



NORTH CAROLINA GENERAL ASSEMBLY

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

SUBCOMMITTEE ON MEDICAL EXAMINERS

**Co-chairs:
Representative Mark Hollo
Senator Jeff Tarte**

**FINAL REPORT
TO THE
FULL COMMITTEE**

OCTOBER 13, 2014

TRANSMITTAL LETTER

November 18, 2014

To Members of the Joint Legislative Oversight Committee on Health and Human Services:

The Joint Legislative Oversight Committee on Health and Human Services, Subcommittee on Medical Examiners, respectfully submits the following final report.

Representative Mark Hollo
Co-Chair

Senator Jeff Tarte
Co-Chair

SUBCOMMITTEE MEMBERSHIP

Senate Members	House Members
Senator Jeff Tarte, Chair	Representative Mark Hollo, Chair
Senator Tommy Tucker	Representative Justin Burr
Senator Chad Barefoot	Representative Donny Lambeth
Senator Don Davis	Representative Carl Ford
	Representative William Brisson

Committee Staff:	
Olivia McCormick, Senate Clerk	Sam Blanton, House Clerk
Denise Thomas, Fiscal Research Division	Susan Jacobs, Fiscal Research Division
Joyce Jones, Legislative Drafting Division	Amy Jo Johnson, Research Division
Barbara Riley, Research Division	Susan Barham, Research Division
Jan Paul, Research Division	

SUBCOMMITTEE PROCEEDINGS

The Joint Legislative Oversight Committee on Health and Human Services, Subcommittee on Medical Examiners, was created pursuant to G.S. 120-208.2(d), to study issues related to medical examiners in North Carolina. The Subcommittee was specifically authorized to study the items outlined below.

- 1) Progress and recommendations by the Department of Health and Human Services, Division of Public Health, on the adequacy of current fees, the categories of professionals appointed as medical examiners, and the qualifications of and training requirements for medical examiners, as required by S.L. 2014-100 (SB 744), Section 12E.6(b). The Subcommittee may also consider information from other sources regarding qualifications for medical examiners, training requirements, continuing education, and adequate rates to recruit and retain quality examiners.
- 2) The overall structure and capacity of the Office of the State Medical Examiner, including an examination of the pros/cons of having a central office versus creating regional offices, and the adequacy of overall funding for the local examiners, transportation, contracts, staffing, training, and information technology, etc.
- 3) The Department's progress in developing and implementing a system of oversight to achieve operational efficiencies and quality assurance, as required by S.L. 2014-100 (SB 744), Section 12E.6(c).
- 4) The Subcommittee is also authorized to work with the Joint Legislative Oversight Committee on Justice and Public Safety upon request, as required by S.L. 2014-100 (SB 744), Section 17.3.

The Subcommittee met two times: September 29, 2014, and October 13, 2014. This section of the report provides a brief overview of the subcommittee proceedings. Detailed minutes and copies of handouts from each meeting are on file in the legislative library. Handouts from the meetings are also available at the Joint Legislative Oversight Committee website. (<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=144>)

Overview of Topics and Presenters

September 29, 2014

- **Welcome & Opening Remarks**
 - Rep. Mark Hollo, Co-Chair
 - Sen. Jeff Tarte, Co-Chair
 - Dr. Aldona Wos, DHHS Secretary
- **Subcommittee Charge**
 - Barbara Riley, Committee Staff, Research Division

- **Review of Recent Legislative Actions Related to the Medical Examiner System**
 - Joyce Jones, Committee Staff, Bill Drafting Division
- **Description of NC Medical Examiner System: State v County Responsibilities**
 - Dr. Deborah Radisch, Chief Medical Examiner
- **Office of the Chief Medical Examiner Overview: Structure, Operations, and Funding**
 - Dr. Lou Turner, Section Chief, Office of the Chief Medical Examiner
 - Reese Edgington, Director , DIRM Project Management Office
- **Recent OCME Media Coverage: Issues Identified**
 - Dr. Deborah Radisch, Chief Medical Examiner
- **2001 DHHS Medical Examiner Study Group: Findings and Status of Implementation of Recommendations**
 - Dr. Deborah Radisch, Chief Medical Examiner
- **2014 DHHS Medical Examiner Study Group: Findings & Recommendations**
 - Dr. Lou Turner, Section Chief, Office of the Chief Medical Examiner
 - Dr. Peter Kragel, MD, Chairman, ECU Dept. of Pathology

October 13, 2014

- **Welcome & Opening Remarks**
 - Rep. Mark Hollo, Co-Chair
 - Sen. Jeff Tarte, Co-Chair
 - Dr. Aldona Wos, DHHS Secretary
- **Overview and Discussion of Draft Subcommittee Report**

FINDINGS AND RECOMMENDATIONS

The findings and recommendations below are based on information provided to the Subcommittee.

BACKGROUND

The current North Carolina Medical Examiner System operates within the North Carolina Department of Health and Human Services (DHHS), Division of Public Health. The Office of the Chief Medical Examiner (OCME) is located in Raleigh. As of the time of this report, there were 447 active Medical Examiners appointed by the OCME, and 14 full-time, board-certified forensic pathologists working to serve three regional autopsy centers. In addition to the Office of the Chief Medical Examiner in Raleigh, three regional contract autopsy centers are operated by East Carolina University Brody School of Medicine, Wake Forest University Health Services, and the Mecklenburg County Medical Examiner's Office.

The Medical Examiner System in the State should consist of a coordinated professional network of dedicated State and local resources in order to perform high quality death investigations on a timely basis on all appropriately identified deaths occurring in the State. This should be accomplished through a regionalized approach using a combination of forensically trained pathologists, appointed medical examiners, and certified death investigation personnel. The system should retain central authority and data collection to insure the quality of death investigations statewide and encourage data analysis and research to guide public policy and system improvements.

The current primary goals of system reform as identified by DHHS are:

- To stabilize the existing regional Medical Examiner system and reduce high caseloads for OCME forensic pathologists.
- To move toward having all autopsies performed by a board-certified forensic pathologist.
- To require OCME to make quality improvement and assurance efforts.
- To identify and direct internal existing resources to enhance OCME.
- To improve the quality of Medical Examiners through training and selection criteria.

The current primary recommendation objectives of DHHS are:

- To support the statewide Medical Examiner system regional model.
- To improve the quality of death scene investigations.
- To support existing statewide autopsy services.

FINDING 1: ADEQUATELY TRAIN MEDICAL PROFESSIONALS TO PERFORM FUNCTIONS OF MEDICAL EXAMINER.

Most medical examiners in the State are private practice physicians with an interest in death investigation who voluntarily participate in the medical examiner system. In many areas of the State, recruitment, training and retention of qualified physician medical

examiners is difficult; thus, the Medical Examiner System has relied upon non-physician medical personnel, such as physician assistants, nurse practitioners, nurses, and emergency medical technicians/paramedics, to perform the death investigation. The training necessary to fully support the medical examiner system is significant and varies from a basic knowledge of what can cause deaths and how to complete a death certificate to highly specialized forensic training to perform complex medicolegal autopsies. The capacity for this training is not routinely and easily available throughout the State.

RECOMMENDATION 1A: MANDATE MINIMUM MEDICAL EXAMINER TRAINING AND ORIENTATION STANDARDS

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the General Assembly to fund and mandate medical examiner orientation and training requirements.

RECOMMENDATION 1B: NORTH CAROLINA MEDICAL EXAMINATION SYSTEM ACQUIRE NATIONAL ACCREDITATION

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the General Assembly to require the Department of Health and Human Services to develop and submit a plan for the Office of the Chief Medical Examiner to become nationally accredited. The plan, including the major milestones, an implementation timeline, and funding requirements, shall be submitted by April 1, 2015.

FINDING 2: INCREASE MEDICAL EXAMINER FEE.

G.S. 130A-387 authorizes a Medical Examiner to be paid a fee of \$100 per investigation. The current fee structure fails to recognize the increased costs of Medical Examiner services and variation in death investigations with respect to providers and case complexity. The fee has not been increased since 2005.

RECOMMENDATION 2: INCREASE MEDICAL EXAMINER FEE FROM \$100 TO \$250 PER CASE

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the General Assembly to increase the statutory medical examiner fee from \$100 to \$250 per case.

FINDING 3: STUDY MEDICOLEGAL DEATH INVESTIGATOR (MDI) PROGRAM.

Individuals with medical expertise should conduct the medical aspect of death investigations. In many areas of the State, there are insufficient resources to employ full time personnel to assist in the performance of death investigations. Currently, G.S. 130A-382 authorizes the Chief Medical Examiner to appoint, under certain circumstances, specified non-physicians with qualifying credentials to serve as acting county medical examiner. Physician assistants, nurse practitioners, nurses, coroners and emergency medical technicians/paramedics currently serve in this capacity in North Carolina. The position of Medicolegal Death Investigators (MDI) in the State should be legislatively authorized and established, the role of the MDI clearly defined, and the MDI training and educational requirements specifically prescribed by the Office of the Chief Medical Examiner.

RECOMMENDATION 3: DHHS STUDY THE FEASIBILITY OF REPLACING APPOINTED MEDICAL EXAMINERS WITH MEDICOLEGAL DEATH INVESTIGATORS

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services direct the Department of Health and Human Services to study the use of medicolegal death investigators to conduct death scene investigations. DHHS shall report the findings and recommendations, including the 1) number of MDI positions to be established, 2) proposed MDI position description and salary, 3) implementation plan, 4) associated costs, including salary, and 5) training requirements to the Committee no later than March 1, 2015.

FINDING 4: PROVIDE RESOURCES TO UPGRADE THE MEDICAL EXAMINER INFORMATION SYSTEM (MEIS).

The Medical Examiners Information System is comprised of multiple applications utilizing a variety of technologies supporting the Office of the Chief Medical Examiner (OCME) in developing reports of investigation, autopsy reports and toxicology reports. The current system uses disparate and obsolete technology. Further, no consistent information technology strategic approach is used. Information continues to be documented manually on paper by medical examiners and then is manually entered into MEIS by OCME staff. This process gives rise to a consistent backlog of ME cases needing to be entered into MEIS, inefficient and sometimes untimely document workflow between approving offices, inadequate data capture to be provided for comprehensive statewide analytics and for accreditation, and also creates issues from a technical perspective.

RECOMMENDATION 4: APPROPRIATE FUNDS TO UPGRADE THE MEDICAL EXAMINER INFORMATION SYSTEM (MEIS)

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the

General Assembly to appropriate funds to be used to upgrade the MEIS to meet national accreditation standards and improve medical examiner investigations and reporting.

FINDING 5: ENHANCE REGIONAL MEDICAL EXAMINER SYSTEM

Workload demands and changing demographics in the State have made it difficult to recruit and retain trained professionals to serve as medical examiners and to complete death investigations in a timely and efficient manner. The use of regional centers to serve specific geographic regions of the State increases the capacity to conduct quality and complex death investigations in a timely manner, yet allow for oversight under the central coordinating authority of the Chief Medical Examiner. Based on a cost study completed by DHHS in September 2014, OCME's cost per autopsy is \$2,813.

RECOMMENDATION 5A: REIMBURSE AUTOPSY CENTERS AT COST

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the General Assembly to appropriate funds to the Office of the Chief Medical Examiner to be used to increase the contracted rates to reimburse the regional autopsy centers at or near actual costs (approximately \$2,800).

RECOMMENDATION 5B: ESTABLISH TWO FORENSIC PATHOLOGIST FELLOWSHIPS

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the General Assembly to appropriate funds to establish one forensic pathologist fellowship each at the Wake Forest University and East Carolina University regional autopsy centers. The purpose of the fellowships is to enhance the regional centers' ability to recruit and retained board-certified, forensic pathologists. A condition of the fellowship is a commitment to practice in one of the State autopsy centers for a specified period of time following the completion of the fellowship.

RECOMMENDATION 5C: ENHANCE REGIONAL INFRASTRUCTURE OF THE STATEWIDE MEDICAL EXAMINER SYSTEM

The Medical Examiner Subcommittee recommends the Joint Legislative Oversight Committee on Health and Human Services support the enactment of legislation by the General Assembly to provide capital funding to 1) replace the Wake Forest University and East Carolina University autopsy centers, 2) repair and renovate the Mecklenburg autopsy center, and 3) construct two additional State-operated autopsy centers to serve the southeastern and western regions of the State.

PROPOSED LEGISLATION

No legislation is proposed by the Subcommittee.

