Summary of OCME Improvements and DHHS Recommendations (with preliminary cost estimates where applicable) September 27, 2014

	Amount	
Recent 2014-15 Budget: Provided funding to address operational issues in the	R 1,000,000	NR -
statewide medical examiner system. The expansion increased the FY 2014-		
15 budget by 23% from \$4.4 million to \$5.4 million.		
2013-14 Budget: Increased autopsy fee from \$1,000 to \$1,250.		-
2012-13 Budget: Provided funds for new positions and operating costs for the new Chief Medical Examiner's Office.	334,806	8
Recent Subtotal	1,334,806	
Planned		
4 2014-15 Fiscal Year: Will use existing vacancies within DHHS to place 10 positions within OCME (and 1 additional position in SFY 15-16). Planned Subtotal	1,050,000	
	1,050,000	<u> </u>
Short-Term		mistaria Page
Upgrade the Medical Examiner Information System (MEIS) to meet national accreditation standards, to better support real-time field ME investigations and reporting, to improve data analysis for trends in cause of death, and for overall reporting and billing functions. Estimate is \$1,655,000 (NR) for upgrade with optional \$540,000 (NR) for mobile devices for appointed medical examiners.	20,000	2,195,000
Mandate and fund medical examiner orientation and training.	100,000	=
Increase the statutory medical examiner fee from \$100/case to \$250/case. Represents the annual increased cost to the OCME for payment of ME fees for "out of county" deaths. Preliminary estimate is based on 6-year (calendar year) annual average cost of ME cases, as extracted from the MEIS; assumes no change in statutory requirements for payment responsibility for ME fees.	16 255,502	e e
Support additional forensic pathology fellowship positions at WFU and	250,000	₹
ECU. Make inflationary adjustments to account for new transportation rates	TBD	72
expected with Request for Proposals for new transportation agreements. Cost is undetermined (SFY 2014-15 expansion included transportation funding).		
PReimburse 3 existing regional autopsy centers closer to their costs to perform autopsies, regardless of source of funding to support. State appropriation need is unquantified at this point. As an example, if the General Assembly chooses to increase the fee to \$2,800/autopsy, preliminary estimate is an increased annual cost of \$5,899,248 in total combined system autopsy costs (includes estimated \$563,965 increase in OCME costs to pay for "out of county" deaths; based on 6-year average of calendar year autopsy costs across the state, as extracted from the existing MEIS; assumes no statutory change in autopsy payment responsibility).	TBD	
Short-Term Subtotal	625,502	2,195,000
		- 2 - 2 GL #0
Mid-Term I Build two new regional autopsy centers (eastern NC and western NC).	2,359,910	50,725,000
Estimate = \$12,383,000/facility x 2 = Total of \$24,766,000 (NR). One-time cost of equipment for single free-standing state owned facility \$650,000 x 2 facilities = \$1,300,000 (NR). Build state-owned construction to replace ECU and WFU facilities. Estimate = \$12,383,000 (WFU) + \$11,526,000 (ECU) = Total of \$23,909,000 (NR). One-time cost of Mecklenburg ME Office upgrade of \$750,000 (NR). Recurring annual operational costs for 2 new facilities - estimate \$705,000 Personnel (salary & fringes, 8 FTEs) and \$474,955 Operations & Maintenance. Total of \$1,179,955/facility x 2 facilities = \$2,359,910 (R).	2,339,320	
Develop a strategy of state-local funding to provide 0.5 Medicolegal	2,850,000	:#
Death investigators (MDIs) per 100,000 population in the state. If the General Assembly chooses to consider establishing the role of MDI in a statewide fashion, using a cost of \$57,000 (salary and fringes) per MDI, approximately \$2,850,000 would be required to fund the personnel costs only for full statewide coverage of MDI services at the nationally recommended guidelines. This would not include operational support such as supplies and transportation for these MDIs.		
sacil as supplies and damper addition diese meis.		