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FISCAL IMPACT STATEMENT

LS 7726

BILL NUMBER: HB 1503

NOTE PREPARED: Jan 26, 2007

BILL AMENDED:

SUBJECT: Medical Examiners and Coroners.

FIRST AUTHOR: Rep. Orentlicher

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X GENERAL
X DEDICATED
FEDERAL

IMPACT: State & Local

Summary of Legislation: *Office of the State Medical Examiner:* This bill creates the Office of the State Medical Examiner (Office) within the Indiana State Department of Health (ISDH). The bill requires the creation of regional medical examiner offices to conduct autopsies referred by each county coroner in the region. It sets forth the duties of a regional medical examiner. The bill requires the Office to bill the county from which a subject of an autopsy resided for the costs of the autopsy. It also requires a county coroner to certify a death after the regional medical examiner forwards an autopsy report to the county coroner. The bill repeals the chapter concerning the Commission on Forensic Sciences. It also repeals language regarding a coroner charging another county for the costs of an autopsy of a resident of the other county.

Procedures for the Death of a Child: The bill requires the ISDH to compile and make available for public inspection autopsy records of a child who dies from sudden infant death syndrome (SIDS). It also requires the ISDH to adopt rules: (1) for hospitals and physicians to identify suspicious deaths of children; and (2) to certify a child death pathologist. The bill allows a local child fatality review team or the statewide Child Fatality Review Committee to subpoena documents regarding a death that the team is reviewing. It also requires a Certified Child Death Pathologist (CCDP) within the regional office to: (1) consult with the coroner; (2) conduct certain autopsies; and (3) perform certain duties. The bill requires a coroner to notify a local or the statewide child fatality review team of: (1) each death of a person less than 18 years of age; and (2) a possible SIDS death. The bill also requires a coroner to consult with a CCDP to determine if an autopsy is necessary if the person who died is less than 18 years of age. The bill provides procedures if a coroner and CCDP do not agree if an autopsy is necessary of a person less than 18 years of age.

The bill makes it a Class B infraction if a person knowingly or intentionally fails to contact a coroner or law enforcement agency of the discovery of a body of a child less than one year old who has died. It makes

conforming amendments.

Effective Date: July 1, 2007.

Explanation of State Expenditures: *Summary:* The bill would require funding of an estimated \$176,000 for the Indiana State Department of Health to establish the Office of the State Medical Examiner. Funds currently expended by county coroners for testing and autopsy services would be available to operate the regional offices of the State Medical Examiner. Some state funding may be required to provide startup dollars for the new regional offices. Depending on circumstances, the ISDH may require additional funding to provide annual training for certified child death investigators. In addition, the bill provides for the billing of counties to support the regional medical examiners in the conduct of autopsies.

Office of the State Medical Examiner: The bill establishes the Office of the State Medical Examiner within the State Department of Health. The Commissioner of the Department of Health is required to designate staff including a director to operate the Office. The bill requires the Director of the Office to designate staff to operate the regional offices and establish minimum and uniform standards of excellence, define duties to be performed, and determine records to be maintained to provide necessary information to county coroners. The bill is not clear with regard to the position of the State Medical Examiner. The bill would require at a minimum, a state program director, support staff, and facilities for the state office. Cost for the Office is estimated to be approximately \$176,000. This estimate includes funds for \$50,000 for a contract for a part-time State Medical Examiner.

Regional Medical Examiner Districts: The Commissioner is required to divide the state into at least five regional medical examiner districts, each with at least one regional office that performs autopsies for county coroners. The bill provides that in determining the districts, no county may be divided to create a region and that population size, death rates, geographical area, and availability of trained personnel shall be considered. Each regional office is required to have facilities for investigating deaths and performing autopsies. The bill provides that the Office may arrange for the use of an existing or private laboratory. The bill provides that regional medical examiners, certified child death pathologists and assistant regional medical examiners may be employed by the Office or may be contracted to work with the Office. The Office is to designate staff to operate the regional offices. The regional offices are required to bill the county of the deceased individual's residence for autopsy costs unless the deceased person was an inmate of a state institution or the county in which the individual died has an operating air ambulance service. The bill is not specific with regard to the treatment of billing for autopsy services for individuals who were not residents of the state. The state may be required to assume these costs.

In 2001, Indiana coroners conducted 3,061 autopsies according to death certificate information reported by the ISDH. Autopsy costs have been reported to range from \$1,000 to \$1,600 by coroners in prior years. If this information has not changed dramatically since 2001, and the average cost of the medical procedures is \$1,300, it may be assumed that Indiana coroners are paying about \$4.0 M annually in autopsy costs statewide. [This information will be updated when it is available.] The bill provides that these funds, by way of billings for services, would be available to fund the regional offices.

The Office of the State Medical Examiner in Kentucky operates 4 regional medical examiner (ME) offices and a toxicology department for 120 counties. Kentucky does not charge county coroners for autopsy or toxicology testing that is conducted by the state offices. The Office employs 13 forensic specialists and conducts nearly 2,500 autopsies annually. Another 250 examinations of living individuals, mainly children, are conducted to assist law enforcement or social services entities in investigations. The Kentucky Office

has a total annual budget for 2007 of \$3.6 M.

Deaths of Children: The State Department of Health is required by the bill to compile and make available for public inspection the results of an autopsy conducted on a child that died suddenly and unexpectedly when in apparent good health and was less than three years of age and more than one week of age at the time of death.

The ISDH is also required by the bill to adopt rules for hospitals and physicians to identify suspicious deaths of children who are less than 18 years of age.

The State Department is also required to adopt rules to certify a child death pathologist and to require special training to conduct autopsies on child fatalities. The bill specifies that a child death pathologist must be an American Board of Pathology certified pathologist or a licensed physician acting under the direction of a Board-certified pathologist who has received specialized training or has experience in the area of child fatalities. The ISDH is required to certify child death pathologists. To maintain certification, the child death pathologists must annually complete training concerning new procedures for child death investigations. This program is anticipated to be applicable to fewer than 25 individuals; the certification activities may be accomplished within the ISDH's current level of resources.

The bill also requires the ISDH to either approve an annual training program or provide a training program for certified child death pathologists concerning new procedures for child death investigations. The cost of this provision will be dependent on what is available for appropriate training each year from other sources. The ISDH may be required to provide the training at an undetermined cost.

Appropriation Background: The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2006 and FY 2007. The funding source of the FY 2008 and FY 2009 ISDH administrative appropriations will be determined by the General Assembly.

Child Fatality Review Teams: The bill provides that the Statewide Child Fatality Review Committee or a local child fatality review team may subpoena records from hospitals, physicians, and mental health professionals regarding a death the Committee or local team is investigating. The bill requires that county coroners shall notify the local child fatality review team or the Statewide Child Fatality Review Committee of each death of a person less than 18 years of age. The bill provides a procedure to be followed to determine if an autopsy is necessary in the circumstance of the death of a person under 18 years of age. If an autopsy is necessary, a certified child death pathologist is required to conduct the autopsy procedure.

The bill requires that a child that died suddenly and unexpectedly when in apparent good health and was less than three years of age and more than one week of age at the time of death must have an autopsy performed by a certified child death pathologist at county expense. The bill specifies that a coroner may not certify the cause of death until an autopsy is performed. The bill specifies what parties may receive copies of the full autopsy results.

Explanation of State Revenues: *Penalty Provision:* The bill provides that a person who knowingly or intentionally fails to immediately notify the coroner or a law enforcement agency of the discovery of a body of a person less than one year of age who has died commits a Class B Infraction. The maximum judgment for a Class B infraction is \$1,000, which would be deposited in the state General Fund. However, any additional revenue is likely to be small.

Explanation of Local Expenditures: *Regional Medical Examiner Districts:* The regional offices are required to bill the county of the deceased individual's residence for autopsy costs unless the deceased person was an inmate of a state institution or the county in which the individual died has an operating air ambulance service. The bill is not specific with regard to the treatment of billing for autopsy services for individuals who are not residents of the state. It is estimated that county coroners are spending approximately \$4 M for these services annually statewide.

Explanation of Local Revenues: *Penalty Provision:* If additional court actions are filed and a judgment is entered, local governments would receive revenue from court fees. However, any additional revenue is likely to be small.

State Agencies Affected: State Department of Health, Department of Child Services.

Local Agencies Affected: County coroners, trial courts, local law enforcement agencies.

Information Sources: State Department of Health, Coroner's Training Board, and the Kentucky Office of the State Medical Examiner at <http://www.justice.ky.gov/departments/me/> .

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