

1 STATE OF OKLAHOMA

2 1st Session of the 60th Legislature (2025)

3 HOUSE BILL 2013

By: Pae

4

5

6 AS INTRODUCED

7 An Act relating to sudden unexpected death in  
8 epilepsy (SUDEP); creating Dylan's Law; providing  
9 insurance coverage for individuals diagnosed with  
10 epilepsy; prohibiting refusal of coverage or renewal  
11 based on epilepsy diagnoses; mandating coverage for  
12 seizure protection; authorizing Service Oklahoma to  
13 create certain driver licenses for people diagnosed  
14 with epilepsy; prescribing the use of a unique  
15 symbol; making the use of the symbol voluntary;  
16 amending 63 O.S. 2021, Section 1-106, as amended by  
17 Section 1, Chapter 85, O.S.L. 2022 (63 O.S. Supp.  
18 2024, Section 1-106), which relates to State  
19 Commissioner of Health, qualifications, and powers  
20 and duties; adding a power and duty to the  
21 Commissioner of Health; amending 63 O.S. 2021,  
22 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 934, which relates to  
appointment and qualifications of examiner; directing  
the Chief Medical Examiner to provide information  
about sudden unexpected death in epilepsy; 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.

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

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

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

5 SECTION 2. NEW LAW A new section of law to be codified  
6 in the Oklahoma Statutes as Section 6060.31 of Title 36, unless  
7 there is created a duplication in numbering, reads as follows:

8 A. All individual and group health insurance policies, issued  
9 pursuant to provisions of the Patient Protection and Affordable Care  
10 Act, 42 U.S. Code Chapter 157, that provide medical and surgical  
11 benefits shall provide the same coverage and benefits to any  
12 individual who has been diagnosed with epilepsy as it would provide  
13 coverage and benefits to an individual who has not been diagnosed  
14 with epilepsy.

15 B. No insurer, subject to the Affordable Care Act, shall  
16 terminate coverage or refuse to renew an individual's health  
17 insurance coverage solely based upon the individual's diagnosis of  
18 epilepsy.

19 C. To reduce the risk of death from sudden unexpected death in  
20 epilepsy (SUDEP), all individual and group health insurance policies  
21 that provide medical and surgical benefits, pursuant to the  
22 Affordable Care Act, shall provide coverage for seizure protection  
23 devices if prescribed by a physician who is a specialist in the

1 treatment of epilepsy and it is determined by such physician that  
2 such devices are medically necessary.

3 SECTION 3. NEW LAW A new section of law to be codified  
4 in the Oklahoma Statutes as Section 6-130 of Title 47, unless there  
5 is created a duplication in numbering, reads as follows:

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

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

1 SECTION 4. AMENDATORY 63 O.S. 2021, Section 1-106, as  
2 amended by Section 1, Chapter 85, O.S.L. 2022 (63 O.S. Supp. 2024,  
3 Section 1-106), is amended to read as follows:

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

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

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

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

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

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

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

23 1. Have general supervision of the health of the citizens of  
24 the state; make investigations, inquiries and studies concerning the

1 causes of disease and injury, and especially of epidemics, and the  
2 causes of mortality, and the effects of localities, employment,  
3 conditions and circumstances on the public health; investigate  
4 conditions as to health, sanitation and safety of schools, prisons,  
5 public institutions, mines, public conveyances, camps, places of  
6 group abode, and all buildings and places of public resort, and  
7 recommend, prescribe and enforce such measures of health, sanitation  
8 and safety for them as the Commissioner deems advisable; take such  
9 measures as deemed necessary by the Commissioner to control or  
10 suppress, or to prevent the occurrence or spread of, any  
11 communicable, contagious or infectious disease, and provide for the  
12 segregation and isolation of persons having or suspected of having  
13 any such disease; designate places of quarantine or isolation;  
14 advise state and local governments on matters pertaining to health,  
15 sanitation and safety; and abate any nuisance affecting injuriously  
16 the health of the public or any community. Any health information  
17 or data acquired by the Commissioner from any public agency, which  
18 information or data is otherwise confidential by state or federal  
19 law, shall remain confidential notwithstanding the acquisition of  
20 this information by the Commissioner.

21       2. Be the executive officer and supervise the activities of the  
22 State Department of Health, and act for the Department in all  
23 matters except as may be otherwise provided in this Code; administer  
24 oaths at any hearing or investigation conducted pursuant to this

1 Code; and enforce rules and standards adopted by the Commissioner.

2 All rules adopted by the Commissioner are subject to the terms and  
3 conditions of the Administrative Procedures Act.

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

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

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

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

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

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

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

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

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

22       12. Be the official agency of the State of Oklahoma in all  
23 matters relating to public health which require or authorize  
24 cooperation of the State of Oklahoma with the federal government or

1 any agency thereof; coordinate the activities of the State  
2 Department of Health with those of the federal government or any  
3 department or agency thereof, and with other states, on matters  
4 pertaining to public health, and enter into agreements for such  
5 purpose, and may accept, use, disburse and administer, for the  
6 office of the Commissioner or for the State Department of Health,  
7 for any purpose designated and on the terms and conditions thereof,  
8 grants of money, personnel and property from the federal government  
9 or any department or agency thereof, or from any state or state  
10 agency, or from any other source, to promote and carry on in this  
11 state any program relating to the public health or the control of  
12 disease, and enter into agreements for such purposes.

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

17       14. Pursuant to Section 2 of this act, the State Commissioner  
18 of Health shall appoint a Chief Medical Officer who reports directly  
19 to the State Commissioner of Health.

20       15. The State Commissioner of Health shall, in consultation  
21 with local and national organizations that provide education or  
22 services related to epilepsy conditions, provide guidance to medical  
23 doctors, osteopathic physicians, nurse practitioners, and physician  
24 assistants who have the primary responsibility for treatment of a

1   person with epilepsy to assist in determining whether a patient is  
2   at elevated risk for sudden unexpected death in epilepsy (SUDEP),  
3   including, but not limited to, whether the patient has had  
4   convulsive seizures, the frequency and recency of such seizures, and  
5   whether the patient's symptoms have subsided in response to  
6   medicinal or surgical treatment.

7                 SECTION 5.       AMENDATORY         63 O.S. 2021, Section 1-118, is  
8   amended to read as follows:

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

11                 B. The Division shall:

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

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

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

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

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

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

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

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

14       9. Build and maintain the data base; and

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

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

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

2            a. adequate measures to provide system security for all

3                data and information acquired pursuant to the Oklahoma

4                Health Care Information System Act,

5            b. adequate procedures to ensure confidentiality of

6                patient records,

7            c. charges for users for the cost of data preparation for

8                information that is beyond the routine data

9                disseminated by the office, and

10          d. time limits for the submission of data by information

11                providers.

12       D. The Division shall adopt standard nationally recognized

13       coding systems to ensure quality in receiving and processing data.

14       E. The Division shall implement mechanisms to encrypt all

15       personal identifiers contained in any health care data upon

16       transmission to the State Department of Health, and all such data

17       shall remain encrypted while maintained in the Department's database

18       or while used by a contractor.

19       F. The Division may contract with an organization for the

20       purpose of data analysis. Any contract or renewal thereof shall be

21       based on the need for, and the feasibility, cost and performance of,

22       services provided by the organization. The Division shall require

23       any data analyzer at a minimum to:

24        1. Analyze the information;

1       2. Prepare policy-related and other analytical reports as  
2 determined necessary for purposes of this act; and  
3       3. Protect the encryption and confidentiality of the data.  
4       G. The Board shall have the authority to set fees and charges  
5 with regard to the collection and compilation of data requested for  
6 special reports, and for the dissemination of data. These funds  
7 shall be deposited in the Oklahoma Health Care Information System  
8 Revolving Fund account.

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

14       SECTION 6.       AMENDATORY       63 O.S. 2021, Section 934, is  
15 amended to read as follows:

16       Section 934. The Board of Medicolegal Investigations shall  
17 appoint a Chief Medical Examiner who shall be a physician licensed  
18 to practice in Oklahoma and a Diplomate of the American Board of  
19 Pathology or the American Osteopathic Board of Pathology in forensic  
20 pathology. The Chief Medical Examiner shall serve at the pleasure  
21 of the Board. The Chief Medical Examiner shall provide to all  
22 employees of the Chief Medical Examiner's Office and licensed  
23 medical professionals authorized by law to sign death certificates,  
24 information about sudden unexpected death in epilepsy (SUDEP). In

1 addition to the duties prescribed by law, the Chief Medical Examiner  
2 may teach in any educational capacity.

3 SECTION 7. AMENDATORY 63 O.S. 2021, Section 945, is  
4 amended to read as follows:

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

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

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

1 records requester and, under the following conditions, shall be  
2 furnished to:

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

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

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

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

1       E. The Office of the Chief Medical Examiner shall produce a  
2 summary report of investigation by the medical examiner at the same  
3 time the full and complete report of the facts developed by the  
4 autopsy, together with the findings of the person making the report,  
5 is released to the parties listed in subsection C of this section.

6       The summary report of investigation shall be made available for  
7 public inspection and copying without delay. Any person may obtain  
8 a copy of the summary report of investigation in the most expedient  
9 manner available or as requested by the records requester.

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

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

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

23       3. A description of the body, including but not limited to the  
24 external physical examination, rigor, livor, external observations

1 including hair, eye color, body length and weight, and other  
2 external observations, as well as the presence and location of  
3 blood; and

4       4. The probable cause of death, other significant conditions  
5 contributing to the death but not resulting in the underlying cause  
6 given, manner of death, case disposition, case number, and name and  
7 contact information of the medical examiner performing the autopsy,  
8 including a signature and certification statement that the facts  
9 contained in the report are true and correct to the best of their  
10 knowledge and the date the report was signed and generated.

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

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

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

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

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

20      5. In the event that six (6) months have expired from the date  
21 of the initial release of the autopsy report without any person  
22 being criminally charged in the case in question and release of the  
23 autopsy or portions of the autopsy have been denied on the grounds  
24 of materially compromising a criminal investigation, an appeal of

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

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

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

22       I. The opportunities to withhold an autopsy report or portions  
23 of an autopsy report provided in this section shall expire in  
24 totality four (4) years and six (6) months after the date the

1      autopsy report was generated, at which time the autopsy report  
2      previously withheld on the grounds provided for in this section  
3      shall be made available for public inspection and copying.

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

11           K. After ten (10) business days from the release of the full  
12     and complete report, nothing in this section shall prohibit the  
13     spouse of the deceased or any person related within two (2) degrees  
14     of consanguinity to the deceased who has received a copy of the full  
15     and complete autopsy report from the Office of the Chief Medical  
16     Examiner from authorizing the Office of the Chief Medical Examiner's  
17     office to release the full and complete autopsy report to any other  
18     person subject to approval by the court.

19           L. When an autopsy of the body is conducted of a deceased human  
20     who has epilepsy or a history of seizures, the report shall include  
21     an investigation and determination as to whether the deceased  
22     suffered a sudden unexpected death in epilepsy (SUDEP). In the  
23     event the deceased did suffer a sudden unexpected death in epilepsy,

1 such information shall be noted on the death certificate and be  
2 reported to the North American SUDEP Registry (NASR) .

3 SECTION 8. This act shall become effective November 1, 2025.

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