A. Effective June 1, 2026, Service Oklahoma shall permit a driver license or state identification cardholder to voluntarily designate with the placement of a unique symbol that the person has been diagnosed with epilepsy by a licensed physician. The designation shall be used by a law enforcement officer or an emergency medical professional to identify and effectively communicate with a person who has been diagnosed with epilepsy and shall not be used for any other purpose by any other person.

B. The cardholder may choose whether the voluntary designation indicating that a person has been diagnosed with epilepsy, pursuant to paragraph 1 of this section, shall be displayed on the driver license or identification card or in the Oklahoma Law Enforcement Telecommunications System (OLETS) in accordance with procedures prescribed by Service Oklahoma. A holder of a driver license or identification card who makes a voluntary designation pursuant to this section shall have the opportunity to remove the designation at any time.

SECTION 3. AMENDATORY 63 O.S. 2021, Section 1-106, as amended by Section 1, Chapter 85, O.S.L. 2022 (63 O.S. Supp. 2024, Section 1-106), is amended to read as follows:

Section 1-106. A. The State Commissioner of Health shall serve at the pleasure of the Governor, and shall have skill and experience in public health duties and sanitary sciences and shall meet at least one of the following qualifications:

1. Possession of a Doctor of Medicine Degree and a license to practice medicine in this state;

2. Possession of an Osteopathic Medicine Degree and a license to practice medicine in this state;

3. Possession of a Doctoral degree in Public Health or Public Health Administration; or

4. Possession of a Master of Science Degree and a minimum of five (5) years of supervisory experience in the administration of health services.

B. The Commissioner shall be exempt from all qualifications enumerated in subsection A of this section if the Commissioner possesses at least a master's degree and has experience in management of state agencies or large projects.

C. The Commissioner shall have the following powers and duties, unless otherwise directed by the Governor:

1. Have general supervision of the health of the citizens of the state; make investigations, inquiries and studies concerning the causes of disease and injury, and especially of epidemics, and the causes of mortality, and the effects of localities, employment, conditions and circumstances on the public health; investigate conditions as to health, sanitation and safety of schools, prisons, public institutions, mines, public conveyances, camps, places of group abode, and all buildings and places of public resort, and recommend, prescribe and enforce such measures of health, sanitation and safety for them as the Commissioner deems advisable; take such measures as deemed necessary by the Commissioner to control or suppress, or to prevent the occurrence or spread of, any communicable, contagious or infectious disease, and provide for the segregation and isolation of persons having or suspected of having any such disease; designate places of quarantine or isolation; advise state and local governments on matters pertaining to health, sanitation and safety; and abate any nuisance affecting injuriously the health of the public or any community. Any health information or data acquired by the Commissioner from any public agency, which information or data is otherwise confidential by state or federal law, shall remain confidential notwithstanding the acquisition of this information by the Commissioner.

2. Be the executive officer and supervise the activities of the State Department of Health, and act for the Department in all matters except as may be otherwise provided in this Code; administer oaths at any hearing or investigation conducted pursuant to this Code; and enforce rules and standards adopted by the Commissioner. All rules adopted by the Commissioner are subject to the terms and conditions of the Administrative Procedures Act.

3. Appoint an Assistant State Commissioner of Health and fix the qualifications, duties and compensation of the Assistant State Commissioner of Health; and employ, appoint and contract with, and fix the qualifications, duties and compensation of, such other assistants, doctors, engineers, attorneys, sanitarians, nurses, laboratory personnel, administrative, clerical and technical help, investigators, aides and other personnel and help, either on a full-time, part-time, fee or contractual basis, as shall be deemed by the Commissioner necessary, expedient, convenient or appropriate to the performance or carrying out of any of the purposes, objectives or provisions of this Code, or to assist the Commissioner in the performance of official duties and functions.

4. Cause investigations, inquiries and inspections to be made, and hold hearings and issue orders pursuant to the provisions of the Administrative Procedures Act, to enforce and make effective the provisions of this Code, and all rules and standards adopted by the Commissioner pursuant to law and the Commissioner or the representative of the Commissioner shall have the right of access to any premises for such purpose at any reasonable time, upon presentation of identification.

5. Authorize persons in the State Department of Health to conduct investigations, inquiries and hearings, and to perform other acts that the Commissioner is authorized or required to conduct or perform personally.

6. Except as otherwise provided by law, all civil and criminal proceedings under this Code shall be initiated and prosecuted by the district attorney where the violation takes place.

7. Issue subpoenas for the attendance of witnesses and the production of books and records at any hearing to be conducted by the Commissioner; and if a person disobeys any such subpoena, or refuses to give evidence before, or to allow books and records to be examined by, the Commissioner after such person is directed to do so, the Commissioner may file a contempt proceeding in the district court of the county in which the premises involved are situated, or, if no premises are involved, of the county in which such person resides or has a principal place of business, and a judge of such court, after a trial de novo, may punish the offending person for contempt.

8. Unless otherwise required by the terms of a federal grant, sell, exchange or otherwise dispose of personal property that has been acquired by the State Department of Health, or any of its components, when such property becomes obsolete or is no longer needed; any money derived therefrom shall be deposited in the Public Health Special Fund.

9. Sell films, educational materials, biological products and other items produced by the State Department of Health; and all proceeds therefrom shall be deposited in the Public Health Special Fund.

10. Revoke or cancel, or suspend for any period up to one (1) year, any license or permit issued under or pursuant to this Code, or by the Commissioner, when the Commissioner determines that ground therefor as prescribed by this Code exists, or that the holder of such license or permit has violated any law, or any of the provisions of this Code, or any rules or standards of the Commissioner filed with the Secretary of State, but the Commissioner shall first afford the holder an opportunity to show cause why the license or permit should not be revoked, canceled or suspended, notice of such opportunity to be given by certified United States Mail to the holder of the license or permit at the last-known address of such holder.

11. Accept, use, disburse and administer grants, allotments, gifts, devises, bequests, appropriations and other monies and property offered or given to the State Department of Health, or any component or agency thereof, by any agency of the federal government, or any corporation or individual.

12. Be the official agency of the State of Oklahoma in all matters relating to public health which require or authorize cooperation of the State of Oklahoma with the federal government or any agency thereof; coordinate the activities of the State Department of Health with those of the federal government or any department or agency thereof, and with other states, on matters pertaining to public health, and enter into agreements for such purpose, and may accept, use, disburse and administer, for the office of the Commissioner or for the State Department of Health, for any purpose designated and on the terms and conditions thereof, grants of money, personnel and property from the federal government or any department or agency thereof, or from any state or state agency, or from any other source, to promote and carry on in this

state any program relating to the public health or the control of disease, and enter into agreements for such purposes.

13. The State Commissioner of Health may appoint commissioned peace officers, certified by the Council on Law Enforcement Education and Training, to investigate violations of the Public Health Code and to provide security to Department facilities.

14. Pursuant to Section ~~2~~ 1-106 of this ~~act~~ title, the State Commissioner of Health shall appoint a Chief Medical Officer who reports directly to the State Commissioner of Health.

15. The State Commissioner of Health shall, in consultation with local and national organizations that provide education or services related to epilepsy conditions, provide guidance to medical doctors, osteopathic physicians, nurse practitioners, and physician assistants who have the primary responsibility for treatment of a person with epilepsy to assist in determining whether a patient is at elevated risk for sudden unexpected death in epilepsy (SUDEP), including, but not limited to, whether the patient has had convulsive seizures, the frequency and recency of such seizures, and whether the patient's symptoms have subsided in response to medicinal or surgical treatment. The Chief Medical Examiner shall provide to all employees of the Chief Medical Examiner's Office information about sudden unexpected death in epilepsy (SUDEP).

SECTION 4. AMENDATORY 63 O.S. 2021, Section 1-118, is amended to read as follows:

Section 1-118. A. The Division of Health Care Information is hereby created within the State Department of Health.

B. The Division shall:

1. Collect from providers health care information for which the Division has established a defined purpose and a demonstrated utility that is consistent with the intent of the provisions of Section 1-117 et seq. of this title;

2. Establish and maintain a uniform health care information system;

3. Analyze health care data submitted including, but not limited to, geographic mapping of disease entities;

4. Provide for dissemination of health care data to users and consumers;

5. Provide for the training and education of information providers regarding processing and maintenance and methods of reporting required information;

6. Be authorized to access all state agency health-related data sets and shall develop mechanisms for the receipt of health care data to the Division or its agent; provided, however, all provisions for confidentiality shall remain in place;

7. Provide for the exchange of information with other agencies or political subdivisions of this state, the federal government or other states, or agencies thereof. The Division shall collaborate with county health departments, including the Oklahoma City-County Health Department and the Tulsa City-County Health Department, in developing city-county based health data sets;

8. Contract with other public or private entities for the purpose of collecting, processing or disseminating health care data; ~~and~~

9. Build and maintain the data base; and

10. In an effort to reduce deaths from sudden unexpected death in epilepsy (SUDEP), develop an information program in the Injury Prevention Service to be disseminated to the public and licensed medical professionals to notify individuals with epilepsy of the danger of SUDEP; and encourage the American Medical Association to add a Current Procedural Terminology (CPT) Code for epilepsy education by a medical service professional.

C. 1. The State Board of Health shall adopt rules governing the acquisition, compilation and dissemination of all data collected pursuant to the Oklahoma Health Care Information System Act.

2. The rules shall include, but not be limited to:

- a. adequate measures to provide system security for all data and information acquired pursuant to the Oklahoma Health Care Information System Act,
- b. adequate procedures to ensure confidentiality of patient records,

- c. charges for users for the cost of data preparation for information that is beyond the routine data disseminated by the office, and
- d. time limits for the submission of data by information providers.

D. The Division shall adopt standard nationally recognized coding systems to ensure quality in receiving and processing data.

E. The Division shall implement mechanisms to encrypt all personal identifiers contained in any health care data upon transmission to the State Department of Health, and all such data shall remain encrypted while maintained in the Department's database or while used by a contractor.

F. The Division may contract with an organization for the purpose of data analysis. Any contract or renewal thereof shall be based on the need for, and the feasibility, cost and performance of, services provided by the organization. The Division shall require any data analyzer at a minimum to:

1. Analyze the information;
2. Prepare policy-related and other analytical reports as determined necessary for purposes of this act; and
3. Protect the encryption and confidentiality of the data.

G. The Board shall have the authority to set fees and charges with regard to the collection and compilation of data requested for special reports, and for the dissemination of data. These funds shall be deposited in the Oklahoma Health Care Information System Revolving Fund account.

H. The Division may accept grants or charitable contributions for use in carrying out the functions set forth in the Oklahoma Health Care Information System Act from any source. These funds shall be deposited in the Oklahoma Health Care Information System Revolving Fund.

SECTION 5. AMENDATORY 63 O.S. 2021, Section 945, is amended to read as follows:

Section 945. A. When properly authorized, an autopsy shall be performed by the Chief Medical Examiner or such person as may be designated by him or her for such purpose. The Chief Medical Examiner or a person designated by him or her may authorize arterial embalming of the body prior to the autopsy when such embalming would in his or her opinion not interfere with the autopsy. The extent of the autopsy shall be made as is deemed necessary by the person performing the autopsy.

B. A full and complete report of the facts developed by the autopsy together with the findings of the person making it shall be prepared and filed in the Office of the Chief Medical Examiner without unnecessary delay. Copies of such reports and findings shall be furnished to district attorneys and law enforcement officers making a criminal investigation in connection with the death.

C. Upon receiving a written, signed and dated records request, a copy of the full and complete report of the facts developed by the autopsy, together with the findings of the person making the report, shall be released by the Office of the Chief Medical Examiner to the public in the most expedient manner available or as requested by the records requester and, under the following conditions, shall be furnished to:

1. District attorneys and any law enforcement agency with authority to make a criminal investigation in connection with the death; provided, such copies shall not be shared with any other entity unless otherwise provided by law;

2. The spouse of the deceased or any person related within two (2) degrees of consanguinity to the deceased, unless the district attorney or law enforcement agency making a criminal investigation objects to the release of documents to any family member. District attorneys and law enforcement agencies shall be prohibited from objecting to the release of the full and complete autopsy report to the family if the decedent was in state custody, in custody of law enforcement or is deceased due to lethal action of a law enforcement officer; and

3. Any insurance company conducting an insurer's investigation of any insurance claim arising from the death of the individual upon whom the autopsy was performed.

D. The full and complete report of the facts developed by the autopsy, together with the findings of the person making the report, shall be withheld from public inspection and copying for ten (10) business days following the date the report is generated by the Office of the Chief Medical Examiner, except as provided for in subsection C of this section.

E. The Office of the Chief Medical Examiner shall produce a summary report of investigation by the medical examiner at the same time the full and complete report of the facts developed by the autopsy, together with the findings of the person making the report, is released to the parties listed in subsection C of this section. The summary report of investigation shall be made available for public inspection and copying without delay. Any person may obtain a copy of the summary report of investigation in the most expedient manner available or as requested by the records requester.

F. The summary report of investigation shall include, but not be limited to, the following information, if known:

1. Decedent name, age, birth date, race, sex, home address, examiner notified by name and title and including date and time, location where decedent was injured or became ill, including name of facility, address, city, county, type of premises, date and time; location of death including name of facility, city, county, type of premises, date and time, and location body was viewed by medical examiner including address, city, county, type of premises and date and time;

2. If the death was a motor vehicle accident, whether the decedent was the driver, passenger or pedestrian, and the type of vehicle involved in the accident;

3. A description of the body, including but not limited to the external physical examination, rigor, livor, external observations including hair, eye color, body length and weight, and other external observations, as well as the presence and location of blood; and

4. The probable cause of death, other significant conditions contributing to the death but not resulting in the underlying cause given, manner of death, case disposition, case number, and name and contact information of the medical examiner performing the autopsy, including a signature and certification statement that the facts

contained in the report are true and correct to the best of their knowledge and the date the report was signed and generated.

G. At the conclusion of the ten (10) business-day-period, the full and complete report shall be made available as a public record except when a district attorney or law enforcement agency with authority to make a criminal investigation in connection with the death declares that the full and complete report contains information that would materially compromise an ongoing criminal investigation. Such declaration shall be in writing to the Office of the Medical Examiner and be an open record available from the Office of Medical Examiner.

1. Upon such declaration, the district attorney or law enforcement agency shall request from the appropriate district court a hearing for an extension of time during which the full and complete autopsy report, not including information in the summary report, may be withheld.

2. When a request for an extension of time has been filed with the court, the full and complete autopsy report in question may be withheld until the court has issued a ruling on the requested extension of time to release the autopsy report. Such requests for an extension of time during which the autopsy may be withheld shall be made on the grounds that release of the full and complete autopsy report will materially compromise an ongoing criminal investigation.

3. Courts considering such requests shall conduct a hearing and consider whether the interests of the public outweigh the interests asserted by the district attorney or law enforcement agency.

4. If an extension of time is granted by the court, the initial extension shall be ordered by the court for a period of six (6) months. Subsequent extensions shall only be ordered after a hearing by the court for an additional one year and cumulative time extensions shall not exceed more than four (4) years and six (6) months; provided, under no circumstance shall an extension of time be granted by the court if the deceased person was in state custody, in custody of law enforcement or was deceased due to lethal action of a law enforcement officer.

5. In the event that six (6) months have expired from the date of the initial release of the autopsy report without any person being criminally charged in the case in question and release of the autopsy or portions of the autopsy have been denied on the grounds

of materially compromising a criminal investigation, an appeal of such denial may be made to the appropriate district court. Courts considering appeals for temporarily withholding an autopsy report shall conduct a hearing and consider whether the interests of the public outweigh the interests asserted by the district attorney or law enforcement agency. In response to such appeals, the district court shall order that the autopsy report be made available for public inspection and copying with no redaction, or shall order an extension of time during which the autopsy report may be withheld under the provisions of this section.

6. Any court order obtained pursuant to this subsection shall be served upon the Office of the Chief Medical Examiner by the party requesting or granted the extension by the court.

H. An order granting an extension of time shall be applicable to the autopsy report for the duration of the extension; provided, each subsequent time extension shall only be ordered by the district court for an additional twelve-month period of time or less and cumulative time extensions shall not exceed four (4) years and six (6) months; provided, charges being filed against a person in the case in question or an autopsy report being entered into evidence as part of a criminal prosecution nullifies any granted extension of time.

I. The opportunities to withhold an autopsy report or portions of an autopsy report provided in this section shall expire in totality four (4) years and six (6) months after the date the autopsy report was generated, at which time the autopsy report previously withheld on the grounds provided for in this section shall be made available for public inspection and copying.

J. Nothing in this section shall prohibit a district attorney or law enforcement agency with authority to make a criminal investigation in connection with the death from immediately releasing portions of information contained in the full and complete autopsy report for the purposes of assisting with the criminal investigation or apprehension of any person involved in a criminal act that resulted in the death of another person.

K. After ten (10) business days from the release of the full and complete report, nothing in this section shall prohibit the spouse of the deceased or any person related within two (2) degrees of consanguinity to the deceased who has received a copy of the full and complete autopsy report from the Office of the Chief Medical

Examiner from authorizing the Office of the Chief Medical Examiner's office to release the full and complete autopsy report to any other person subject to approval by the court.

L. When an autopsy of the body is conducted of a deceased human who has epilepsy or a history of seizures, the report shall include an investigation and determination as to whether the deceased suffered a sudden unexpected death in epilepsy (SUDEP). In the event the deceased did suffer a sudden unexpected death in epilepsy, such information shall be noted on the death certificate and be reported to the North American SUDEP Registry (NASR).

SECTION 6. This act shall become effective November 1, 2025.

Passed the House of Representatives the 15th day of May, 2025.

Presiding Officer of the House
of Representatives

Passed the Senate the 8th day of May, 2025.

Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____
day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____
day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____
day of _____, 20_____, at _____ o'clock _____ M.

By: _____