

HHS Joint Legislative Oversight Committee – September 29, 2014
Key Metrics – Statewide Medical Examiner (ME) Systems
(Data accessed as of August 2013, unless otherwise indicated, via state websites or self-report)

	North Carolina	Virginia (VA)	West Virginia (WV)	Maryland	New Mexico
Population *	9,535,483	8,001,024	1,852,994	5,773,553	2,059,179
NAME Accredited	No	Yes	No	Yes	Yes
Annual Deaths (3 year average)	78,411	59,181	21,385	43,556	15,834
Annual ME cases **	10,850 (3 year average) 13.8% of total deaths	5,670 9.6% of total deaths	4,500 21.0% of total deaths	8,000 18.4% of total deaths	5,500 34.7% of total deaths
Annual Autopsies **	3,947 (3 year average) 5.0% of total deaths	3,026 5.1% of total deaths	1,600 7.5% of total deaths	4,000 9.2% of total deaths	2,100 13.3% of total deaths
Number Forensic Pathologists	4 central office; 9 in regional centers (3 each)	14	6 in central office; 2 in satellite office (WVU)	14	8 (9 effective July 2013)
Autopsy Rate/Forensic Pathologists	303	216	200	285	241
Criteria for Autopsy	Yes; http://www.ocme.dhhs.nc.gov/rules/guidelines/shtml	Yes; "professionally established guidelines" (NAME 2013 Guidelines)	No specific WV criteria; follow NAME Guidelines	Yes	Yes

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Local Medical Examiner Training Program	Annual conference prior to 2012 (pay to attend)	Local Medical Examiner Training; annual statewide training (funded by state)	Annual course (pay to attend)	Provided by State	Office of Medical Investigation (ME) trains all Field Deputy Medical Investigators (funded by state)
Local MEs Connected to Statewide ME Database	OCME and 2 regional centers have direct access; local MEs and other pathologists send to OCME who enters into database	Virginia Medical Examiner Data System connects regional offices, not clear if all 210 local MEs can enter data	No; county MEs fax reports to investigators who enter into database	No, secondary to security issues; new system pending	Indirectly; field investigators use separate system; this data is transferred to central office and uploaded by staff after quality assurance is performed
Where are Autopsies Conducted	Central office; 3 designated regional centers; 6 additional sites (hospital)	Regionalized state system with 4 sites	Central office and at satellite site at West Virginia University	Only one central office (built to accommodate workload)	Only one central office (built to accommodate workload)
Autopsy Fee Amount	\$1,250	None	None	None	None
Autopsy Fee Payment Responsibility	County (for county residents); state (for non-residents of county of death)	State budget	State budget	State budget	State budget
Average Transportation Costs per body	\$90 for 1st 40 miles; \$1.00/mile > 40 miles; Round trip	\$100/1st 25 miles and \$1.50/mile >25 miles; paid for one-way trip to facility	\$2.25/mile or flat \$75 if local	\$3.30 mile	\$2.00/loaded mile 1st decedent; \$1.00/loaded mile 2nd decedent; Minimum payment of \$75 for Bernalillo Co. cases (local to central office)
Transportation Cost Responsibility (county or state)	State appropriations	State appropriations	State appropriations (WV statute)	State appropriations	State pays the initial transport; families pay to have decedent returned
Toxicology	Centralized at OCME for entire state	Centralized for entire state in VA Department of Forensic Science (separate agency)	Centralized for entire state	Centralized at OCME for entire state/ABFT Accredited	Referred to outside labs accredited by the American Board of Forensic Toxicology (ABFT)

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Toxicology Costs	Funded by state	Funded by state and budgeted in VA Dept of Forensic Science	Funded by state and some receipts/grants	Funded by state	Funded by state approx.\$200,000/year for contract (70%); State Laboratory of Public Health (SLPH) toxicology lab conducts 30% of testing and those funds are in SLPH budget
State Funding for ME System	SFY 13-14 appropriations of \$4,394,503, or \$0.46/capita ***	Appropriations of \$9,428,641 or \$1.18/capita	Appropriations of approximately \$5M or \$2.70/capita	Appropriations of approximately \$10.4 M or \$1.80/capita	Appropriations of approximately \$4.8 M or \$2.33/capita

* 2013 census estimates as of August 27, 2013.

** The following information from the National Vital Statistics System, Mortality, No. 67, August 2011 describes national trends in deaths and autopsies.

- The percentage of deaths for which an autopsy was performed declined more than 50 percent from 1972 through 2007, from 19.3 percent to 8.5 percent. During the same time period, NC had a 6.7 percent autopsy rate.
- External causes accounted for 9 of the 10 most frequently autopsied causes of death.
- The percentage of deaths autopsied declined with age after ages 15–24: from 60 percent at ages 15–24, to 11 percent at ages 55–64, to less than 5 percent at ages 65–74.
- In 1972, 79 percent of autopsies were performed for deaths due to disease conditions and 19 percent if autopsies were performed for deaths due to external causes. By 2007, the respective percentages were 46 percent and 50 percent.
- While the age distribution of deaths shifted to older ages from 1972 through 2007, autopsied deaths were increasingly concentrated in the age groups 1–34 and 35–64.

*** Uses SFY 13-14 certified budget. \$1M in state expansion funds were received for SFY 14-15; total state appropriations SFY 14-15 = \$5,394,503. Using August 2014 OSBM website's provisional census data of 9,861,952 yields state funding of \$0.547/capita for SFY 14-15.

Per capita calculation uses North Carolina state appropriations only for the purposes of comparison to other states' investments of state appropriations. Excludes North Carolina county investments of approximately \$3,854,650/year using a 6 year (calendar year 2008-2013) average of costs paid by counties for ME investigations and autopsies. Applied against the current population of 9,861,952 (August 2014 provisional census data), North Carolina will invest approximately \$0.938 per capita using combined state and local funds.