



**FLOOR AMENDMENT STATEMENT:**

No

**LEGISLATIVE FISCAL ESTIMATE:**

Yes 4/16/2018

**VETO MESSAGE:**

Yes

**GOVERNOR'S PRESS RELEASE ON SIGNING:**

Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:**

No

**HEARINGS:**

No

**NEWSPAPER ARTICLES:**

Yes

"Bill to reform med-examiner system signed - Changes meant to fix widespread problems are set to take effect Sept. 1," The Star-Ledger, July 4, 2018

Title 26.  
Chapter 6B.(New)  
Medical Examiner  
§§1-22,24 -  
C.26:6B-1 to  
26:6B-23  
§53 - Repealer  
§54 - Note

**(CORRECTED COPY)**

P.L. 2018, CHAPTER 62, *approved July 3, 2018*  
Senate, No. 976 (*Third Reprint*)

1 **AN ACT** establishing the Office of the Chief State Medical  
2 Examiner in the Department of Health, supplementing Title 26 of  
3 the Revised States, and amending and repealing parts of the  
4 statutory law.

5  
6 **BE IT ENACTED** by the Senate and General Assembly of the State  
7 of New Jersey:

8  
9 1. (New section) This act shall be known and may be cited as  
10 the “Revised State Medical Examiner Act.”

11  
12 2. (New section) The Legislature finds and declares that:

13 a. The enactment of a “Revised State Medical Examiner Act”  
14 is necessary in order to reform the current decentralized and  
15 fragmented medical examiner system in this State;

16 b. The linchpin of this reform is to be the establishment of a  
17 new Office of the Chief State Medical Examiner, to be led by a  
18 single officer known as the Chief State Medical Examiner, with  
19 significant statutory authority and operational oversight to ensure  
20 the effective and efficient operation of the entire medical examiner  
21 system in New Jersey;

22 c. This new office is to be established in, but not of, the  
23 Department of Health in order to ensure its independent status, and  
24 the Chief State Medical Examiner is to exercise explicit supervisory  
25 authority over the entire medical examiner system, with the power  
26 to intervene at his discretion in any medicolegal death investigation  
27 in this State;

28 d. The Chief State Medical Examiner is to be responsible for  
29 ensuring that the entire medical examiner system is adequately  
30 equipped to effectively deliver medicolegal death investigation

**EXPLANATION** – Matter enclosed in bold-faced brackets **[ thus ]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SHH committee amendments adopted February 15, 2018.

<sup>2</sup>Senate SBA committee amendments adopted March 13, 2018.

<sup>3</sup>Senate amendments adopted in accordance with Governor's recommendations June 7, 2018.

1 services throughout the State, including appropriate funding for  
2 staff, equipment, and facilities for all medical examiner offices;

3 e. The Chief State Medical Examiner is to establish operating  
4 and performance standards for every medical examiner office in  
5 New Jersey, including uniform procedures for medicolegal death  
6 investigations; and

7 f. The reforms entailed in this act will result in a more efficient  
8 and effective medical examiner system that will better meet the  
9 needs of this State and thereby serve the public interest.

10

11 3. (New section) As used in this act:

12 “Commissioner” means the Commissioner of Health.

13 “Compelling public necessity” means one or more of the  
14 following:

15 a. that a dissection or autopsy is essential to the criminal  
16 investigation of a homicide of which the decedent is the victim;

17 b. that the discovery of the cause of death is necessary to meet  
18 an immediate and substantial threat to the public health, and that a  
19 dissection or autopsy is essential to ascertain the cause of death;

20 c. that the death was that of an inmate of a prison, jail, or other  
21 correctional facility;

22 d. that the death was that of a child under the age of 12 years  
23 suspected of having been abused or neglected or suspected of being  
24 a threat to public health, and the cause of whose death is not  
25 apparent after diligent investigation by the medical examiner; or

26 e. that the need for a dissection or autopsy is established  
27 pursuant to the provisions of this act.

28 “Department” means the Department of Health.

29 “Friend” means any person who, prior to the decedent's death,  
30 maintained close contact with the decedent sufficient to render that  
31 person knowledgeable of the decedent's activities, health, and  
32 religious beliefs, and who presents an affidavit stating the facts and  
33 circumstances upon which the claim that the person is a friend is  
34 based, and stating that the person will assume responsibility for the  
35 lawful disposition of the body of the deceased.

36 <sup>1</sup>“Medicolegal death investigator” means a person, other than a  
37 medical examiner, who is not a physician, but who is authorized to  
38 investigate a death that falls under the jurisdiction of the medical  
39 examiner, including all suspicious, violent, unexplained, and  
40 unexpected deaths.<sup>1</sup>

41 “Person in interest” means the spouse, civil union partner,  
42 domestic partner, adult child, parent, adult sibling, grandparent, or  
43 guardian of the person of the deceased at the time of the deceased’s  
44 death.

45

46 4. (New section) There is established in the Executive Branch  
47 of the State Government the Office of the Chief State Medical  
48 Examiner. For the purpose of complying with the provisions of  
49 Article V, Section IV, paragraph 1 of the New Jersey Constitution,

1 the Office of the Chief State Medical Examiner is allocated within  
2 the Department of Health; but, notwithstanding that allocation, the  
3 office shall be independent of any supervision or control by the  
4 department or by any board or officer thereof.

5  
6 5. (New section) a. The Office of the State Medical Examiner  
7 in the Department of Law and Public Safety, established pursuant to  
8 section 2 of P.L.1967, c.234 (C.52:17B-79), is abolished; and all of  
9 its functions, powers, and duties are transferred to the Office of the  
10 Chief State Medical Examiner in the Department of Health  
11 established hereunder, subject to the provisions of this act and in  
12 accordance with the "State Agency Transfer Act," P.L.1971, c.375  
13 (C.52:14D-1 et seq.).

14 b. All appropriations and other monies available, and to  
15 become available, to the Office of the State Medical Examiner in  
16 the Department of Law and Public Safety, established pursuant to  
17 section 2 of P.L.1967, c.234 (C.52:17B-79) and abolished pursuant  
18 to this act, are continued in the Office of the Chief State Medical  
19 Examiner in the Department of Health established hereunder and  
20 shall be available for the objects and purposes for which these  
21 monies are appropriated, subject to the provisions of this act and  
22 any other terms, restrictions, limitations, or other requirements  
23 imposed by law.

24 c. <sup>1</sup>All contracts or agreements that have been executed, as of  
25 the effective date of this act, between the Office of the Attorney  
26 General and the Northern or Southern Regional Offices of the State  
27 Medical Examiner shall be transferred to the Office of the Chief  
28 State Medical Examiner in the Department of Health, and continued  
29 as if the Office of the Chief State Medical Examiner was the  
30 original party to the contract or agreement.

31 d.<sup>1</sup> Whenever the term "State Medical Examiner" occurs or any  
32 reference is made thereto in any law, rule, regulation, order,  
33 contract, document, judicial or administrative proceeding, or  
34 otherwise, the same shall be deemed to mean or refer to: the "Chief  
35 State Medical Examiner" designated as the head of the Office of the  
36 Chief State Medical Examiner in the Department of Health  
37 established hereunder; or any person appointed to the position of  
38 "Deputy Chief State Medical Examiner" and acting on behalf of the  
39 Chief State Medical Examiner.

40  
41 6. (New section) a. The Office of the Chief State Medical  
42 Examiner shall be under the immediate and sole supervision and  
43 authority of the Chief State Medical Examiner, who shall direct,  
44 control, and oversee the medical examiner system in this State.

45 b. The Chief State Medical Examiner shall be a physician  
46 licensed and in good standing in the State of New Jersey, a graduate  
47 of a regularly chartered and legally constituted medical school or  
48 college <sup>1</sup>or osteopathic medical school or college<sup>1</sup>, and certified in

1 forensic pathology by the American Board of Pathology <sup>1</sup>or by the  
2 American Osteopathic Board of Pathology<sup>1</sup>.

3 c. The Chief State Medical Examiner shall be appointed by the  
4 Governor, with the advice and consent of the Senate, and shall serve  
5 for a term of five years and until a successor is appointed and has  
6 qualified. In the case of the death, removal, resignation, or  
7 permanent incapacity of the Chief State Medical Examiner, the  
8 Governor shall appoint a new Chief State Medical Examiner, in the  
9 same manner as the original appointment, within six months.

10 d. The Chief State Medical Examiner shall receive a salary,  
11 which shall be within a salary range established by the Civil Service  
12 Commission with the approval of the Director of the Division of  
13 Budget and Accounting, as provided by section 2 of P.L. 1974, c.55  
14 (C.52:14-15.108), and as approved by the Governor.

15 e. The Chief State Medical Examiner shall report directly to  
16 the Commissioner of Health and shall function independently  
17 within the department with respect to the supervision of the medical  
18 examiner system and the conducting of medicolegal death  
19 investigations.

20 f. During the term of office set forth in this subsection, the  
21 Chief State Medical Examiner may be removed by the Governor  
22 only for cause as set forth in this act, upon notice and opportunity to  
23 be heard.

24  
25 7. (New section) The Chief State Medical Examiner shall have  
26 the following general duties, functions, powers, and responsibilities:

27 a. The Chief State Medical Examiner shall have the authority  
28 to enforce the provisions of this act.

29 b. The Chief State Medical Examiner shall, to the best of his  
30 ability, ensure that the medical examiner system is adequately  
31 equipped and staffed to effectively deliver medicolegal death  
32 investigation services throughout the State, for which purpose the  
33 Chief State Medical Examiner shall:

34 (1) establish standards of funding for the operations and staffing  
35 of the Office of the Chief State Medical Examiner;

36 (2) establish <sup>1</sup>**[advisory]** recommended<sup>1</sup> standards of funding  
37 for the operations, staffing, capital equipment, laboratories, and  
38 facilities of the county and intercounty medical examiner offices;

39 (3) oversee the deployment of State funds designated for the  
40 medical examiner system;

41 (4) maintain and supervise the New Jersey State Medical  
42 Examiner Toxicology Laboratory as set forth in this act; and

43 (5) have the authority to apply for and accept funds, including  
44 grants and awarded federal appropriations, for the improvement of  
45 the system of medicolegal death investigation services.

46 c. The Chief State Medical Examiner shall:

47 (1) appoint such persons to the position of Deputy Chief State  
48 Medical Examiner, and such other employees, as may be needed for

1 the Office of the Chief State Medical Examiner to meet its  
2 responsibilities, and prescribe their duties;

3 (2) pursuant to the provisions of this act, provide advice  
4 concerning the appointment, by the governing body of a county or  
5 the governing bodies of two or more counties, of county or  
6 intercounty medical examiners, as applicable, to conduct  
7 medicolegal death investigations within the jurisdiction in which  
8 they may be appointed to serve;

9 (3) provide advice to the governing bodies of two or more  
10 counties seeking to maintain an intercounty medical examiner  
11 office, in accordance with the provisions of this act;

12 (4) establish minimum training and experiential requirements of  
13 eligibility for those persons appointed as Deputy Chief State  
14 Medical Examiner or as a county or intercounty medical examiner,  
15 in addition to the other qualifications set forth in this act;

16 (5) retain direct supervisory power over all operations and  
17 personnel employed by the Office of the Chief State Medical  
18 Examiner;

19 (6) have direct supervision and oversight of any county or  
20 intercounty medical examiner facility that the Chief State Medical  
21 Examiner reasonably determines is experiencing problems that  
22 preclude its effective functioning <sup>1</sup>]; and] , except that such direct  
23 supervision and oversight shall not be authorized in the case of a  
24 county or intercounty medical examiner facility that is accredited  
25 and subject to inspection by the National Association of Medical  
26 Examiners (NAME);<sup>1</sup>

27 (7) provide professional oversight concerning the operations of  
28 the county and intercounty medical examiner offices as they relate  
29 specifically to the conduct of medicolegal death investigations and  
30 the performance of autopsies <sup>1</sup>;

31 (8) require county and intercounty medical examiners to timely  
32 enter case information into the Case Management System  
33 maintained by the Chief State Medical Examiner, and to complete  
34 any training offered by the Office of the Chief State Medical  
35 Examiner on the proper use of the Case Management System; and

36 (9) establish a forensic pathology fellowship program that is  
37 designed to increase the pool of medical examiners in the State, and  
38 collaborate with, and encourage collaboration between, the State's  
39 educational institutions for the purposes of implementing the  
40 fellowship program<sup>1</sup>.

41 d. The Chief State Medical Examiner, pursuant to the  
42 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
43 seq.), shall adopt rules and regulations as necessary to effectuate the  
44 provisions of this act, including, but not limited to, establishing:

45 (1) uniform procedures for conducting medicolegal death  
46 investigations as determined to be necessary to determine identity,  
47 cause of death, and manner of death, and to resolve any issues or  
48 potential issues of public health and legal concern;

1 (2) minimum performance and operating standards for the Office  
2 of the Chief State Medical Examiner and each county or intercounty  
3 medical examiner office; and

4 (3) standards of professional conduct to be followed by the  
5 personnel of the Office of the Chief State Medical Examiner and the  
6 personnel of county and intercounty medical examiner offices.

7 e. The Chief State Medical Examiner shall have direct  
8 supervision and oversight of any medical examiner facility  
9 operating under the jurisdiction of this State.

10 f. The Chief State Medical Examiner is authorized to intervene  
11 in, and to assume control over, any ongoing medicolegal death  
12 investigation taking place in the State, at any time and at his  
13 discretion, regardless of whether the Chief State Medical Examiner  
14 has received permission from, or a request for intervention by, the  
15 county or intercounty medical examiner performing the  
16 investigation.

17 <sup>1</sup>g. The Chief State Medical Examiner is authorized to enter into  
18 agreements with the State Department of Health, the Attorney  
19 General, or any State-operated college or school of medicine, or any  
20 public hospital, for the use of certain of its laboratories, morgues,  
21 and other technical facilities, and space in its buildings as offices  
22 and laboratories for the Chief State Medical Examiner and his staff,  
23 and <sup>3</sup>], in the discretion of the Attorney General, as provided by  
24 section 4 of P.L.1967, c.234 (C.52:17B-81),<sup>3</sup> may make assistant  
25 medical examiners available to such educational institutions for the  
26 teaching of legal medicine and other subjects closely related to their  
27 duties.<sup>1</sup>

28  
29 8. (New section) a. The position of Deputy Chief State  
30 Medical Examiner is created in the Office of the Chief State  
31 Medical Examiner.

32 b. The Chief State Medical Examiner may appoint one or more  
33 persons to the position of Deputy Chief State Medical Examiner, as  
34 he determines is needed to provide for appropriate supervision of  
35 the medical examiner system in this State. If the Chief State  
36 Medical Examiner appoints more than one person as Deputy Chief  
37 State Medical Examiner, the Chief State Medical Examiner shall  
38 name one Deputy Chief Medical Examiner as the "First Deputy  
39 Chief State Medical Examiner."

40 c. The Deputy Chief State Medical Examiner, or the First  
41 Deputy Chief State Medical Examiner if one has been named  
42 pursuant to subsection b. of this section, shall perform all of the  
43 duties of the Chief State Medical Examiner in the case of the  
44 incapacity, prolonged absence, permanent resignation, or removal  
45 of the Chief State Medical Examiner.

46 d. The Deputy Chief State Medical Examiner shall: be a  
47 physician licensed and in good standing in the State; be a graduate  
48 of a regularly chartered and legally constituted medical school or

1 college <sup>1</sup>or osteopathic medical school or college<sup>1</sup>, and certified in  
2 forensic pathology by the American Board of Pathology <sup>1</sup>or the  
3 American Osteopathic Board of Pathology<sup>1</sup>; and possess such  
4 minimum training and experiential requirements as are established  
5 by the Chief State Medical Examiner.

6 e. Nothing shall preclude an appointed county or intercounty  
7 medical examiner from also serving as Deputy Chief State Medical  
8 Examiner, provided that person meets the eligibility requirements  
9 set forth in this section.

10 f. The Deputy Chief State Medical Examiner shall ensure  
11 compliance with the rules and regulations adopted by the Chief  
12 State Medical Examiner, and shall perform such duties as are  
13 assigned by the Chief State Medical Examiner.

14 g. The Deputy Chief State Medical Examiner may be removed  
15 from office by the Chief State Medical Examiner with or without  
16 cause. The removal shall be independent of any position that the  
17 Deputy Chief State Medical Examiner holds as a county or  
18 intercounty medical examiner.

19 <sup>1</sup>h. If the Deputy Chief State Medical Examiner appointed  
20 pursuant to this section assumes the duties of a county or  
21 intercounty medical examiner, the Deputy Chief State Medical  
22 Examiner shall have all the authority conferred by law upon a  
23 county or intercounty medical examiner and may appoint such  
24 assistants, aides, investigators, or other personnel as the Deputy  
25 Chief State Medical Examiner deems necessary. In that event, the  
26 treasurer of the county or the treasurers of the counties, as the case  
27 may be, shall reimburse the Office of the Chief State Medical  
28 Examiner or its designated representative for all costs incurred in  
29 properly conducting death investigations on behalf of the county or  
30 counties and performing all other functions of the county or  
31 intercounty medical examiner.<sup>1</sup>

32  
33 9. (New section) a. The governing body of a county shall  
34 establish and maintain an office of the county medical examiner,  
35 except as otherwise provided in this section.

36 b. (1) The governing body of a county or the governing bodies  
37 of two or more counties shall seek the advice of the Chief State  
38 Medical Examiner concerning the appointment of a county medical  
39 examiner or intercounty medical examiner, as applicable, by  
40 forwarding the nomination of the governing body for county  
41 medical examiner or the nomination of the governing bodies for  
42 intercounty medical examiner to the Chief State Medical Examiner  
43 for review.

44 (2) Two or more counties may jointly establish and maintain a  
45 medical examiner office on a cooperative or regional basis, to be  
46 designated as an intercounty medical examiner office, and shall  
47 seek the advice of the Chief State Medical Examiner concerning  
48 such an arrangement before doing so.

1 c. The office of the county medical examiner shall be directed  
2 by a county medical examiner or, in the instances when counties  
3 jointly maintain an office on a cooperative or regional basis, an  
4 intercounty medical examiner, who shall be appointed by the  
5 governing body of the county or the governing bodies of the  
6 counties maintaining such an office, as applicable, in accordance  
7 with the provisions of subsection b. of this section, for a term of  
8 five years and until a successor is appointed and has qualified;  
9 except that any person holding the office of county or intercounty  
10 medical examiner on the effective date of this act shall continue as  
11 county or intercounty medical examiner until the expiration of the  
12 term for which that person was appointed.

13 d. If the county governing body of a county fails, or the  
14 governing bodies of two or more counties fail, to appoint a county  
15 or intercounty medical examiner, as applicable, or if the office of  
16 the county or intercounty medical examiner becomes vacant, upon  
17 the written request of an assignment judge of the Superior Court, or  
18 of the governing body of the county or the governing bodies of two  
19 or more counties that made the original appointment or nomination,  
20 the Chief State Medical Examiner shall designate a qualified  
21 representative to perform the duties of the office until a new county  
22 or intercounty medical examiner is appointed. If the Chief State  
23 Medical Examiner assumes the duties of a county or intercounty  
24 medical examiner, the Chief State Medical Examiner shall have all  
25 the authority conferred by law upon a county or intercounty medical  
26 examiner and may appoint such assistants, aides, investigators, or  
27 other personnel as the Chief State Medical Examiner deems  
28 necessary. In that event, the treasurer of the county or the  
29 treasurers of the counties, as the case may be, shall reimburse the  
30 Office of the Chief State Medical Examiner or its designated  
31 representative for all costs incurred in properly conducting death  
32 investigations on behalf of the county or counties and performing  
33 all other functions of the county or intercounty medical examiner.

34 e. The office of county or intercounty medical examiner shall  
35 have at least one New Jersey licensed physician certified in forensic  
36 pathology by the American Board of Pathology <sup>1</sup>or the American  
37 Osteopathic Board of Pathology<sup>1</sup> on staff, serving as either the  
38 county or intercounty medical examiner, or as the assistant county  
39 or assistant intercounty medical examiner. Any additional person  
40 appointed as a county or intercounty medical examiner or an  
41 assistant county or intercounty medical examiner shall not be  
42 required to be certified in forensic pathology by the American  
43 Board of Pathology <sup>1</sup>or the American Osteopathic Board of  
44 Pathology<sup>1</sup>.

45 f. Each county <sup>1</sup>**[and]** medical examiner,<sup>1</sup> intercounty medical  
46 examiner <sup>1</sup>**[or]**,<sup>1</sup> assistant county medical examiner,<sup>1</sup> and assistant  
47 intercounty medical examiner shall <sup>1</sup>**[be]**: <sup>1</sup>be<sup>1</sup> a licensed  
48 physician of recognized ability and in good standing in the State; be

1 a graduate of a regularly chartered and legally constituted medical  
2 school or college <sup>1</sup>or osteopathic medical school or college<sup>1</sup>; and  
3 possess such minimum training and experience requirements as are  
4 established by the Chief State Medical Examiner. <sup>1</sup>Either: the  
5 county medical examiner or intercounty medical examiner, as the  
6 case may be; or the assistant county medical examiner or  
7 intercounty medical examiner, as the case may be, shall additionally  
8 be certified in forensic pathology by the American Board of  
9 Pathology or the American Osteopathic Board of Pathology.<sup>1</sup>

10 g. The county or intercounty medical examiner, subject to the  
11 approval of the governing body of the county or the governing  
12 bodies of the counties, as applicable, may appoint and prescribe the  
13 duties of any assistant county or intercounty medical examiners and  
14 other personnel as the county or intercounty medical examiner  
15 deems necessary for the proper performance of the duties of the  
16 office. An assistant county or assistant intercounty medical  
17 examiner shall meet the qualifications for that position as provided  
18 for in this section.

19 h. The salaries and expenses incurred by the office of the  
20 county or intercounty medical examiner shall be included in the  
21 annual budget of the county or counties served by that office, and  
22 the governing body of the county or the governing bodies of the  
23 counties shall fix the compensation to be paid to the county or  
24 intercounty medical examiner and assistant medical examiners and  
25 other personnel of the office. The governing body of the county or  
26 the governing bodies of the counties shall provide suitable quarters  
27 and equipment necessary for the performance of the duties of the  
28 county or intercounty medical examiner, and shall consult  
29 <sup>2</sup>**[advisory]** recommended<sup>2</sup> standards adopted by the Chief State  
30 Medical Examiner with regard to funding for the staff, quarters, and  
31 equipment necessary for the performance of the duties of the office  
32 of the county or intercounty medical examiner. The budget for, and  
33 spending by, the office of the county or intercounty medical  
34 examiner shall: be available for review by the Chief State Medical  
35 Examiner; be published and available to the public as part of the  
36 budget approved by the governing body of the county or the  
37 governing bodies of the counties; and include all direct and indirect  
38 costs associated with the operation of the medical examiner office.

39 i. Each county and intercounty medical examiner shall ensure  
40 compliance with the rules and regulations adopted by the Chief  
41 State Medical Examiner.

42 j. The Chief State Medical Examiner may remove a county or  
43 intercounty medical examiner from office for cause, as set forth in  
44 this act, pending a hearing and final resolution, and in consultation  
45 with the governing body of the county or the governing bodies of  
46 the counties that appointed the county or intercounty medical  
47 examiner, as applicable. The Chief State Medical Examiner shall  
48 provide written notice of the removal to the governing body of the

1 county or the governing bodies of the counties that appointed the  
2 county or intercounty medical examiner, as applicable, and to the  
3 county or intercounty medical examiner, immediately after making  
4 the removal official. A county or intercounty medical examiner  
5 removed under this provision shall be provided with notice of the  
6 charges against that person and afforded an opportunity for a  
7 hearing before an administrative law judge to contest the removal,  
8 which shall conform with the provisions applicable to such  
9 contested cases in this State as set forth in statute and regulation.

10

11 10. (New section) a. A medical examiner shall conduct a  
12 medicolegal investigation of a death in this State, as determined to  
13 be necessary to establish identity and the cause and manner of  
14 death, and to resolve any issues or potential issues of public health  
15 and of legal concern, in accordance with rules and regulations  
16 adopted by the Chief State Medical Examiner, in any of the  
17 following instances:

18 (1) death where criminal violence appears to have taken place,  
19 regardless of the time interval between the incident and death, and  
20 regardless of whether the violence appears to have been the  
21 immediate cause of death, or a contributory factor thereto;

22 (2) death by accident or unintentional injury, regardless of the  
23 time interval between the incident and death, and regardless of  
24 whether the injury appears to have been the immediate cause of  
25 death, or a contributory factor thereto;

26 (3) death under suspicious or unusual circumstances;

27 (4) death from causes that might constitute a threat to public  
28 health <sup>1</sup>**[and]** or<sup>1</sup> safety;

29 (5) death not caused by readily recognizable diseases, disability,  
30 or infirmity;

31 (6) sudden death when the decedent was in apparent good  
32 health;

33 (7) suicide;

34 (8) death of a child under 18 years of age from any cause;

35 (9) sudden or unexpected death of an infant or child under three  
36 years of age or a fetal death occurring without medical attendance;

37 (10) <sup>3</sup>**[**death due to criminal abortion, whether apparently self-  
38 induced or not;

39 (11)<sup>3</sup> death where suspicion of abuse of a child, family or  
40 household member, or elderly or disabled person exists;

41 <sup>3</sup>**[(12)]** (11)<sup>3</sup> death within 24 hours of admission to a hospital or  
42 a nursing home;

43 <sup>3</sup>**[(13)]** (12)<sup>3</sup> death in custody, in a jail or correctional facility,  
44 or in a State or county psychiatric hospital, State developmental  
45 center, or other public or private institution or facility for persons  
46 with mental illness, developmental disabilities, or brain injury;

47 <sup>3</sup>**[(14)]** (13)<sup>3</sup> death related to occupational illness or injury;

- 1       <sup>3</sup>[(15)] (14)<sup>3</sup> death due to thermal, chemical, electrical, or  
 2 radiation injury;
- 3       <sup>3</sup>[(16)] (15)<sup>3</sup> death due to toxins, poisons, medicinal or  
 4 recreational drugs, or a combination thereof;
- 5       <sup>3</sup>[(17)] (16)<sup>3</sup> known or suspected non-natural death;
- 6       <sup>3</sup>[(18)] (17)<sup>3</sup> any person found dead under unexplained  
 7 circumstances;
- 8       <sup>3</sup>[(19)] (18)<sup>3</sup> the discovery of skeletal remains;
- 9       <sup>3</sup>[<sup>1</sup>(20)] (19)<sup>3</sup> death for which investigation is in the public  
 10 interest;<sup>1</sup> or
- 11       <sup>1</sup>[(20)] <sup>3</sup>[(21)<sup>1</sup>] (20)<sup>3</sup> a death occurring under such other  
 12 circumstances as prescribed by regulation of the Chief State  
 13 Medical Examiner.
- 14       b. For a death that occurs, or appears to have occurred, for any  
 15 of the reasons specified in subsection a. of this section:
- 16       (1) It shall be the duty of any member of the general public  
 17 having knowledge of the death to notify immediately the local law  
 18 enforcement agency of the known facts concerning the time, place,  
 19 manner, and circumstances of that death;
- 20       (2) It shall be the duty of any attending physician, licensed  
 21 nurse, hospital administrator, law enforcement officer, Department  
 22 of Children and Families staff member, or funeral director to notify  
 23 immediately the county or intercounty medical examiner of the  
 24 known facts concerning the time, place, manner, and circumstances  
 25 of that death; and
- 26       (3) A person who willfully neglects or refuses to report the  
 27 death, or who, without an order from the office of the county or  
 28 intercounty medical examiner or the Office of the Chief State  
 29 Medical Examiner, willfully touches, removes, or disturbs the  
 30 decedent's body or touches, removes, or disturbs the clothing upon  
 31 or near the body, is <sup>2</sup>[a disorderly person] guilty of a crime of the  
 32 fourth degree<sup>2</sup>.
- 33       c. In addition to the rules and regulations adopted by the Chief  
 34 State Medical Examiner establishing uniform procedures for  
 35 conducting medicolegal death investigations, the procedures  
 36 concerning the death investigation process as set forth in this  
 37 subsection shall be followed by the persons specified herein.
- 38       (1) Upon the death of a person from any of the causes specified  
 39 in subsection a. of this section, it shall be the duty of the physician  
 40 in attendance, a law enforcement officer having knowledge of the  
 41 death, the funeral director, or any other person present, to  
 42 immediately notify the county or intercounty medical examiner and  
 43 the county prosecutor of the county in which the death occurred of  
 44 the known facts concerning the time, place, manner, and  
 45 circumstances of that death. Upon receipt of that notification, the  
 46 county or intercounty medical examiner <sup>1</sup>,<sup>1</sup> or <sup>1</sup>an<sup>1</sup> assistant county  
 47 or intercounty medical examiner<sup>1</sup>, or a medicolegal death  
 48 investigator<sup>1</sup> shall immediately proceed to the place where the dead

1 body is located and take charge of the body. <sup>1</sup>A medicolegal death  
2 investigator who engages in the investigation of deaths pursuant to  
3 this subsection shall obtain certification from the American Board  
4 of Medicolegal Death Investigators within three years after the  
5 effective date of this act, or within three years after the person first  
6 takes action under this paragraph, whichever is later.<sup>1</sup>

7 (2) In cases of apparent homicide or suicide, or of accidental  
8 death, the cause of which is obscure, the scene of the event shall not  
9 be disturbed until the medical examiner <sup>1</sup>or medicolegal death  
10 investigator<sup>1</sup> in charge provides authorization to do so.

11 (3) (a) The medical examiner <sup>1</sup>or medicolegal death  
12 investigator, as the case may be,<sup>1</sup> shall: fully investigate the  
13 essential facts concerning the medical causes of death and take the  
14 names and addresses of as many witnesses thereto as may be  
15 practicable to obtain; before leaving the premises, reduce those  
16 facts, as the medical examiner may deem necessary, to writing; file  
17 those facts in the office of the county or intercounty medical  
18 examiner; and make the facts available to the county prosecutor and  
19 the Chief State Medical Examiner at their request.

20 (b) The law enforcement officer present at the investigation, or  
21 the medical examiner <sup>1</sup>or medicolegal death investigator<sup>1</sup> if no  
22 officer is present, shall, in the absence of the next-of-kin of the  
23 deceased person: take possession of all property of value found on  
24 the decedent; make an exact inventory thereof on his report; and  
25 deliver the property to the law enforcement agency for the  
26 municipality in which the death occurred, which shall surrender the  
27 property to the person entitled to its custody or possession.

28 (c) The medical examiner <sup>1</sup>or medicolegal death investigator, as  
29 the case may be,<sup>1</sup> shall take possession of any objects or articles  
30 that, in his opinion, may be useful in establishing the cause or  
31 manner of death, or which constitute evidence of criminal behavior,  
32 and, after cataloging each item, deliver them to the county  
33 prosecutor.

34 (4) The Chief State Medical Examiner, Deputy Chief State  
35 Medical Examiner, county or intercounty medical examiner, <sup>1</sup>[or]<sup>1</sup>  
36 assistant county or intercounty medical examiner <sup>1</sup>, or medicolegal  
37 death investigator<sup>1</sup> shall consult with law enforcement officers and  
38 agencies, county prosecutors, public health agencies, or other  
39 appropriate entities in matters within their expertise, when  
40 conducting a medicolegal death investigation. <sup>1</sup>The medical  
41 examiner or medicolegal death investigator, as the case may be,  
42 shall be provided with an Originating Agency Identification  
43 Number, and access to the State's motor vehicle registries and  
44 fingerprint registries, for the purposes of identifying the remains of  
45 a deceased individual under this section.<sup>1</sup>

46 (5) If the cause of death is established within a reasonable  
47 degree of medical certainty and no autopsy is deemed necessary, the

1 county or intercounty medical examiner <sup>1</sup>**[or]** <sup>1</sup> assistant county or  
2 intercounty medical examiner <sup>1</sup>, or medicolegal death investigator,  
3 as the case may be,<sup>1</sup> shall reduce the findings to writing and  
4 promptly make a full report thereof to the Chief State Medical  
5 Examiner and to the county prosecutor in a format to be prescribed  
6 by the Chief State Medical Examiner for that purpose.

7 (6) If, in the opinion of the county or intercounty medical  
8 examiner, the Chief State Medical Examiner, an assignment judge  
9 of the Superior Court, the county prosecutor, <sup>1</sup>**[or]** <sup>1</sup> the Attorney  
10 General <sup>1</sup>, or the commissioner<sup>1</sup>, an autopsy is deemed necessary,  
11 the autopsy shall be performed by:

12 (a) the county or intercounty medical examiner or assistant  
13 county or intercounty medical examiner, provided the individual  
14 performing the autopsy is under the supervision of a pathologist  
15 certified by the American Board of Pathology <sup>1</sup>or the American  
16 Osteopathic Board of Pathology<sup>1</sup>;

17 (b) the Chief State Medical Examiner, at his discretion, or the  
18 Deputy Chief State Medical Examiner; or

19 (c) such competent forensic pathologists as may be authorized  
20 by the Chief State Medical Examiner.

21 (7) If, in any case in which the suspected cause of death of a  
22 child under one year of age is sudden infant death syndrome, or the  
23 child is between one and three years of age and the death is sudden  
24 and unexpected, and an investigation has been conducted in  
25 accordance with the provisions of this section, and a parent or legal  
26 guardian of the child requests an autopsy, an autopsy shall be  
27 performed by: the county or intercounty medical examiner or  
28 assistant county or intercounty medical examiner, provided the  
29 individual performing the autopsy is under the supervision of a  
30 pathologist certified by the American Board of Pathology <sup>1</sup>or the  
31 American Osteopathic Board of Pathology<sup>1</sup>; or the Chief State  
32 Medical Examiner, at his discretion, or the Deputy Chief State  
33 Medical Examiner.

34 (a) The medical examiner performing the autopsy shall file a  
35 detailed description of the findings and conclusions of the autopsy  
36 with the Office of the Chief State Medical Examiner, and with the  
37 appropriate county or intercounty medical examiner office and the  
38 county prosecutor.

39 (b) Upon the request of a parent or legal guardian of the child, a  
40 pediatric pathologist, if available, shall assist in the performance of  
41 the autopsy under the direction of a forensic pathologist. The Chief  
42 State Medical Examiner or county or intercounty medical examiner  
43 shall notify the parent or legal guardian of the child that they may  
44 request that a pediatric pathologist assist in the performance of the  
45 autopsy. The medical examiner shall include any findings and  
46 conclusions by the pathologist from the autopsy with the  
47 information filed with the Office of the Chief State Medical  
48 Examiner, and with the appropriate county or intercounty medical

1 examiner office and the county prosecutor, pursuant to  
2 subparagraph (a) of this paragraph. The Chief State Medical  
3 Examiner or the county or intercounty medical examiner shall make  
4 available a copy of these findings and conclusions to the closest  
5 surviving relative of the decedent within <sup>1</sup>~~90~~ 120<sup>1</sup> days of the  
6 receipt of a request therefor, unless the death is under active  
7 investigation by a law enforcement agency.

8 (c) The medical examiner with jurisdiction for the investigation  
9 shall make the preliminary findings and conclusions of the autopsy  
10 available to the child's parent or legal guardian and the department  
11 within 48 hours after the medical examiner is notified of the death  
12 of the child. The medical examiner shall provide his findings and  
13 conclusions for each reported case to the department upon  
14 completion of the investigation.

15 (8) Notwithstanding the provisions of this act to the contrary, a  
16 county or intercounty medical examiner may request the Chief State  
17 Medical Examiner or Deputy Chief State Medical Examiner, or  
18 other person authorized and designated by the Chief State Medical  
19 Examiner, to conduct an examination or perform an autopsy  
20 whenever it is deemed necessary or desirable.

21 (9) In the case of the death of a resident of a long-term care  
22 facility licensed by the Department of Health pursuant to P.L.1971,  
23 c.136 (C.26:2H-1 et seq.), a State psychiatric hospital operated by  
24 the Department of <sup>1</sup>~~Human Services~~ Health<sup>1</sup> and listed in  
25 R.S.30:1-7, a county psychiatric hospital, a facility for persons with  
26 developmental disabilities as defined in section 3 of P.L.1977, c.82  
27 (C.30:6D-3), or a facility for persons with traumatic brain injury as  
28 defined in 42 U.S.C. s.280b-1c that is operated by or under contract  
29 with the Department of Human Services, the psychiatric hospital or  
30 facility, as the case may be, shall, in addition to notifying the next-  
31 of-kin of the resident's death, so notify the county or intercounty  
32 medical examiner and provide that individual with contact  
33 information for the resident's next-of-kin. The county or  
34 intercounty medical examiner, or assistant county or intercounty  
35 medical examiner on his behalf, shall make every practicable effort  
36 to contact the resident's next-of-kin to offer that person the  
37 opportunity to provide the medical examiner with information that  
38 the person deems relevant to: the circumstances of the resident's  
39 death; and whether there is a need to perform a dissection or  
40 autopsy of the decedent.

41 <sup>1</sup>d. Upon the request of a decedent's legal representative, or  
42 upon the request of the person who, pursuant to section 22 of  
43 P.L.2003, c.261 (C.45:27-22), is in control of the decedent's  
44 funeral, the Chief State Medical Examiner shall provide the legal  
45 representative or person in control of the funeral with all available  
46 documentation related to the decedent's autopsy and the medical  
47 investigation of the decedent's death.<sup>1</sup>

1 11. (New section) a. The Chief State Medical Examiner, a  
2 county or intercounty medical examiner, an assignment judge of the  
3 Superior Court, a county prosecutor, the Attorney General <sup>1</sup> [or  
4 other law enforcement official]<sup>1</sup>, or the commissioner may deem  
5 an autopsy necessary after a preliminary death investigation is  
6 performed.

7 b. Notwithstanding any other provision of law to the contrary,  
8 no dissection or autopsy shall be performed, in the absence of a  
9 compelling public necessity, if a member of the decedent's  
10 immediate family or, in the absence thereof, a friend of the decedent  
11 objects to the procedure on the grounds that it is contrary to the  
12 religious belief of the decedent, or if there is an obvious reason to  
13 believe that a dissection or autopsy is contrary to the decedent's  
14 religious beliefs.

15 c. If, in the opinion of a medical examiner, there is a  
16 compelling public necessity to perform a dissection or autopsy, and  
17 a member of the decedent's immediate family or, in the absence  
18 thereof, a friend of the decedent objects to the procedure on the  
19 grounds that it is contrary to the religious beliefs of the decedent, or  
20 if there is an obvious reason to believe that the dissection or  
21 autopsy is contrary to the religious beliefs of the decedent, no  
22 dissection or autopsy shall be performed until 48 hours after notice  
23 thereof is given by the medical examiner to the objecting party, or,  
24 if there is no objecting party, to such other party as the court may  
25 name. During that 48-hour period, the objecting party or the party  
26 named by the court may institute action in the Superior Court to  
27 determine the propriety of the dissection or autopsy; however, the  
28 court may dispense with the waiting period upon ex parte motion if  
29 it determines that the delay may prejudice the accuracy of the  
30 dissection or autopsy, or may precipitate or prolong an immediate  
31 and substantial threat to public health or safety.

32 d. (1) If, in the opinion of a medical examiner, there is a  
33 compelling public necessity to perform a dissection or autopsy for  
34 reasons not otherwise provided in this act, and a member of the  
35 decedent's immediate family or, in the absence thereof, a friend of  
36 the decedent objects that the dissection or autopsy is contrary to the  
37 religious beliefs of the decedent, or there is an obvious reason to  
38 believe that the dissection or autopsy is contrary to the religious  
39 beliefs of the decedent, the medical examiner may institute an  
40 action in the Superior Court for an order authorizing the dissection  
41 or autopsy. The action shall be instituted by an order to show cause  
42 on notice to the member of the decedent's immediate family or  
43 friend of the decedent, or, if no such individual is known, to such  
44 other party as the court may direct.

45 (2) An action brought pursuant to paragraph (1) of this  
46 subsection shall have preference over all other cases and shall be  
47 determined summarily upon the petition and oral or written proof, if  
48 any, offered by the parties. The court shall permit the dissection or  
49 autopsy to be performed if it finds that the medical examiner

1 established a compelling public necessity, for reasons not otherwise  
2 provided for in this act, for the autopsy or dissection under all of the  
3 circumstances of the case, or if the objecting party or party named  
4 by the court fails to swear or affirm that an autopsy or dissection  
5 would be contrary to the decedent's religious beliefs. If permission  
6 to perform a dissection or autopsy is denied and no stay is granted  
7 by the court or by the appellate division, the decedent's body shall  
8 be immediately released for burial.

9 e. <sup>1</sup>~~【A dissection or autopsy performed pursuant to this act~~  
10 shall be the least intrusive procedure consistent with the compelling  
11 public necessity】 Bodies shall be treated with dignity and respect  
12 commensurate with the goals of this act<sup>1</sup>.  
13

14 12. (New section) a. Notwithstanding any other provision of  
15 law to the contrary, if a decedent, whose death is under  
16 investigation pursuant to this act, is a donor of all or part of his  
17 body as evidenced by an advance directive for health care, will,  
18 card, or other document, or as otherwise provided in the "Revised  
19 Uniform Anatomical Gift Act," P.L.2008, c.50 (C.26:6-77 et seq.),  
20 the Chief State Medical Examiner, Deputy Chief State Medical  
21 Examiner, county or intercounty medical examiner, or assistant  
22 county or intercounty medical examiner, who has notice of the  
23 donation shall perform an examination, autopsy, or analysis of  
24 tissues or organs only in a manner and within a time period  
25 compatible with their preservation for the purposes of  
26 transplantation.

27 b. A health care professional, who is authorized to remove an  
28 anatomical gift from a donor whose death is under investigation  
29 pursuant to this act, may remove the donated part from the donor's  
30 body for acceptance by a person authorized to become a donee,  
31 after giving notice to the Chief State Medical Examiner, Deputy  
32 Chief State Medical Examiner, county or intercounty medical  
33 examiner, or assistant county or intercounty medical examiner, as  
34 applicable, if the examination, autopsy, or analysis has not been  
35 undertaken in the manner and within the time provided for in this  
36 act. The Chief State Medical Examiner, Deputy Chief State  
37 Medical Examiner, county or intercounty medical examiner, or  
38 assistant county or intercounty medical examiner, as applicable,  
39 shall be present during removal of the anatomical gift if, in that  
40 medical examiner's judgment, <sup>1</sup>~~【those tissues or organs may be~~  
41 involved in the cause of death】 his presence is deemed necessary<sup>1</sup>.  
42 In that case, the applicable medical examiner may request a biopsy  
43 of those tissues or organs or deny removal of the anatomical gift.  
44 The applicable medical examiner shall explain in writing the  
45 reasons for determining that those tissues or organs may be  
46 involved in the cause of death, and shall include that explanation in  
47 the records maintained pursuant to this act.

1 c. A health care professional, who is performing a transplant  
2 from a donor whose death is under investigation pursuant to this  
3 act, shall file with the Chief State Medical Examiner a report  
4 detailing the condition of the part of the body that is the anatomical  
5 gift and its relationship to the cause of death. If appropriate, the  
6 report shall include a biopsy or medically approved sample from the  
7 anatomical gift. The health care professional's report shall become  
8 part of the Chief State Medical Examiner's report.  
9

10 <sup>1</sup>[13. (New section) a. (1) The Chief State Medical Examiner,  
11 in consultation with the commissioner, shall develop standardized  
12 protocols for autopsies performed in those cases in which the  
13 suspected cause of death of a child under one year of age is sudden  
14 infant death syndrome and in which the child is between one and  
15 three years of age and the death is sudden and unexpected.

16 (2) The Chief State Medical Examiner shall establish a Sudden  
17 Child Death Autopsy Protocol Committee to assist in developing  
18 and reviewing the protocols. The committee shall include, but not  
19 be limited to: the Chief State Medical Examiner, the Assistant  
20 Commissioner of the Division of Family Health Services in the  
21 Department of Health, and the Director of the Division of **[Youth**  
22 **and Family Services]** Child Protection and Permanency in the  
23 Department of Children and Families, or their designees; the  
24 director of the SIDS Resource Center established pursuant to  
25 section 4 of P.L.1987, c.331 (C.26:5D-4); an epidemiologist; a  
26 forensic pathologist; a pediatric pathologist, a county or intercounty  
27 medical examiner; a pediatrician who is knowledgeable about  
28 sudden infant death syndrome and child abuse; a law enforcement  
29 officer; an emergency medical technician or paramedic; a family  
30 member of a sudden infant death syndrome victim; and a family  
31 member of a sudden unexpected death victim who was between one  
32 and three years of age at the time of death. The committee shall  
33 annually review the protocol and make recommendations to the  
34 Chief State Medical Examiner to revise the protocol, as appropriate.

35 (3) The protocols shall include requirements and standards for  
36 scene investigation, criteria for ascertaining the cause of death  
37 based on autopsy, criteria for specific tissue sampling, and such  
38 other requirements as the committee deems appropriate. The  
39 protocols shall take into account nationally recognized standards for  
40 pediatric autopsies.

41 (4) The Chief State Medical Examiner shall be responsible for  
42 ensuring that the protocols are followed by all medical examiners  
43 and other persons authorized to conduct autopsies in those cases in  
44 which the suspected cause of death is sudden infant death syndrome  
45 or in which the child is between one and three years of age and the  
46 death is sudden and unexpected.

47 (5) The protocols shall authorize the medical examiner or other  
48 authorized person to take tissue samples for research purposes if the  
49 parent or legal guardian of the deceased child provides written

1 consent for the taking of tissue samples for research purposes  
2 pursuant to subsection b. of this section.

3 (6) The sudden infant death syndrome autopsy protocol shall  
4 provide that if the findings in the autopsy are consistent with the  
5 definition of sudden infant death syndrome specified in the  
6 protocol, the person who conducts the autopsy shall state on the  
7 death certificate that sudden infant death syndrome is the cause of  
8 death.

9 b. (1) The Legislature finds and declares that: advances in  
10 genetics, biochemistry, and other areas of medical research have  
11 yielded new information about the specific causes of sudden death  
12 in infancy and early childhood; these findings are of great  
13 importance because the largest subgroup of these deaths, sudden  
14 infant death syndrome, remains a “rule-out” diagnosis for which the  
15 family learns what did not, rather than what did, cause the death of  
16 their child; without knowing the actual cause, families are not able  
17 to determine if there is a genetic basis that places their other  
18 children at risk, and physicians are not able to prevent a death by  
19 prospectively diagnosing and treating a potentially fatal medical  
20 problem; and, if the State is to meet its public health goal of  
21 reducing infant mortality, it is in the public interest to accelerate  
22 efforts to identify actual causes of death in infants and young  
23 children.

24 (2) The Chief State Medical Examiner, in consultation with the  
25 commissioner and the Sudden Child Death Autopsy Protocol  
26 Committee established pursuant to this section, shall establish, and  
27 periodically revise as necessary, a protocol for participation by  
28 medical examiners in research activities concerning deaths of  
29 children three years of age and younger. The research shall include  
30 all autopsies in which the suspected cause of death of a child under  
31 one year of age is sudden infant death syndrome and the suspected  
32 cause of death of a child three years of age and younger is not  
33 considered a violent death that is subject to the provisions of  
34 subsection a. of section 10 of this act.

35 (a) The protocol shall authorize the Chief State Medical  
36 Examiner, Deputy Chief State Medical Examiner, county or  
37 intercounty medical examiner, or other authorized person to take  
38 and transfer tissue samples to an approved research project prior to  
39 obtaining the consent of the parent or legal guardian of the deceased  
40 infant or young child, but the research project shall not be permitted  
41 to use the tissue prior to its obtaining consent as provided in this  
42 subsection.

43 (b) Notwithstanding the provisions of this section to the  
44 contrary, the protocol shall provide that no tissue sample shall be  
45 taken from a deceased infant or young child whose parent or legal  
46 guardian has objected to an autopsy because it is contrary to the  
47 religious beliefs of the decedent in accordance with the provisions  
48 of this act.

49 (c) The protocol shall stipulate, at a minimum, that:

- 1 (i) the research project first be approved by the institutional  
2 review board of the facility at which the research is to be  
3 conducted, then by the Sudden Child Death Autopsy Protocol  
4 Committee, and finally by the Institutional Review Board of the  
5 department; and that if a research project is submitted by the  
6 department, the final review of the project be conducted by an  
7 independent review board;
- 8 (ii) the research project delineate the information, other than the  
9 tissue sample, that will be required from the investigation of the  
10 death of the infant or young child;
- 11 (iii) the research project develop a plan for the release by the  
12 Chief State Medical Examiner or county or intercounty medical  
13 examiner, as applicable, of a decedent's tissue, as well as obtaining  
14 written consent for the use of the tissue and other identifying  
15 information from the parent or legal guardian of the deceased infant  
16 or young child;
- 17 (iv) the research project develop a plan for the disposal of a  
18 decedent's tissue in the event that the parent or guardian does not  
19 give consent for use of the tissue, and for disposal of the decedent's  
20 tissue upon completion of the research in those cases in which  
21 consent is given; and that the plan incorporate accepted procedures  
22 for disposal of surgical biopsies and biohazardous materials, and  
23 procedures to inform the parent or guardian and the Sudden Child  
24 Death Autopsy Protocol Committee of the disposal plan;
- 25 (v) the research project reimburse the Chief State Medical  
26 Examiner, Deputy Chief State Medical Examiner, county or  
27 intercounty medical examiner, or other authorized person  
28 participating in the research for reasonable costs incurred in taking,  
29 storing, and providing tissue samples for the project; and that the  
30 estimated costs subject to reimbursement be reviewed and approved  
31 by the Chief State Medical Examiner;
- 32 (vi) the research project provide the Chief State Medical  
33 Examiner and the Sudden Child Death Autopsy Protocol Committee  
34 with periodic updates on the status of the project; and
- 35 (vii) the Sudden Child Death Autopsy Protocol Committee may  
36 terminate a research project that is not in compliance with the  
37 provisions of this subsection or the proposal for that research  
38 project that was approved pursuant thereto.
- 39 (3) Upon receiving notification from the research project that  
40 the research project has obtained written consent from the parent or  
41 legal guardian of the deceased infant or young child for the use of  
42 tissue samples and identifying information, the Chief State Medical  
43 Examiner, Deputy Chief State Medical Examiner, county or  
44 intercounty medical examiner, or other authorized person, as  
45 applicable, shall provide the research project with copies of the  
46 autopsy reports and any reports generated by the Chief State  
47 Medical Examiner, Deputy Chief State Medical Examiner, or  
48 county or intercounty medical examiner concerning the subject of  
49 the research.

1 (4) The information and tissue samples provided to the research  
2 project by the Chief State Medical Examiner, Deputy Chief State  
3 Medical Examiner, county or intercounty medical examiner, or  
4 other authorized person, shall be used by the research project only  
5 for the purposes approved by the Sudden Child Death Autopsy  
6 Protocol Committee and as specified in the protocol, and shall not  
7 otherwise be divulged or made public so as to disclose the identity  
8 of any person to whom they relate. The information provided to the  
9 research project shall not be considered a public or government  
10 record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001,  
11 c.404 (C.47:1A-5 et al.).

12 (5) The Sudden Child Death Autopsy Protocol Committee shall  
13 oversee each research project approved pursuant to this subsection.

14 (6) The Chief State Medical Examiner, Deputy Chief State  
15 Medical Examiner, county or intercounty medical examiner, their  
16 employees, and other persons authorized by the Chief State Medical  
17 Examiner to provide tissue samples and identifying information to  
18 the research project, and the members of the Sudden Child Death  
19 Autopsy Protocol Committee, shall not be liable for civil damages  
20 as the result of any actions or omissions performed in good faith  
21 and in accordance with the provisions of this act. **1**<sup>1</sup>

22  
23 <sup>1</sup>13. (New section) a. The Chief State Medical Examiner, in  
24 consultation with the commissioner, shall develop standardized  
25 protocols for autopsies performed in those cases in which the  
26 suspected cause of death of a child under one year of age is sudden  
27 infant death syndrome and in which the child is between one and  
28 three years of age and the death is sudden and unexpected.

29 b. The Chief State Medical Examiner shall establish a Sudden  
30 Child Death Autopsy Protocol Committee to assist in developing  
31 and reviewing the protocols. The committee shall include, but not  
32 be limited to: the Chief State Medical Examiner, the Assistant  
33 Commissioner of the Division of Family Health Services in the  
34 Department of Health, and the Director of the Division of Child  
35 Protection and Permanency in the Department of Children and  
36 Families, or their designees; the director of the SIDS Resource  
37 Center established pursuant to section 4 of P.L.1987, c.331  
38 (C.26:5D-4); an epidemiologist; a forensic pathologist; a pediatric  
39 pathologist, a county or intercounty medical examiner; a  
40 pediatrician who is knowledgeable about sudden infant death  
41 syndrome and child abuse; a law enforcement officer; an emergency  
42 medical technician or paramedic; a family member of a sudden  
43 infant death syndrome victim; and a family member of a sudden  
44 unexpected death victim who was between one and three years of  
45 age at the time of death. The committee shall annually review the  
46 protocol and make recommendations to the Chief State Medical  
47 Examiner to revise the protocol, as appropriate.

48 c. The protocols shall include requirements and standards for  
49 scene investigation, criteria for ascertaining the cause of death

1 based on autopsy, criteria for specific tissue sampling, and such  
2 other requirements as the committee deems appropriate. The  
3 protocols shall take into account nationally recognized standards for  
4 pediatric autopsies.

5 d. The Chief State Medical Examiner shall be responsible for  
6 ensuring that the protocols are followed by all medical examiners  
7 and other persons authorized to conduct autopsies in those cases in  
8 which the suspected cause of death is sudden infant death syndrome  
9 or in which the child is between one and three years of age and the  
10 death is sudden and unexpected.

11 e. The protocols shall authorize the medical examiner or other  
12 authorized person to take tissue samples for research purposes if the  
13 parent or legal guardian of the deceased child provides written  
14 consent for the taking of tissue samples for research purposes  
15 pursuant to subsection b. of this section.

16 f. The sudden infant death syndrome autopsy protocol shall  
17 provide that if the findings in the autopsy are consistent with the  
18 definition of sudden infant death syndrome specified in the  
19 protocol, the person who conducts the autopsy shall state on the  
20 death certificate that sudden infant death syndrome is the cause of  
21 death.<sup>1</sup>

22  
23 <sup>1</sup>[14. (New section) a. The Legislature finds and declares that:  
24 (1) Sudden, unexpected death in epilepsy (SUDEP) is a  
25 mysterious, rare condition in which typically young or middle-aged  
26 individuals with epilepsy die without a clear cause, and is generally  
27 defined by the medical community as a sudden, unexpected, non-  
28 traumatic, non-drowning death in an otherwise healthy individual  
29 with epilepsy, where the postmortem examination does not reveal  
30 an anatomic or toxicologic cause for the death;  
31 (2) SUDEP is believed to account for up to 17 percent of deaths  
32 in people with epilepsy;  
33 (3) Autopsy plays a key role in determining the diagnosis of  
34 SUDEP, yet the Institute of Medicine has found that SUDEP may  
35 be underreported for several reasons, including, but not limited to, a  
36 lack of awareness about SUDEP among medical examiners;  
37 (4) The cause of SUDEP is not known and opportunities for its  
38 prevention have been hindered by the lack of a systematic effort to  
39 collect information about persons who have died from SUDEP, as is  
40 done with many other disorders; and  
41 (5) It is appropriate to raise awareness of SUDEP among  
42 medical examiners by developing a SUDEP awareness program and  
43 to facilitate research into the causes and prevention of SUDEP by  
44 requiring that medical examiners in this State who determine that an  
45 individual's cause of death is SUDEP work with relevant  
46 organizations in the State to assist in requesting from next-of-kin  
47 that an individual's relevant medical information be sent to a  
48 SUDEP registry and that the individual's brain be donated for  
49 research purposes

1       b. The Chief State Medical Examiner, in consultation with the  
2 Commissioner of Health and the State Board of Medical Examiners,  
3 shall establish a sudden unexpected death in epilepsy (SUDEP)  
4 awareness program to educate medical examiners in the State about  
5 SUDEP.

6       c. The Office of the Chief State Medical Examiner, in  
7 consultation with the county and intercounty medical examiners and  
8 organizations with expertise in SUDEP, shall establish a standard  
9 protocol governing medicolegal death investigations involving  
10 seizure disorders in order to identify such deaths. If a medical  
11 examiner's findings in an autopsy are consistent with the definition  
12 of known or suspected SUDEP, the medical examiner shall:

13       (1) retain and track that information and make unidentifiable  
14 data concerning seizure-related deaths available upon request to the  
15 public;

16       (2) work with relevant organizations in the State to assist in  
17 requesting from the authorized survivors of deceased individuals  
18 that their relevant medical information, consistent with the federal  
19 health privacy rules set forth at 45 CFR Parts 160 and 164, be  
20 forwarded to a SUDEP registry for purposes of research; and

21       (3) work with relevant organizations in the State to assist in  
22 requesting from the authorized survivors of individuals with  
23 epilepsy determined or suspected to have died as a result of SUDEP  
24 that a donation of the individual's brain be made for research  
25 purposes to a brain bank that is registered pursuant to P.L.2008,  
26 c.49 (C.26:6-68 et seq.), if such a gift has not already been  
27 established pursuant to the provisions of P.L.2008, c.50 (C.26:6-77  
28 et al.)<sup>1</sup>

29  
30       <sup>1</sup>14. (New section) a. The Legislature finds and declares that:  
31 advances in genetics, biochemistry, and other areas of medical  
32 research have yielded, and continue to yield, new information about  
33 the specific causes of death and sudden death, including in the areas  
34 of sudden infant death syndrome and sudden, unexpected death in  
35 epilepsy (SUDEP); and it is in the public interest to accelerate  
36 research efforts to identify actual causes of death. The Legislature  
37 further finds and declares that there is a need to enhance awareness  
38 among medical examiners with respect to various diseases and  
39 types of death, and there is value to be had in establishing  
40 awareness programs that would address knowledge deficiencies in  
41 this area.

42       b. The Chief State Medical Examiner shall establish a Research  
43 Oversight Committee to assist in developing and reviewing the  
44 research protocols required by this section. The committee shall  
45 include five members, as follows: the Chief State Medical  
46 Examiner; the commissioner; a person with expertise in ethics, who  
47 may also be a member of the department's Institutional Review  
48 Board; an attorney; and an epidemiologist.

1       c. The Chief State Medical Examiner, in consultation with the  
2 commissioner and the Research Oversight Committee established  
3 pursuant to this section, shall establish, and periodically revise as  
4 necessary, protocols for participation by medical examiners in  
5 research activities concerning deaths, including, but not limited to,  
6 the deaths of children three years of age and younger, and sudden,  
7 unexpected deaths in epilepsy. The research shall include all  
8 autopsies in which the suspected cause of death is not considered a  
9 violent death that is subject to the provisions of subsection a. of  
10 section 10 of this act.

11       (1) The research protocols developed pursuant to this section  
12 shall authorize the Chief State Medical Examiner, Deputy Chief  
13 State Medical Examiner, county or intercounty medical examiner,  
14 or other authorized person to take and transfer tissue samples to an  
15 approved research project prior to obtaining the ordinary consent  
16 necessary to engage in such taking and transfer, but the research  
17 project shall not be permitted to use the tissue before appropriate  
18 consent is obtained.

19       (2) Notwithstanding the provisions of this section to the  
20 contrary, the protocols developed pursuant to this section shall  
21 provide that no tissue sample shall be taken from a deceased person  
22 who has objected, or from a deceased minor whose parent or legal  
23 guardian has objected, to an autopsy because it is contrary to the  
24 religious beliefs of the decedent in accordance with the provisions  
25 of this act.

26       (3) The protocols developed pursuant to this section shall  
27 stipulate, at a minimum, that:

28       (a) the research project is to first be approved by the  
29 institutional review board of the facility at which the research is to  
30 be conducted, and then by the Research Oversight Committee  
31 established pursuant to this section, and finally by the Institutional  
32 Review Board of the department; except that, if a research project is  
33 submitted by the department, the final review of the project is to be  
34 conducted by an independent review board;

35       (b) the research project is to delineate the information, other  
36 than the tissue sample, that will be required from the investigation  
37 of the death;

38       (c) the research project is to develop a plan for the release by the  
39 Chief State Medical Examiner or county or intercounty medical  
40 examiner, as applicable, of a decedent's tissue, as well as the  
41 obtaining of written consent for the use of the tissue and the  
42 decedent's other identifying information;

43       (d) the research project is to develop a plan that provides for the  
44 disposal of a decedent's tissue in the event that consent is not  
45 obtained for use of the tissue, and for disposal of the decedent's  
46 tissue upon completion of the research in those cases in which  
47 consent is obtained; and further, which incorporates accepted  
48 procedures for disposal of surgical biopsies and biohazardous

1 materials, and procedures to inform the deceased's family members,  
2 as well as the Research Oversight Committee, of the disposal plan;

3 (e) the research project is to reimburse the Chief State Medical  
4 Examiner, Deputy Chief State Medical Examiner, county or  
5 intercounty medical examiner, or other authorized person  
6 participating in the research for any reasonable costs incurred in  
7 taking, storing, and providing tissue samples for the project; and  
8 estimated costs subject to reimbursement are to be reviewed and  
9 approved by the Chief State Medical Examiner;

10 (f) the research project is to provide the Chief State Medical  
11 Examiner and the Research Oversight Committee with periodic  
12 updates on the status of the project; and

13 (g) the Research Oversight Committee may terminate a research  
14 project that is not in compliance with either the provisions of this  
15 subsection or the provisions of the proposal for that research project  
16 that was approved pursuant thereto.

17 (4) Upon receiving notification from the research project that  
18 the research project has obtained written consent for the use of  
19 tissue samples and identifying information, the Chief State Medical  
20 Examiner, Deputy Chief State Medical Examiner, county or  
21 intercounty medical examiner, or other authorized person, as  
22 applicable, shall provide the research project with copies of the  
23 autopsy reports and any reports generated by the Chief State  
24 Medical Examiner, Deputy Chief State Medical Examiner, or  
25 county or intercounty medical examiner concerning the subject of  
26 the research.

27 (5) The information and tissue samples provided to the research  
28 project by the Chief State Medical Examiner, Deputy Chief State  
29 Medical Examiner, county or intercounty medical examiner, or  
30 other authorized person, shall be used by the research project only  
31 for the purposes approved by the Research Oversight Committee  
32 and as specified in the protocol, and shall not otherwise be divulged  
33 or made public so as to disclose the identity of any person to whom  
34 they relate. The information provided to the research project shall  
35 not be considered a public or government record pursuant to  
36 P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et  
37 al.).

38 (6) The Research Oversight Committee shall oversee each  
39 research project approved pursuant to this subsection.

40 d. The Chief State Medical Examiner, in consultation with the  
41 commissioner and the State Board of Medical Examiners, shall, as  
42 deemed appropriate, establish awareness programs to educate  
43 medical examiners in the State about various types of death,  
44 including, but not limited to, sudden infant death syndrome, and  
45 sudden, unexpected deaths in epilepsy.<sup>1</sup>

46

47 15. (New section) a. All law enforcement officers, State and  
48 county prosecutors, and other officials and members of the public  
49 shall cooperate fully with the Office of the Chief State Medical

1 Examiner and county and intercounty medical examiners in making  
2 the investigations and conducting the autopsies provided for under  
3 this act. These officials and all physicians, funeral directors, and  
4 other persons shall assist in making dead bodies and related  
5 evidence available to such medical examiners for investigations and  
6 autopsies.

7 b. It shall be the duty of each county or intercounty medical  
8 examiner to fully cooperate with the Chief State Medical Examiner  
9 when the latter chooses to intervene in an ongoing medicolegal  
10 death investigation.

11

12 16. (New section) a. (1) The Chief State Medical Examiner  
13 may order a disinterment of a dead body, following the receipt of  
14 approval by the Superior Court, when an investigation of the cause  
15 of death is authorized. The disinterment shall be performed under  
16 the supervision and direction of the Chief State Medical Examiner  
17 or his designee. The court shall direct the giving of or dispensing  
18 with notice.

19 (2) The Superior Court, upon the application of a proper party,  
20 may order the disinterment of a dead body, when an investigation of  
21 the cause of death is authorized, under the supervision and direction  
22 of the Chief State Medical Examiner or his designee, and authorize  
23 the Chief State Medical Examiner or his designee to remove the  
24 body to a public morgue for the purpose of examination or autopsy.  
25 The court shall direct the giving of or dispensing with notice.

26 b. The Chief State Medical Examiner and a county or  
27 intercounty medical examiner may order, at his discretion, an  
28 inquest in any case under his jurisdiction for the purpose of vetting  
29 an unclear or controversial case or issue.

30 c. The Chief State Medical Examiner, Deputy Chief State  
31 Medical Examiner, county and intercounty medical examiner, and  
32 assistant county and intercounty medical examiner shall have the  
33 power to administer oaths and affirmations, and take affidavits and  
34 make examinations, as to any matter within the jurisdiction of their  
35 respective offices.

36 d. (1) The Chief State Medical Examiner and a county or  
37 intercounty medical examiner shall be authorized to, and shall,  
38 issue a subpoena to compel the attendance of any witness that the  
39 medical examiner deems necessary to interrogate in a death under  
40 investigation, returnable forthwith or at such place and time as is  
41 directed by the medical examiner.

42 (2) The Chief State Medical Examiner and a county or  
43 intercounty medical examiner shall be authorized to, and shall,  
44 issue a subpoena duces tecum to require a witness to bring any  
45 books, records, documents, files, or things under the control of the  
46 person served as the medical examiner deems necessary for the  
47 purpose of a medicolegal death investigation.

48 (3) The Chief State Medical Examiner and a county or  
49 intercounty medical examiner shall be authorized to, and shall,

1 issue a subpoena for the production of confidential medical records,  
2 mental health records, drug and alcohol abuse records, and other  
3 relevant information from a physician, health care facility, or other  
4 health care provider as the medical examiner deems necessary for  
5 the purpose of a medicolegal death investigation.

6 (4) A subpoena issued pursuant to this subsection may be  
7 enforced by order of a court of competent jurisdiction under threat  
8 of contempt of court.

9  
10 17. (New section) a. It shall be the duty of the Office of the  
11 Chief State Medical Examiner and the office of each county or  
12 intercounty medical examiner to maintain full and complete  
13 records, properly indexed, for all medicolegal death investigations  
14 that they have conducted, including the name, if known, of every  
15 such person, the place where the body was found, date and cause of  
16 death, and all other available information relating thereto.

17 b. The original reports of the Chief State Medical Examiner,  
18 Deputy Chief State Medical Examiner, county or intercounty  
19 medical examiner, and assistant county or intercounty medical  
20 examiner, and the detailed findings of the autopsy, if any, along  
21 with the records of death notification, postmortem inspections and  
22 examinations, personal effects taken into possession, and any other  
23 information deemed necessary by the Chief State Medical  
24 Examiner, shall be attached to the case record for each medicolegal  
25 death investigation.

26 c. The Office of the Chief State Medical Examiner and the  
27 office of each county or intercounty medical examiner shall  
28 promptly deliver to the county prosecutor of the county in which the  
29 death occurred <sup>3</sup>and to the Attorney General<sup>3</sup>, copies of all records  
30 <sup>3</sup>and other information<sup>3</sup> relating to every death in which, in the  
31 applicable medical examiner's judgment, further investigation may  
32 be deemed advisable. The county prosecutor <sup>3</sup>or the Attorney  
33 General<sup>3</sup> may obtain copies of such records or other information  
34 from those offices as the county prosecutor <sup>3</sup>or the Attorney  
35 General<sup>3</sup> deems necessary for his investigation.

36 d. The records maintained by the Office of the Chief State  
37 Medical Examiner and the office of each county or intercounty  
38 medical examiner, including those made by the applicable medical  
39 examiner or anyone under his direction or supervision, or  
40 transcripts thereof certified by the medical examiner, shall be  
41 received as competent evidence in any court in this State of the  
42 matters and facts therein contained.

43 e. The Office of the Chief State Medical Examiner and the  
44 office of each county or intercounty medical examiner may charge a  
45 reasonable fee to private persons for copies of such records and  
46 upon such conditions as may be prescribed by the Chief State  
47 Medical Examiner; provided, however, that no person with a proper  
48 interest in such records shall be denied access thereto. All such fees

1 collected by the Office of the Chief State Medical Examiner and by  
2 the office of each county or intercounty medical examiner shall be  
3 paid into the State Treasury or county treasury, as applicable, on or  
4 before the 10th day of each month.

5  
6 18. (New section) a. The Medical Examiner Review Team  
7 shall be established as a mechanism for peer review and  
8 collaboration and to provide recourse in the event of a dispute  
9 between medical examiners.

10 b. The Medical Examiner Review Team shall include <sup>1</sup>~~seven~~  
11 nine<sup>1</sup> members, as follows:

12 (1) the commissioner, the Commissioner of Human Services, the  
13 Attorney General, and the Chief State Medical Examiner, or their  
14 designees, who shall serve ex officio; <sup>1</sup>~~and~~<sup>1</sup>

15 (2) the Chair of the Department of Pathology from one of the  
16 medical schools or colleges or osteopathic medical schools or  
17 colleges in New Jersey, to be appointed by the Governor; and

18 (3) one public member, to be appointed by the Governor, who  
19 shall be certified in forensic pathology by the American Board of  
20 Pathology or the American Osteopathic Board of Pathology; and

21 (4)<sup>1</sup> three public members, to be appointed by the Governor,  
22 who shall be representatives of the public health, hospital, and  
23 medical communities, respectively.

24 c. The Medical Examiner Review Team shall review the  
25 following matters, and shall issue a recommendation for further  
26 action or resolution in each case upon completion of its review:

27 (1) disputed medicolegal death investigation findings that are the  
28 subject of a dispute between the Chief State Medical Examiner and  
29 any county or intercounty medical examiner, when referred by any  
30 such medical examiner to the commissioner with a complete  
31 statement as to the basis of the referral; and

32 (2) any removal of the Chief State Medical Examiner by the  
33 Governor, as well as any removal of a county or intercounty  
34 medical examiner by the Chief State Medical Examiner, except that  
35 the Chief State Medical Examiner shall be required to recuse  
36 himself from any deliberations or other actions by the Medical  
37 Examiner Review Team concerning any removal of him by the  
38 Governor.

39 d. The Medical Examiner Review Team shall meet at least  
40 once annually and shall meet within 45 days after receiving a report  
41 of a dispute, or after receiving notification of a removal from office,  
42 as provided in this section.

43 e. The Medical Examiner Review Team shall elect one of its  
44 members as chairman, who shall serve for a term of two years.

45 f. Of the public members of the Medical Examiner Review  
46 Team first appointed, two shall be appointed for a term of three  
47 years and one for a term of two years. Thereafter, members shall be  
48 appointed for terms of three years. The public members shall be

1 eligible for reappointment and shall serve until the appointment and  
2 qualification of their successors.

3 g. Vacancies in the Medical Examiner Review Team shall be  
4 filled for the unexpired terms in the same manner as the original  
5 appointments were made.

6 h. The members of the Medical Examiner Review Team shall  
7 not receive any compensation, but shall be reimbursed for expenses  
8 incurred in the performance of their duties, within the limits of  
9 funds appropriated or otherwise made available to the team for its  
10 purpose.

11 i. The department shall provide such staff and other support as  
12 the Medical Examiner Review Team deems necessary to perform its  
13 duties.

14

15 19. (New section) a. The Office of the Chief State Medical  
16 Examiner, in conjunction with the Medical Examiner Review Team,  
17 shall issue an annual report, which shall be made publicly available.

18 b. The annual report shall contain, at a minimum:

19 (1) the budget and expenditures for each medical examiner  
20 office in this State, including its direct and indirect expenses,  
21 including a summary of the terms and conditions of each contract  
22 for the professional services of the Office of the Chief State  
23 Medical Examiner and the office of each county or intercounty  
24 medical examiner;

25 (2) the total number of cases received, reviewed, accepted, and  
26 investigated by each medical examiner office;

27 (3) statistics of determined causes of death; and

28 (4) an evaluation of the overall performance of each medical  
29 examiner office and the medical examiner system as a whole.

30

31 20. (New section) The Governor shall be authorized to remove  
32 the Chief State Medical Examiner from office, and the Chief State  
33 Medical Examiner shall be authorized to remove any county or  
34 intercounty medical examiner from office, for any of the following  
35 causes:

36 a. engaging in illegal activity;

37 b. intentional substantive noncompliance with rules and  
38 regulations;

39 c. willful misconduct;

40 d. professional incompetence and neglect of duty;

41 e. insubordination; or

42 f. excessive inefficiency in the performance of his duties.

43

44 <sup>1</sup>[21. (New section) After making a diligent effort to ascertain  
45 the identity of remains in its possession, and to contact relatives or  
46 friends to take control of remains in its possession, the Office of the  
47 Chief State Medical Examiner, and the office of each county or  
48 intercounty medical examiner, shall offer any such unidentified or

1 unclaimed remains to any qualified mortuary science program  
2 within the State consistent with the provisions of R.S.26:6-9.】<sup>1</sup>

3  
4 <sup>1</sup>【22.】 21.<sup>1</sup> (New section) a. The Office of the Chief State  
5 Medical Examiner shall maintain and supervise a toxicology  
6 laboratory, to be designated as the New Jersey State Medical  
7 Examiner Toxicology Laboratory, in order to provide necessary  
8 toxicology services to the Chief State Medical Examiner, Deputy  
9 Chief State Medical Examiner, each county or intercounty medical  
10 examiner, and each assistant county or assistant intercounty medical  
11 examiner in the performance of medicolegal death investigations in  
12 this State.

13 b. The Chief State Medical Examiner, Deputy Chief State  
14 Medical Examiner, county or intercounty medical examiner, and  
15 assistant county or assistant intercounty medical examiner requiring  
16 the services of a toxicology laboratory <sup>1</sup>【shall】 are encouraged to<sup>1</sup>  
17 enlist the services of the New Jersey State Medical Examiner  
18 Toxicology Laboratory <sup>1</sup>【unless the Chief State Medical Examiner  
19 provides express permission for their use of another laboratory】 .  
20 Use of another lab is permitted, provided that the laboratory meets  
21 national accreditation standards<sup>1</sup> .

22 c. <sup>3</sup>The Chief State Medical Examiner shall ensure that the  
23 Attorney General and each county prosecutor, as applicable,  
24 promptly receive copies of all final toxicology laboratory testing  
25 results from the New Jersey State Medical Examiner Toxicology  
26 Laboratory or another lab as permitted by subsection b. of this  
27 section for toxicology specimens submitted from the Office of the  
28 Chief State Medical Examiner or any county or intercounty medical  
29 examiner's office. The Attorney General or county prosecutor may  
30 obtain copies of the final toxicology testing results as the Attorney  
31 General or county prosecutor deems necessary for the fulfillment of  
32 his or her official duties.

33 d.<sup>3</sup> The Chief State Medical Examiner shall adopt such rules and  
34 regulations as may be necessary concerning the operations and use  
35 of the New Jersey State Medical Examiner Toxicology Laboratory.

36  
37 <sup>1</sup>【23.】 22.<sup>1</sup> (New section) a. Except in a case in which there is  
38 a finding of homicide, a person in interest may request the Office of  
39 the Chief State Medical Examiner to correct the findings and  
40 conclusions on the cause and manner of death recorded on a death  
41 certificate within 60 days after the Chief State Medical Examiner,  
42 Deputy Chief State Medical Examiner, county or intercounty  
43 medical examiner, or assistant county or assistant intercounty  
44 medical examiner files those findings and conclusions.

45 b. The request to correct the findings and conclusions on a  
46 death certificate shall:

47 (1) be made in writing to the Chief State Medical Examiner,  
48 regardless of which medical examiner made the initial filing;

1 (2) describe the requested change precisely; and

2 (3) state the reasons for the change.

3 c. Within 60 days after receiving the request, the Chief State  
4 Medical Examiner shall notify the person in interest in writing of  
5 the action taken.

6 d. If the Chief State Medical Examiner denies the request to  
7 change findings and conclusions on the cause of death, the person  
8 in interest may appeal the denial in writing within 15 days of the  
9 denial to the commissioner; and the commissioner, within 15 days  
10 of receipt of the appeal, shall refer the matter to the Office of  
11 Administrative Law.

12 e. An administrative law judge shall conduct a hearing both on  
13 the denial and the establishment of the findings and conclusions on  
14 the cause of death. Upon reviewing the findings of fact submitted  
15 by an administrative law judge, the commissioner, or the  
16 commissioner's designee, shall issue an order within 60 days to:

17 (1) adopt the findings of the administrative law judge; or

18 (2) reject the findings of the administrative law judge and affirm  
19 the findings of the medical examiner.

20 f. If the commissioner, or the commissioner's designee, rejects  
21 the findings of an administrative law judge, the person in interest  
22 may appeal that rejection to a court of competent jurisdiction under  
23 State law.

24 g. If the final decision of the commissioner, or the  
25 commissioner's designee, or of a court of competent jurisdiction on  
26 appeal, establishes findings or conclusions on the cause or manner  
27 of death of a decedent other than that recorded on the certificate of  
28 death, the medical examiner responsible for the initial filing, or if  
29 unavailable, another medical examiner with jurisdiction in this  
30 State, shall amend the certificate to reflect the different findings or  
31 conclusions.

32 h. The Chief State Medical Examiner shall send a change letter  
33 to the Bureau of Vital Statistics and Registration in the department  
34 to amend the certificate of death, to reflect the final decision of the  
35 commissioner, or the commissioner's designee, or a court of  
36 competent jurisdiction.

37 i. The final decision of the commissioner, or the  
38 commissioner's designee, or of a court in an appeal under this  
39 section, shall not give rise to any presumption concerning the  
40 application of any provision, or the resolution, of any claim  
41 concerning an insurance policy or contract relating to the decedent.

42 j. If the findings of the medical examiner are upheld by the  
43 commissioner, or the commissioner's designee, the appellant shall  
44 be responsible for the cost of the contested case hearing, based on  
45 the billing rate established by the Office of Administrative Law.  
46 Otherwise, the department shall be responsible for the costs.

47

48 <sup>1</sup>**[24.]** 23.<sup>1</sup> R.S.26:6-1 is amended to read as follows:

1       26:6-1. As used in this chapter: "Local registrar" or "registrar"  
2 means the local registrar of vital statistics. "State registrar" means  
3 the State Registrar of Vital Statistics.

4       "Registration district" or "district" means the district established  
5 by law for the registration of vital events.

6       "Fetal death" or "stillbirth" means death prior to the complete  
7 expulsion or extraction from its mother of a product of conception,  
8 irrespective of the duration of pregnancy; the death is indicated by  
9 the fact that after such separation, the fetus does not breathe or  
10 show any other evidence of life such as beating of the heart,  
11 pulsation of the umbilical cord, or definite movement of voluntary  
12 muscles.

13       "Dead body" means the dead body of a human being.

14       The definition of the term "communicable disease" as contained  
15 in R.S.26:4-1 shall also apply to this chapter.

16       "Authentication" means the entry by the Chief State Medical  
17 Examiner, Deputy Chief State Medical Examiner, or a county or  
18 intercounty medical examiner or assistant county or intercounty  
19 medical examiner, funeral director or physician into the New Jersey  
20 Electronic Death Registration System of a personal identification  
21 code, digital signature or other identifier unique to that user, by  
22 which the information entered into the system by the user is  
23 authenticated by the user who assumes responsibility for its  
24 accuracy. "Authentication" also means the process by which the  
25 State registrar or a local registrar, deputy registrar, alternate deputy  
26 registrar or subregistrar indicates that person's review and approval  
27 of information entered into the system by the Chief State Medical  
28 Examiner, Deputy Chief State Medical Examiner, or a county or  
29 intercounty medical examiner or assistant county or intercounty  
30 medical examiner, funeral director or physician.

31       "Electronic registration system" means any electronic method,  
32 including, but not limited to, one based on Internet technology, of  
33 collecting, transmitting, recording and authenticating information  
34 from one or more responsible parties, which is necessary to  
35 complete a vital record, and is designed to replace a manual, paper-  
36 based data collection, recordation and signature system.

37       "New Jersey Electronic Death Registration System" or "NJ-  
38 EDRS" is an electronic registration system for completing a  
39 certification of death or fetal death record that is authorized,  
40 designed and maintained by the State registrar.

41 (cf: P.L.2003, c.221, s.1)

42

43       <sup>1</sup>24. (New section) The Chief State Medical Examiner, a Deputy  
44 Chief State Medical Examiner, an Assistant Medical Examiner,  
45 their employees, the members of any committees established  
46 pursuant to this act, and any other persons who are authorized to  
47 undertake actions pursuant to this act, shall be immune from civil or  
48 criminal liability, and from professional disciplinary action, for any

1 acts or omissions that are undertaken thereby, in good faith, in  
2 accordance with the provisions of this act.<sup>1</sup>

3

4 25. R.S.26:6-8 is amended to read as follows:

5 26:6-8. In the execution of a death certificate, the personal  
6 particulars shall be obtained by the funeral director from the person  
7 best qualified to supply them. The death and last sickness  
8 particulars shall be supplied by the attending, covering, or resident  
9 physician; or if there is no attending, covering, or resident  
10 physician, by an attending registered professional nurse licensed by  
11 the New Jersey Board of Nursing under P.L.1947, c.262 (C.45:11-  
12 23 et seq.); or if there is no attending, covering, or resident  
13 physician or attending registered professional nurse, by the county  
14 or intercounty medical examiner or assistant county or intercounty  
15 medical examiner.

16 Within a reasonable time, not to exceed 24 hours after the  
17 pronouncement of death, the attending, covering, or resident  
18 physician, the attending advanced practice nurse pursuant to section  
19 10 of P.L.1991, c.377 (C.45:11-49), or the county or intercounty  
20 medical examiner or the assistant county or intercounty medical  
21 examiner shall execute the death certification. The burial  
22 particulars shall be supplied by the funeral director. The attending,  
23 covering, or resident physician, the attending advanced practice  
24 nurse, the attending registered professional nurse, or the county or  
25 intercounty medical examiner or the assistant county or intercounty  
26 medical examiner and the funeral director shall certify to the  
27 particulars supplied by them by signing their names below the list  
28 of items furnished, or by otherwise authenticating their identities  
29 and the information that they have provided through the NJ-EDRS.  
30 If a person acting under the direct supervision of the Chief State  
31 Medical Examiner, Deputy Chief State Medical Examiner, a county  
32 or intercounty medical examiner or the assistant county or  
33 intercounty medical examiner, funeral director, attending, covering,  
34 or resident physician, attending advanced practice nurse, or licensed  
35 health care facility or other public or private institution providing  
36 medical care, treatment, or confinement to persons, which is  
37 registered with the NJ-EDRS, is not authorized to authenticate the  
38 information required on a certificate of death or fetal death, that  
39 person may enter that information into the NJ-EDRS in anticipation  
40 of its authentication by the Chief State Medical Examiner, Deputy  
41 Chief State Medical Examiner, or a county or intercounty medical  
42 examiner or the assistant county or intercounty medical examiner,  
43 funeral director, attending, covering, or resident physician,  
44 attending advanced practice nurse, local registrar, deputy registrar,  
45 alternate deputy registrar or subregistrar, as applicable.  
46 (cf: P.L.2015, c.38, s.1)

47

48 26. Section 1 of P.L.1988, c.125 (C.26:6-8.2) is amended to read  
49 as follows:

1       1. If the attending physician, registered professional nurse,  
2 physician assistant, or the Chief State Medical Examiner, Deputy  
3 Chief State Medical Examiner, or county or intercounty medical  
4 examiner or assistant county or intercounty medical examiner who  
5 makes the actual determination and pronouncement of death  
6 determines or has knowledge that the deceased person was  
7 **【infected with human immunodeficiency virus (HIV)】** HIV positive  
8 or infected with hepatitis B virus or that the deceased person  
9 suffered from **【acquired immune deficiency syndrome (AIDS),**  
10 **AIDS related complex (ARC)】** AIDS, or any of the contagious,  
11 infectious, or communicable diseases as shall be determined by the  
12 Commissioner **【of the Department】** of Health, the attending  
13 physician, registered professional nurse, physician assistant, or the  
14 Chief State Medical Examiner, Deputy Chief State Medical  
15 Examiner, or county or intercounty medical examiner or assistant  
16 county or intercounty medical examiner shall immediately place  
17 with the remains written notification of the condition and shall  
18 provide written notification of the condition to the funeral director  
19 who is responsible for the handling and the disposition of the body.  
20 (cf: P.L.2015, c.224, s.14)

21

22       27. R.S.26:6-9 is amended to read as follows:

23       26:6-9. In case of any death occurring without medical  
24 attendance, the funeral director shall notify the Office of the Chief  
25 State Medical Examiner or the office of the county or intercounty  
26 medical examiner, or the local registrar. In case the local registrar  
27 shall be notified, he shall immediately inform the county or  
28 intercounty medical examiner and refer the case to him for  
29 investigation. The county or intercounty medical examiner or  
30 assistant county or intercounty medical examiner shall furnish the  
31 funeral director with the necessary data and last sickness particulars  
32 to make the death certificate, or shall enter the information directly  
33 into the NJ-EDRS.  
34 (cf: P.L.2003, c.221, s.7)

35

36       28. Section 2 of P.L.2008, c.50 (C.26:6-78) is amended to read  
37 as follows:

38       2. As used in this act:

39       "Adult" means a person who is at least 18 years of age.

40       "Advance directive for health care" means an advance directive  
41 for health care that is executed pursuant to P.L.1991, c.201  
42 (C.26:2H-53 et seq.).

43       "Agent" means a person who is authorized to act as a health care  
44 representative by an advance directive for health care or is  
45 expressly authorized to make an anatomical gift on a donor's behalf  
46 by any other record signed by the donor.

- 1 "Anatomical gift" means a donation of all or part of a human  
2 body to take effect after the donor's death for the purpose of  
3 transplantation, therapy, research, or education.
- 4 "Civil union partner" means one partner in a civil union couple  
5 as defined in section 2 of P.L.2006, c.103 (C.37:1-29).
- 6 "Decedent" means a deceased person whose body or part is or  
7 may be the source of an anatomical gift, and includes a stillborn  
8 infant or fetus.
- 9 "Designated requester" means a hospital employee who has  
10 completed a course offered or approved by an organ procurement  
11 organization.
- 12 "Disinterested witness" means a witness other than: the spouse,  
13 civil union partner, domestic partner, child, parent, sibling,  
14 grandchild, grandparent, or guardian of the person who makes,  
15 amends, revokes, or refuses to make an anatomical gift; another  
16 adult who exhibited special care and concern for the decedent; or a  
17 person to whom an anatomical gift may pass pursuant to section 10  
18 of P.L.2008, c.50 (C.26:6-86).
- 19 "Document of gift" means a donor card or other record used to  
20 make an anatomical gift, and includes a statement or symbol on a  
21 driver's license, identification card, or donor registry.
- 22 "Domestic partner" means a domestic partner as defined in  
23 section 3 of P.L.2003, c.246 (C.26:8A-3).
- 24 "Donor" means a person whose body or part is the subject of an  
25 anatomical gift.
- 26 "Donor registry" means a database that contains records of  
27 anatomical gifts.
- 28 "Driver's license" means a license or permit issued by the New  
29 Jersey Motor Vehicle Commission to operate a vehicle, whether or  
30 not conditions are attached to the license or permit.
- 31 "Eye bank" means an entity that is licensed, accredited, or  
32 regulated under federal or State law to engage in the recovery,  
33 screening, testing, processing, storage, or distribution of human  
34 eyes or portions of human eyes.
- 35 "Guardian" means a person appointed by a court to make  
36 decisions regarding the support, care, education, health, or welfare  
37 of another individual, but does not include a guardian ad litem.
- 38 "Hospital" means an institution, whether operated for profit or  
39 not, whether maintained, supervised, or controlled by an agency of  
40 State government or a county or municipality or not, which  
41 maintains and operates facilities for the diagnosis, treatment, or care  
42 of two or more non-related individuals with an illness, injury, or  
43 disability, and where emergency, outpatient, surgical, obstetrical,  
44 convalescent, or other medical and nursing care is rendered for  
45 periods exceeding 24 hours.
- 46 "Identification card" means an identification card issued by the  
47 New Jersey Motor Vehicle Commission.
- 48 "Medical examiner" means the Chief State Medical Examiner,  
49 Deputy Chief State Medical Examiner, a county or intercounty

1 medical examiner or assistant county or intercounty medical  
2 examiner, [or another person] performing [the] their duties [of a  
3 medical examiner] pursuant to [P.L.1967, c.234 (C.52:17B-78 et  
4 seq.)] P.L. , c. (C. )(pending before the Legislature as this  
5 bill).

6 "Minor" means a person who is under 18 years of age.

7 "Organ procurement organization" means an entity designated by  
8 the United States Secretary of Health and Human Services as an  
9 organ procurement organization.

10 "Parent" means a parent whose parental rights have not been  
11 terminated.

12 "Part" means an organ, eye, or tissue of a human being, but does  
13 not include the whole body.

14 "Physician" means a person authorized to practice medicine or  
15 osteopathy under the laws of any state.

16 "Procurement organization" means an eye bank, organ  
17 procurement organization, or tissue bank.

18 "Prospective donor" means a person who is dead or whose death  
19 is imminent and has been determined by a procurement organization  
20 to have a part that could be medically suitable for transplantation,  
21 therapy, research, or education, but does not include an individual  
22 who has made a refusal.

23 "Reasonably available" means able to be contacted by a  
24 procurement organization without undue effort and willing and able  
25 to act in a timely manner consistent with existing medical criteria  
26 necessary for the making of an anatomical gift.

27 "Recipient" means a person into whose body a decedent's part  
28 has been or is intended to be transplanted.

29 "Record" means information that is inscribed on a tangible  
30 medium or stored in an electronic or other medium and is  
31 retrievable in perceivable form.

32 "Refusal" means a record created pursuant to P.L.2008, c.50  
33 (C.26:6-77 et seq.) that expressly states an intent to bar other  
34 persons from making an anatomical gift of a person's body or part.

35 "Sign" means, with the present intent to authenticate or adopt a  
36 record, to execute or adopt a tangible symbol, or to attach to or  
37 logically associate with the record an electronic symbol, sound, or  
38 process.

39 "State" means a state of the United States, the District of  
40 Columbia, Puerto Rico, the United States Virgin Islands, or any  
41 territory or insular possession subject to the jurisdiction of the  
42 United States.

43 "Technician" means a person who is determined to be qualified  
44 to remove or process parts by an appropriate organization that is  
45 licensed, accredited, or regulated under federal or State law, and  
46 includes an enucleator.

47 "Tissue" means a portion of the human body other than an organ  
48 or an eye, but does not include blood unless it is needed to facilitate

1 the use of other parts or is donated for the purpose of research or  
2 education.

3 "Tissue bank" means an entity that is licensed, accredited, or  
4 regulated under federal or State law to engage in the recovery,  
5 screening, testing, processing, storage, or distribution of tissue.

6 "Transplant hospital" means a hospital that furnishes organ  
7 transplants and other medical and surgical specialty services  
8 required for the care of transplant patients.

9 (cf: P.L.2017, c.131, s.106)

10

11 29. Section 18 of P.L.2008, c.50 (C.26:6-94) is amended to read  
12 as follows:

13 18. a. Each medical examiner shall cooperate with any  
14 procurement organization to maximize the opportunity to recover  
15 anatomical gifts for the purpose of transplantation, therapy,  
16 research, or education.

17 b. A part shall not be removed from the body of a decedent  
18 under a medical examiner's jurisdiction for transplantation, therapy,  
19 research, or education, nor delivered to a person for research or  
20 education, unless the part is the subject of an anatomical gift. The  
21 provisions of this section shall not be construed to preclude a  
22 medical examiner from performing an investigation as provided in  
23 **[P.L.1967, c.234 (C.52:17B-78 et seq.)] P.L. \_\_\_\_\_, c. \_\_\_\_\_**  
24 **(pending before the Legislature as this bill)** of a decedent under the  
25 medical examiner's jurisdiction.

26 c. Upon the request of a procurement organization, the medical  
27 examiner shall release to the procurement organization the name,  
28 contact information, and available medical and social history of a  
29 decedent whose body is under the medical examiner's jurisdiction.  
30 If the decedent's body or part is medically suitable for  
31 transplantation, therapy, research, or education, the medical  
32 examiner shall release the post-mortem examination results to the  
33 procurement organization. The procurement organization shall  
34 make a subsequent disclosure of the post-mortem examination  
35 results or other information received from the medical examiner  
36 only if relevant to transplantation, therapy, research, or education.

37 (cf: P.L.2008, c.50, s.18)

38

39 30. R.S.26:8-1 is amended to read as follows:

40 26:8-1. As used in this chapter:

41 "Vital statistics" means statistics concerning births, deaths, fetal  
42 deaths, marriages, civil unions and domestic partnerships  
43 established pursuant to P.L.2003, c.246 (C.26:8A-1 et al.).

44 "Vital records" means the birth, death, fetal death, marriage, civil  
45 union and domestic partnership records from which vital statistics  
46 are produced.

47 "State registrar" means the State registrar of vital statistics;

48 "Local registrar" or "registrar" means the local registrar of vital

1 statistics of any district; and "registration district" or "district"  
2 means a registration district as constituted by this article.

3 "Live birth" or "birth" means the complete expulsion or  
4 extraction from its mother of a product of conception, irrespective  
5 of the duration of pregnancy, which, after such separation, breathes  
6 or shows any other evidence of life such as beating of the heart,  
7 pulsation of the umbilical cord, or definite movement of voluntary  
8 muscles, whether or not the umbilical cord has been cut or the  
9 placenta attached.

10 "Authentication" means the entry by the Chief State Medical  
11 Examiner, Deputy Chief State Medical Examiner, or a county or  
12 intercounty medical examiner or assistant county or intercounty  
13 medical examiner, funeral director or physician into the New Jersey  
14 Electronic Death Registration System of a personal identification  
15 code, digital signature or other identifier unique to that user, by  
16 which the information entered into the system by the user is  
17 authenticated by the user who assumes responsibility for its  
18 accuracy. "Authentication" also means the process by which the  
19 State registrar or a local registrar, deputy registrar, alternate deputy  
20 registrar or subregistrar indicates that person's review and approval  
21 of information entered into the system by the Chief State Medical  
22 Examiner, Deputy Chief State Medical Examiner, or a county or  
23 intercounty medical examiner or assistant county or intercounty  
24 medical examiner, funeral director or physician.

25 "Electronic registration system" means any electronic method,  
26 including, but not limited to, one based on Internet technology, of  
27 collecting, transmitting, recording and authenticating information  
28 from one or more responsible parties, which is necessary to  
29 complete a vital record, and is designed to replace a manual, paper-  
30 based data collection, recordation and signature system.

31 "New Jersey Electronic Death Registration System" or "NJ-  
32 EDRS" is an electronic registration system for completing a  
33 certification of death or fetal death record that is authorized,  
34 designed and maintained by the State registrar.

35 (cf: P.L.2006, c.103, c.37)

36

37 31. Section 16 of P.L.2003, c.221 (C.26:8-24.1) is amended to  
38 read as follows:

39 16. a. The State registrar shall establish and maintain the New  
40 Jersey Electronic Death Registration System or NJ-EDRS.

41 (1) The system shall be fully implemented no later than 18  
42 months after the date of enactment of P.L.2003, c.221, and shall be  
43 the required means of death registration and certification for any  
44 death or fetal death occurring in this State, subject to any exception  
45 that may be approved by the State registrar in the case of a specific  
46 death or fetal death. All participants in the death registration  
47 process, including, but not limited to, the State registrar, local  
48 registrars, deputy registrars, alternate deputy registrars,  
49 subregistrars, the Chief State **【medical examiner】** Medical

1 Examiner, Deputy Chief State Medical Examiner, county or  
2 intercounty medical examiners, assistant county or intercounty  
3 medical examiners, funeral directors, attending physicians and  
4 resident physicians, licensed health care facilities, and other public  
5 or private institutions providing medical care, treatment or  
6 confinement to persons, shall be required to utilize the NJ-EDRS to  
7 provide the information that is required of them by statute or  
8 regulation.

9 (2) The State registrar may provide for a phased implementation  
10 of the system, beginning seven months after the date of enactment  
11 of P.L.2003, c.221, by requiring certain users, who are designated  
12 by the State registrar on a geographic or other basis for this  
13 purpose, to commence utilization of the system.

14 (3) Beginning no later than six months after the date of  
15 enactment of P.L.2003, c.221, the State registrar shall authorize and  
16 provide material support, in the form of system access, curriculum  
17 guidelines and user registration capability and authority, to the  
18 principal trade associations or professional organizations  
19 representing persons affected by implementation of the NJ-EDRS,  
20 for the purposes of providing training and education with regard to  
21 the NJ-EDRS. The State registrar may conduct such education and  
22 training, or authorize other entities to do so on his behalf; however,  
23 these activities shall not be construed as restricting the training and  
24 education activities of any affected trade association or professional  
25 organization, including the location, manner, fees or other means of  
26 conducting those activities on the part of the association or  
27 organization.

28 b. The NJ-EDRS shall, at a minimum, provide for:

29 (1) the direct transmission of burial permit documentation to the  
30 originating funeral home in an electronic form capable of output to  
31 a local printer;

32 (2) an overnight mail system for the delivery of NJ-EDRS-  
33 generated death certificates by the State registrar and local  
34 registrars, the cost of which shall be chargeable to the funeral  
35 director of record;

36 (3) an automated notification system to alert other responsible  
37 parties to pending cases, including notification to or from alternate  
38 local registrars;

39 (4) a systematic electronic payment method by which all fees  
40 are taken from accounts for which funeral homes are financially  
41 responsible and distributed, as appropriate, to the State registrar or  
42 local registrars as payment for the issuance of permits, the  
43 recording of records, the making of certified copies of death  
44 certificates, or for other charges that may be incurred;

45 (5) a legally binding system of digital authentication in lieu of  
46 signatures for the responsible parties and a means of assuring  
47 database security that permits users to enter the system from  
48 multiple sites and includes contemporaneous and remote data

1 security methods to protect the system from catastrophic loss or  
2 intrusions, as well as a method of data encryption for transmission;

3 (6) the capacity for authorized users to retrieve data comprising  
4 the death certification record;

5 (7) the capacity to electronically amend and correct death  
6 records;

7 (8) electronic notification, upon completion of the death record  
8 and issuance of a burial permit, of the decedent's name, Social  
9 Security number and last known address and the informant to: the  
10 federal Social Security Administration, the U.S. Citizenship and  
11 Immigration Services, the Division of Medical Assistance and  
12 Health Services in the Department of Human Services, the  
13 Department of Labor and Workforce Development and such other  
14 governmental agencies as the State registrar determines will  
15 substantially contribute to safeguarding public benefit programs and  
16 diminish the criminal use of a decedent's name and other identifying  
17 information; and the New Jersey State Funeral Directors  
18 Association, in the case of a decedent participating in one of its  
19 funeral expense payment programs, in such a manner as to enable it  
20 to fulfill its fiduciary obligations for the payment of the decedent's  
21 final funeral and burial expenses;

22 (9) sufficient data documentation to meet contemporary and  
23 emerging standards and expectations of vital record archiving; and

24 (10) continuous 24-hour-a-day technical support for all  
25 authorized users of the system.

26 c. A provider of information that is required to complete a  
27 death certificate, or who is subject to the provisions of law  
28 governing the NJ-EDRS, shall not be deemed to be acting as a local  
29 registrar, deputy registrar, alternate deputy registrar or subregistrar  
30 solely by virtue of permitting other providers of information to gain  
31 access to the NJ-EDRS by using those other providers' identifying  
32 information.

33 (cf: P.L.2013, c.274, s.2)

34

35 32. Section 18 of P.L.2003, c.221 (C.26:8-24.3) is amended to  
36 read as follows:

37 18. The Chief State Medical Examiner, the Commissioner of  
38 Labor and Workforce Development or his designee, county or  
39 intercounty medical examiners, licensed health care facilities, other  
40 public or private institutions providing medical care, treatment or  
41 confinement to persons, funeral homes and physicians' private  
42 practice offices, as defined by the State registrar, shall acquire the  
43 electronic means prescribed by the State registrar to access the NJ-  
44 EDRS, or make such other arrangements as are necessary for that  
45 purpose, no later than six months after the date of enactment of  
46 P.L.2003, c.221.

47 The Chief State Medical Examiner, the Commissioner of Labor  
48 and Workforce Development or his designee, and each county or  
49 intercounty medical examiner, health care facility, institution,

1 funeral home or physician's office shall employ at least one person  
2 who is qualified to use the NJ-EDRS, and is registered with the  
3 State registrar as an authorized user of the system, by virtue of  
4 completing a course of instruction on the NJ-EDRS provided by the  
5 State registrar or an authorized agent thereof, or satisfying such  
6 other requirements as may be established by the State registrar for  
7 this purpose.

8 (cf: P.L.2013, c.274, s.3)

9

10 33. R.S.26:8-52 is amended to read as follows:

11 26:8-52. Corrections to death certificates shall be signed by the  
12 physician, registered professional nurse, county or intercounty  
13 medical examiner or assistant county or intercounty medical  
14 examiner, Chief State Medical Examiner, Deputy Chief State  
15 Medical Examiner, funeral director or informant, whose name  
16 appears upon the certificate, or shall be otherwise recorded and  
17 authenticated on the NJ-EDRS as prescribed by the State registrar;  
18 however, any individual having personal knowledge and  
19 substantiating documentary proof of the matters sought to be  
20 corrected may apply under oath to the county or intercounty  
21 medical examiner or the Chief State Medical Examiner in a case in  
22 which the certificate was signed by the Chief State Medical  
23 Examiner or Deputy Chief State Medical Examiner, to have the  
24 certificate corrected. The authority to sign or otherwise  
25 authenticate corrections or amendments to causes or duration of  
26 causes of death is restricted to the physician, Chief State Medical  
27 Examiner, Deputy Chief State Medical Examiner, or county or  
28 intercounty medical examiner or assistant county or intercounty  
29 medical examiner. Upon denial of an application for correction or  
30 amendment of a death certificate, a person who has applied to a  
31 county or intercounty medical examiner may apply to the Chief  
32 State Medical Examiner, who shall exercise discretion to review the  
33 matter and amend the certificate or to defer to the decision of the  
34 county or intercounty medical examiner. The decision of the  
35 county or intercounty medical examiner shall be deemed the final  
36 decision by a public officer in the matter unless the Chief State  
37 Medical Examiner amends or corrects the death certificate.

38 (cf: P.L.2003, c.221, s.22)

39

40 34. Section 7 of P.L.2005, c.222 (C.26:13-7) is amended to read  
41 as follows:

42 7. During a state of public health emergency or in response to a  
43 public health emergency:

44 a. The commissioner, Chief State Medical Examiner, and  
45 Commissioner of Environmental Protection shall coordinate and  
46 consult with each other on the performance of their respective  
47 functions regarding the safe disposition of human remains, to devise  
48 and implement measures which may include, but are not limited to,  
49 the following:

- 1 (1) To take actions or issue and enforce orders to provide for the  
2 safe disposition of human remains as may be reasonable and  
3 necessary to respond to the public health emergency. Such  
4 measures may include, but are not limited to, the temporary mass  
5 burial or other interment, cremation, disinterment, transportation,  
6 and disposition of human remains. To the extent possible,  
7 religious, cultural, family, and individual beliefs of the deceased  
8 person or his family shall be considered when determining  
9 disposition of any human remains;
- 10 (2) To determine whether there is a need to investigate any  
11 human deaths related to the public health emergency, and take such  
12 steps as may be appropriate to enable the Chief State Medical  
13 Examiner, or his designee, to take possession or control of any  
14 human remains and perform an autopsy of the body under protocols  
15 of the Chief State Medical Examiner consistent with safety as the  
16 public health emergency may dictate;
- 17 (3) To direct or issue and enforce orders requiring any business  
18 or facility, including, but not limited to, a mortuary or funeral  
19 director, authorized to hold, embalm, bury, cremate, inter, disinter,  
20 transport, and dispose of human remains under the laws of this State  
21 to accept any human remains or provide the use of its business or  
22 facility if such actions are reasonable and necessary to respond to  
23 the public health emergency and are within the safety precaution  
24 capabilities of the business or facility; and
- 25 (4) To direct or issue and enforce orders requiring that every  
26 human remains prior to disposition be clearly labeled with all  
27 available information to identify the decedent, which shall include  
28 the requirement that any human remains of a deceased person with  
29 a contagious disease shall have an external, clearly visible tag  
30 indicating that the human remains are infected and, if known, the  
31 contagious disease.
- 32 b. The person in charge of disposition of any human remains  
33 shall maintain a written or electronic record of each human remains  
34 and all available information to identify the decedent and the  
35 circumstances of death and disposition. If human remains cannot  
36 be identified prior to disposition, a person authorized by the Chief  
37 State Medical Examiner shall, to the extent possible, take  
38 fingerprints and photographs of the human remains, obtain  
39 identifying dental information, and collect a DNA specimen, under  
40 protocols of the Chief State Medical Examiner consistent with  
41 safety as the public health emergency may dictate. All information  
42 gathered under this subsection shall be promptly forwarded to the  
43 Chief State Medical Examiner, who shall forward relevant  
44 information to the commissioner.
- 45 c. The commissioner and Chief State Medical Examiner shall  
46 coordinate with the appropriate law enforcement agencies in any  
47 case where human remains may constitute evidence in a criminal  
48 investigation.
- 49 (cf: P.L.2005, c.222, s.7)

1       35. Section 18 of P.L.2005, c.222 (C.26:13-18) is amended to  
2 read as follows:

3       18. During a state of public health emergency, the commissioner  
4 may exercise, for such period as the state of public health  
5 emergency exists, the following emergency powers regarding health  
6 care personnel:

7       a. To require in-State health care providers to assist in the  
8 performance of vaccination, treatment, examination or testing of  
9 any individual;

10       b. To appoint and prescribe the duties of such out-of-State  
11 emergency health care providers as may be reasonable and  
12 necessary to respond to the public health emergency, as provided in  
13 this subsection.

14       (1) The appointment of out-of-State emergency health care  
15 providers may be for such period of time as the commissioner  
16 deems appropriate, but shall not exceed the duration of the public  
17 health emergency. The commissioner may terminate the out-of-  
18 State appointments at any time or for any reason if the termination  
19 will not jeopardize the health, safety and welfare of the people of  
20 this State.

21       (2) The commissioner may waive any State licensing  
22 requirements, permits, fees, applicable orders, rules, and regulations  
23 concerning professional practice in this State by health care  
24 providers from other jurisdictions; and

25       c. To authorize the Chief State Medical Examiner, during the  
26 public health emergency, to appoint and prescribe the duties of  
27 county or intercounty medical examiners and assistant county or  
28 intercounty medical examiners, **[regional medical examiners,]**  
29 designated forensic pathologists, their assistants, out-of-State  
30 medical examiners, and others as may be required for the proper  
31 performance of the duties of the office.

32       (1) The appointment of persons pursuant to this subsection may  
33 be for a limited or unlimited time, but shall not exceed the duration  
34 of the public health emergency. The Chief State Medical Examiner  
35 may terminate the out-of-State appointments at any time or for any  
36 reason.

37       (2) The Chief State Medical Examiner may waive any licensing  
38 requirements, permits or fees otherwise required for the  
39 performance of these duties, so long as the appointed emergency  
40 assistant medical examiner is competent to properly perform the  
41 duties of the office. In addition, if from another jurisdiction, the  
42 appointee shall possess the licensing, permit or fee requirement for  
43 medical examiners or assistant medical examiners in that  
44 jurisdiction.

45       d. (1) An in-State health care provider required to assist  
46 pursuant to subsection a. of this section and an out-of-State  
47 emergency health care provider appointed pursuant to subsection b.  
48 of this section shall not be liable for any civil damages as a result of  
49 the provider's acts or omissions in providing medical care or

1 treatment related to the public health emergency in good faith and  
2 in accordance with the provisions of this act.

3 (2) An in-State health care provider required to assist pursuant  
4 to subsection a. of this section and an out-of-State emergency health  
5 care provider appointed pursuant to subsection b. of this section  
6 shall not be liable for any civil damages as a result of the provider's  
7 acts or omissions in undertaking public health preparedness  
8 activities, which activities shall include but not be limited to pre-  
9 event planning, drills and other public health preparedness efforts,  
10 in good faith and in accordance with the provisions of this act.

11 (cf: P.L.2005, c.222, s.18)

12

13 36. Section 29 of P.L.2005, c.222 (C.26:13-29) is amended to  
14 read as follows:

15 29. The powers granted in the act are in addition to, and not in  
16 derogation of, powers otherwise granted by law to the Chief State  
17 Medical Examiner.

18 (cf: P.L.2005, c.222, s.29)

19

20 37. N.J.S.40A:9-46 is amended to read as follows:

21 40A:9-46. In every county, the board of chosen freeholders shall  
22 appoint a county medical examiner, or join in the appointment of an  
23 intercounty medical examiner, in **【the manner and for the term**  
24 **provided by law】** accordance with the provisions of P.L. ,  
25 c. (C. ) (pending before the Legislature as this bill), who shall  
26 meet the qualifications for appointment as provided in that act【. He  
27 shall be a licensed physician, a resident of the county, of recognized  
28 ability and good standing in his community, with such training or  
29 experience as may be prescribed by standards promulgated **】** and  
30 prescribed by regulation of the Chief State Medical Examiner 【by  
31 rule or regulation】.

32 (cf: N.J.S.40A:9-46)

33

34 38. N.J.S.40A:9-47 is amended to read as follows:

35 40A:9-47. The county medical examiner of any county or an  
36 intercounty medical examiner may, subject to the approval of the  
37 board or boards of chosen freeholders, as applicable, appoint  
38 **【such】** one or more assistant county or intercounty medical  
39 examiners **【of the county, toxicologists, scientific experts, clerical**  
40 **assistants and other personnel as shall be deemed necessary and**  
41 **required, fix their compensation and prescribe their powers, duties**  
42 **and functions. The assistant medical examiners of the county shall**  
43 **have the same qualifications as the county medical examiner. The**  
44 **said personnel shall be under the direction and supervision of the**  
45 **county medical examiner】** to operate under their direction and  
46 supervision in accordance with the provisions of P.L. ,  
47 c. (C. ) (pending before the Legislature as this bill), and as

1 prescribed by regulation of the Chief State Medical Examiner.  
2 (cf: N.J.S.40A:9-47)

3

4 39. N.J.S.40A:9-48 is amended to read as follows:

5 40A:9-48. If the county or intercounty medical examiner is  
6 unable to perform any duty imposed upon him as such medical  
7 examiner, by law, he may appoint a resident licensed physician to  
8 act for and in his behalf. The physician so appointed shall have all  
9 the powers of the county or intercounty medical examiner and shall  
10 receive compensation for his services to be paid by the county or  
11 counties, as applicable.

12 (cf: N.J.S.40A:9-48)

13

14 40. N.J.S.40A:9-49 is amended to read as follows:

15 40A:9-49. <sup>1</sup>**[The]** Pursuant to section 22 of P.L.2003, c.261  
16 (C.45:27-22), the<sup>1</sup> county or intercounty medical examiner or  
17 assistant county or intercounty medical examiner, upon taking  
18 charge of unidentified or unclaimed dead bodies, shall make burial  
19 arrangements. If the decedent left an ascertainable estate able to  
20 pay for the burial, the cost thereof certified by the official in charge  
21 shall be payable out of such estate. If the decedent left no  
22 ascertainable estate able to pay for the burial, the cost of burial shall  
23 be borne:

24 a. if the decedent was an adult or emancipated child with  
25 surviving spouse, by the surviving spouse,

26 b. if the decedent was an unemancipated child with a surviving  
27 parent, by the surviving parent, or

28 c. if there is no surviving spouse or parent, as applicable, by  
29 the county.

30 (cf: P.L.1985, c.438, s.1)

31

32 41. N.J.S.40A:9-51 is amended to read as follows:

33 40A:9-51. The board of chosen freeholders of any county, by  
34 resolution, may designate not more than 6 places to be used as  
35 county public morgues and provide for their maintenance and  
36 operation. The said board may appoint the morgue keepers for  
37 terms of 5 years from the date of their appointments. The morgue  
38 keepers shall be under the supervision and direction of the county  
39 or intercounty medical examiner.

40 (cf: N.J.S.40A:9-51)

41

42 42. N.J.S.40A:9-52 is amended to read as follows:

43 40A:9-52. The morgue keepers shall be required to provide  
44 suitable rooms for the holding of necessary examinations or  
45 autopsies. They shall dispose of the dead bodies as directed by the  
46 county or intercounty medical examiner. The said county or  
47 intercounty medical examiner shall grant burial certificates for the  
48 unknown or unclaimed dead only to the morgue keepers. The board  
49 of chosen freeholders shall fix and pay the fees and expenses

1 incurred by the morgue keepers in the performance of their duties as  
2 such.

3 (cf: N.J.S.40A:9-52)

4

5 43. N.J.S.40A:9-54 is amended to read as follows:

6 40A:9-54. Unidentified or unclaimed dead bodies shall be  
7 viewed by the county or intercounty medical examiner or by the  
8 assistant county or intercounty medical examiner, or a regularly  
9 licensed and practicing physician deputized for that purpose by the  
10 county or intercounty medical examiner. Thereafter, the body shall  
11 be **【buried by the morgue keeper at the expense of the county】**  
12 **<sup>1</sup>【treated in the manner prescribed in section 20 of P.L. ,**  
13 **c. (C. ) (pending before the Legislature as this bill)】 buried**  
14 **by the morgue keeper at the expense of the county<sup>1</sup>.**

15 (cf: P.L.2002, c.121, s.3)

16

17 44. N.J.S.40A:9-55 is amended to read as follows:

18 40A:9-55. If any dead body in a morgue received as being  
19 unidentified shall thereafter be identified, the morgue keeper, upon  
20 the order of the county or intercounty medical examiner, shall  
21 deliver such body to any proper person willing to accept the  
22 responsibility therefor. Said person shall state the name and last  
23 known residence of the deceased and acknowledge receipt of the  
24 body by signing for it in a book to be kept by the morgue keeper for  
25 that purpose.

26 The morgue keeper shall make and keep a record of all bodies  
27 received and their disposition.

28 (cf: N.J.S.40A:9-55)

29

30 45. N.J.S.40A:9-56 is amended to read as follows:

31 40A:9-56. In any county where there is no morgue keeper, the  
32 procedure as to the disposition of unidentified or unclaimed dead  
33 bodies shall be as nearly similar as in counties having a morgue  
34 keeper, and the duties which would have been performed by the  
35 morgue keeper, if there were one, shall be performed by the county  
36 or intercounty medical examiner or the assistant county or  
37 intercounty medical examiner.

38 (cf: P.L.2002, c.121, s.4)

39

40 46. N.J.S.40A:9-57 is amended to read as follows:

41 40A:9-57. Where in any municipality the police ascertain the  
42 finding or discovery of an unidentified dead body, the chief of  
43 police or other police officer on duty shall forthwith notify the  
44 county or intercounty medical examiner of such finding or  
45 discovery.

46 (cf: N.J.S.40A:9-57)

47

48 47. N.J.S.40A:9-58 is amended to read as follows:

1       40A:9-58. The county or intercounty medical examiner or the  
 2 assistant county or intercounty medical examiner shall take charge  
 3 of the personal property found on or pertaining to an unknown  
 4 decedent~~].~~ The said county medical examiner~~],~~ and shall make an  
 5 inventory of all such personal property and file a copy thereof with  
 6 the clerk of the board of chosen freeholders. Within 20 days after  
 7 the death, the said personal property with a copy of the inventory  
 8 shall be delivered to the county treasurer. After 20 days following  
 9 such delivery the county treasurer, in his discretion, may sell said  
 10 property at public or private sale. If the proceeds of any such sale  
 11 shall not be claimed by a personal representative of the decedent or  
 12 person entitled thereto within 2 years after the sale, the said  
 13 proceeds shall become the property of the county.

14 (cf: N.J.S.40A:9-58)

15

16       48. Section 2 of P.L.1974, c.55 (C.52:14-15.108) is amended to  
 17 read as follows:

18       2. The salary ranges for the following positions shall be as  
 19 established by the Civil Service Commission with the approval of  
 20 the Director, Division of Budget and Accounting. The salary rate  
 21 for any such position shall be the salary step in such range next  
 22 above the salary currently being paid; provided, however, that any  
 23 sums appropriated for salaries may be made available for salary  
 24 adjustments therein arising from various exigencies of the State  
 25 service and for normal merit salary increments as the Civil Service  
 26 Commission, the State Treasurer and the Director of the Division of  
 27 Budget and Accounting shall determine; and provided, further, that  
 28 nothing in this act shall reduce the salary rate for any such position  
 29 below that which is being paid on the effective date of this act:

30       Community Affairs Department

31             Assistant Commissioner of Community Affairs  
 32             Director, Division of State and Regional Planning  
 33             Director, Division of Local Government Services  
 34             Director, Division of Housing and Urban Renewal  
 35             Director, Office of Aging Programs  
 36             Director, Office on Women

37       Environmental Protection Department

38             Director, Division of Water Resources  
 39             Director, Division of Parks and Forestry  
 40             Director of Fish, Game and Shell Fisheries  
 41             Director, Division of Marine Services  
 42             Director, Division of Environmental Quality

43       Health and Senior Services Department

44             Director, Division of Narcotic and Drug Abuse Control  
 45             Chief State Medical Examiner

46       Corrections Department

47             Chairman, State Parole Board  
 48             Associate Member, State Parole Board  
 49             Public Defender

1 Labor and Workforce Development Department  
2 Director, Workplace Standards  
3 Law and Public Safety Department  
4 Colonel and Superintendent, State Police  
5 **【State Medical Examiner】**  
6 Director, Division of Alcoholic Beverage Control  
7 State Superintendent of Weights and Measures  
8 Public Utilities Department  
9 Director, Office of Cable Television  
10 Executive Director, Public Broadcasting  
11 State Department  
12 Transportation Department  
13 Assistant Commissioner for Highways  
14 Assistant Commissioner for Public Transportation  
15 Chief Administrator, New Jersey Motor Vehicle  
16 Commission  
17 Treasury Department  
18 Director, Division of Budget and Accounting  
19 Director, Division of Taxation  
20 Director, Division of Purchase and Property  
21 Director, Division of Pensions and Benefits  
22 Director, Division of State Lottery.

23 (cf: P.L.2008, c.29, s.107)

24  
25 49. Section 8 of P.L.2007, c.279 (C.52:17B-219) is amended to  
26 read as follows:

27 8. a. After performing any death scene investigation, as  
28 deemed appropriate under the circumstances, the official with  
29 custody of the human remains shall ensure that the human remains  
30 are delivered to the appropriate county or intercounty medical  
31 examiner.

32 b. Any county or intercounty medical examiner with custody of  
33 human remains that are not identified within 24 hours of discovery  
34 shall promptly notify the Missing Persons Unit of the location of  
35 those remains.

36 c. If the county or intercounty medical examiner with custody  
37 of remains cannot determine whether or not the remains found are  
38 human, the medical examiner shall so notify the Missing Persons  
39 Unit.

40 (cf: P.L.2007, c.279, s.8)

41  
42 50. Section 9 of P.L.2007, c.279 (C.52:17B-220) is amended to  
43 read as follows:

44 9. a. If the official with custody of the human remains is not a  
45 medical examiner, the official shall promptly transfer the  
46 unidentified remains to the appropriate county or intercounty  
47 medical examiner.

- 1       b. The county or intercounty medical examiner shall make  
2 reasonable attempts to promptly identify human remains. These  
3 actions may include, but are not limited to, obtaining:
- 4       (1) photographs of the human remains;
  - 5       (2) dental or skeletal X-rays;
  - 6       (3) photographs of items found with the human remains;
  - 7       (4) fingerprints from the remains, if possible;
  - 8       (5) samples of tissue suitable for DNA typing, if possible;
  - 9       (6) samples of whole bone or hair suitable for DNA typing; and
  - 10      (7) any other information that may support identification efforts.
- 11      c. No medical examiner or any other person shall dispose of, or  
12 engage in actions that will materially affect, the unidentified human  
13 remains before the county medical examiner obtains:
- 14      (1) samples suitable for DNA identification archiving;
  - 15      (2) photographs of the unidentified human remains; and
  - 16      (3) all other appropriate steps for identification have been  
17 exhausted.
- 18      d. Unidentified human remains shall not be cremated.
- 19      e. The county or intercounty medical examiner shall make  
20 reasonable efforts to obtain prompt DNA analysis of biological  
21 samples if the human remains have not been identified by other  
22 means within 30 days.
- 23      f. The medical examiner shall seek support from appropriate  
24 State and federal agencies to assist in the identification of  
25 unidentified human remains. Such assistance may include, but not  
26 be limited to, available mitochondrial or nuclear DNA testing,  
27 federal grants for DNA testing, or federal grants for crime  
28 laboratory or medical examiner office improvement.
- 29      g. The county or intercounty medical examiner shall seek  
30 support from appropriate federal and State agency representatives to  
31 have information promptly entered in federal and State databases by  
32 those representatives that can aid in the identification of a missing  
33 person. Information shall be entered into federal databases as  
34 follows:
- 35      (1) information for the National Crime Information Center  
36 within 24 hours;
  - 37      (2) DNA profiles and information shall be entered into the  
38 National DNA Index System (NDIS) within five business days after  
39 the completion of the DNA analysis and procedures necessary for  
40 the entry of the DNA profile; and
  - 41      (3) information sought by the Violent Criminal Apprehension  
42 Program database as soon as practicable.
- 43      h. Nothing in this act shall be construed to preclude any  
44 medical examiner office, the State Police, or any local law  
45 enforcement agency from other actions to facilitate the  
46 identification of unidentified human remains, including efforts to  
47 publicize information, descriptions, or photographs that may aid in  
48 the identification of the unidentified remains, including allowing  
49 family members to identify a missing person; provided that in

1 taking these actions, all due consideration is given to protect the  
2 dignity and well-being of the missing person and the family of the  
3 missing person.

4 i. Agencies handling the remains of a missing person who is  
5 deceased shall notify the law enforcement agency handling the  
6 missing person's case. Documented efforts shall be made to locate  
7 family members of the deceased person to inform them of the death  
8 and location of the remains of their family member.

9 (cf: P.L.2007, c.279, s.9)

10

11 51. Section 3 of P.L.2003, c.225 (C.52:27D-43.17c) is amended  
12 to read as follows:

13 3. a. The board shall consist of 20 members as follows:

14 (1) the Commissioners of Community Affairs, Human Services,  
15 Children and Families, and Health **【and Senior Services】**, the  
16 Attorney General, the Public Defender, the Superintendent of the  
17 State Police, the Director of the Division of Child Protection and  
18 Permanency in the Department of Children and Families, the Chief  
19 State Medical Examiner, and the chairperson of the Child Fatality  
20 and Near Fatality Review Board, or their designees, who shall serve  
21 ex officio;

22 (2) eight public members appointed by the Governor who shall  
23 include a representative of the County Prosecutors Association of  
24 New Jersey with expertise in prosecuting domestic violence cases, a  
25 representative of the New Jersey Coalition for Battered Women, a  
26 representative of a program for battered women that provides  
27 intervention services to perpetrators of acts of domestic violence, a  
28 representative of the law enforcement community with expertise in  
29 the area of domestic violence, a psychologist with expertise in the  
30 area of domestic violence or other related fields, a licensed social  
31 worker with expertise in the area of domestic violence, a licensed  
32 health care professional knowledgeable in the screening and  
33 identification of domestic violence cases and a county probation  
34 officer; and

35 (3) two retired judges appointed by the Administrative Director  
36 of the Administrative Office of the Courts, one with expertise in  
37 family law and one with expertise in municipal law as it relates to  
38 domestic violence.

39 b. The public members of the board shall serve for three-year  
40 terms, except that of the public members first appointed, four shall  
41 serve for a period of one year, three shall serve for a period of two  
42 years and two shall serve for a period of three years. The members  
43 shall serve without compensation, but shall be eligible for  
44 reimbursement for necessary and reasonable expenses incurred in  
45 the performance of their official duties and within the limits of  
46 funds appropriated for this purpose. Vacancies in the membership  
47 of the board shall be filled in the same manner as the original  
48 appointments were made.

1 c. The board shall select a chairperson from among its  
2 members who shall be responsible for the coordination of all  
3 activities of the board.

4 d. The board is entitled to call to its assistance and avail itself  
5 of the services of employees of any State, county, or municipal  
6 department, board, bureau, commission, or agency as it may require  
7 and as may be available for the purposes of reviewing a case  
8 pursuant to the provisions of P.L.2003, c.225 (C.52:27D-43.17a et  
9 seq.).

10 e. The board may seek the advice of experts, such as persons  
11 specializing in the fields of psychiatric and forensic medicine,  
12 nursing, psychology, social work, education, law enforcement,  
13 family law, academia, military affairs, or other related fields, if the  
14 facts of a case warrant additional expertise.  
15 (cf: P.L.2012, c.16, s.150)

16

17 52. Section 8 of P.L.2001, c.246 (C.App.A:9-71) is amended to  
18 read as follows:

19 8. a. There is established in the Department of Law and Public  
20 Safety the Domestic Security Preparedness Planning Group, which  
21 shall assist the task force in performing its duties under this act. In  
22 cooperation with the task force, the planning group shall develop  
23 and provide to the task force, for consideration, a coordinated plan  
24 to be included in the State Emergency Operations Plan to prepare  
25 for, respond to, mitigate and recover from incidents of terrorism.

26 b. The members of the planning group shall include the  
27 Director of the New Jersey Office of Emergency Management, the  
28 Adjutant General of Military and Veterans' Affairs or his designee,  
29 the Commissioner of Agriculture or his designee, the Commissioner  
30 of Community Affairs or his designee, the Commissioner of  
31 Corrections or his designee, the Commissioner of Environmental  
32 Protection or his designee, the Commissioner of Health **and Senior**  
33 **Services** or his designee, the Commissioner of Human Services, or  
34 his designee, the Commissioner of Transportation or his designee,  
35 the Executive Director of the New Jersey Transit Corporation or his  
36 designee, the State Treasurer or his designee, the **[New Jersey]**  
37 **Chief** State Medical Examiner or his designee, <sup>2</sup>**[a representative of**  
38 **the University of Medicine and Dentistry of New Jersey,]**<sup>2</sup> the  
39 President of the Board of Public Utilities or his designee, a  
40 representative of the New Jersey County Emergency Management  
41 Coordinators Association, a representative of the New Jersey State  
42 Fire Chiefs Association, and a representative of the New Jersey  
43 State Police Chiefs Association. The planning group may include,  
44 to the extent such individuals may be made available for such  
45 purpose, a representative of the Federal Emergency Management  
46 Agency, a representative of the Federal Bureau of Investigation, a  
47 representative of the American Red Cross, and a representative of  
48 such other charitable groups as may be appropriate. The

1 chairperson of the task force shall appoint the chair and vice chair  
2 of the planning group.

3 (cf: P.L.2012, c.45, s.137)

4

5 53. The following are repealed:

6 N.J.S.40A:9-50;

7 P.L.1967, c.234 (C.52:17B-78 et seq.);

8 Sections 2 and 3 of P.L.1972, c.13 (C.52:17B-79.1 et seq.);

9 P.L.1983, c.535 (C.52:17B-88.1 et seq.);

10 P.L.1993, c.276 (C.52:17B-88.7 et seq.);

11 Section 2 of P.L.2000, c.24 (C.52:17B-88.10);

12 Section 2 of P.L.2005, c.227 (C.52:17B-88.11);

13 P.L.2009, c.151 (C.52:17B-88a); and

14 P.L.2013, c.91 (<sup>2</sup>**[C.52:17B-8.12]** C.52:17B-88.12<sup>2</sup> et seq.).

15

16 54. This act shall take effect on the first day of the second month  
17 next following the date of enactment.

18

19

20

21

22 "Revised State Medical Examiner Act"; establishes Office of the  
23 Chief State Medical Examiner in DOH.

**SENATE, No. 976**

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**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

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INTRODUCED JANUARY 16, 2018

**Sponsored by:**  
**Senator JOSEPH F. VITALE**  
**District 19 (Middlesex)**

**SYNOPSIS**

“Revised State Medical Examiner Act”; establishes Office of the Chief State Medical Examiner in DOH.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT establishing the Office of the Chief State Medical  
2 Examiner in the Department of Health, supplementing Title 26 of  
3 the Revised States, and amending and repealing parts of the  
4 statutory law.

5  
6 **BE IT ENACTED** by the Senate and General Assembly of the State  
7 of New Jersey:

8  
9 1. (New section) This act shall be known and may be cited as  
10 the “Revised State Medical Examiner Act.”

11  
12 2. (New section) The Legislature finds and declares that:

13 a. The enactment of a “Revised State Medical Examiner Act”  
14 is necessary in order to reform the current decentralized and  
15 fragmented medical examiner system in this State;

16 b. The linchpin of this reform is to be the establishment of a  
17 new Office of the Chief State Medical Examiner, to be led by a  
18 single officer known as the Chief State Medical Examiner, with  
19 significant statutory authority and operational oversight to ensure  
20 the effective and efficient operation of the entire medical examiner  
21 system in New Jersey;

22 c. This new office is to be established in, but not of, the  
23 Department of Health in order to ensure its independent status, and  
24 the Chief State Medical Examiner is to exercise explicit supervisory  
25 authority over the entire medical examiner system, with the power  
26 to intervene at his discretion in any medicolegal death investigation  
27 in this State;

28 d. The Chief State Medical Examiner is to be responsible for  
29 ensuring that the entire medical examiner system is adequately  
30 equipped to effectively deliver medicolegal death investigation  
31 services throughout the State, including appropriate funding for  
32 staff, equipment, and facilities for all medical examiner offices;

33 e. The Chief State Medical Examiner is to establish operating  
34 and performance standards for every medical examiner office in  
35 New Jersey, including uniform procedures for medicolegal death  
36 investigations; and

37 f. The reforms entailed in this act will result in a more efficient  
38 and effective medical examiner system that will better meet the  
39 needs of this State and thereby serve the public interest.

40  
41 3. (New section) As used in this act:

42 “Commissioner” means the Commissioner of Health.

43 “Compelling public necessity” means one or more of the  
44 following:

**EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

- 1 a. that a dissection or autopsy is essential to the criminal  
2 investigation of a homicide of which the decedent is the victim;  
3 b. that the discovery of the cause of death is necessary to meet  
4 an immediate and substantial threat to the public health, and that a  
5 dissection or autopsy is essential to ascertain the cause of death;  
6 c. that the death was that of an inmate of a prison, jail, or other  
7 correctional facility;  
8 d. that the death was that of a child under the age of 12 years  
9 suspected of having been abused or neglected or suspected of being  
10 a threat to public health, and the cause of whose death is not  
11 apparent after diligent investigation by the medical examiner; or  
12 e. that the need for a dissection or autopsy is established  
13 pursuant to the provisions of this act.

14 "Department" means the Department of Health.

15 "Friend" means any person who, prior to the decedent's death,  
16 maintained close contact with the decedent sufficient to render that  
17 person knowledgeable of the decedent's activities, health, and  
18 religious beliefs, and who presents an affidavit stating the facts and  
19 circumstances upon which the claim that the person is a friend is  
20 based, and stating that the person will assume responsibility for the  
21 lawful disposition of the body of the deceased.

22 "Person in interest" means the spouse, civil union partner,  
23 domestic partner, adult child, parent, adult sibling, grandparent, or  
24 guardian of the person of the deceased at the time of the deceased's  
25 death.

26

27 4. (New section) There is established in the Executive Branch  
28 of the State Government the Office of the Chief State Medical  
29 Examiner. For the purpose of complying with the provisions of  
30 Article V, Section IV, paragraph 1 of the New Jersey Constitution,  
31 the Office of the Chief State Medical Examiner is allocated within  
32 the Department of Health; but, notwithstanding that allocation, the  
33 office shall be independent of any supervision or control by the  
34 department or by any board or officer thereof.

35

36 5. (New section) a. The Office of the State Medical Examiner  
37 in the Department of Law and Public Safety, established pursuant to  
38 section 2 of P.L.1967, c.234 (C.52:17B-79), is abolished; and all of  
39 its functions, powers, and duties are transferred to the Office of the  
40 Chief State Medical Examiner in the Department of Health  
41 established hereunder, subject to the provisions of this act and in  
42 accordance with the "State Agency Transfer Act," P.L.1971, c.375  
43 (C.52:14D-1 et seq.).

44 b. All appropriations and other monies available, and to  
45 become available, to the Office of the State Medical Examiner in  
46 the Department of Law and Public Safety, established pursuant to  
47 section 2 of P.L.1967, c.234 (C.52:17B-79) and abolished pursuant  
48 to this act, are continued in the Office of the Chief State Medical

1 Examiner in the Department of Health established hereunder and  
2 shall be available for the objects and purposes for which these  
3 monies are appropriated, subject to the provisions of this act and  
4 any other terms, restrictions, limitations, or other requirements  
5 imposed by law.

6 c. Whenever the term "State Medical Examiner" occurs or any  
7 reference is made thereto in any law, rule, regulation, order,  
8 contract, document, judicial or administrative proceeding, or  
9 otherwise, the same shall be deemed to mean or refer to: the "Chief  
10 State Medical Examiner" designated as the head of the Office of the  
11 Chief State Medical Examiner in the Department of Health  
12 established hereunder; or any person appointed to the position of  
13 "Deputy Chief State Medical Examiner" and acting on behalf of the  
14 Chief State Medical Examiner.

15

16 6. (New section) a. The Office of the Chief State Medical  
17 Examiner shall be under the immediate and sole supervision and  
18 authority of the Chief State Medical Examiner, who shall direct,  
19 control, and oversee the medical examiner system in this State.

20 b. The Chief State Medical Examiner shall be a physician  
21 licensed and in good standing in the State of New Jersey, a graduate  
22 of a regularly chartered and legally constituted medical school or  
23 college, and certified in forensic pathology by the American Board  
24 of Pathology.

25 c. The Chief State Medical Examiner shall be appointed by the  
26 Governor, with the advice and consent of the Senate, and shall serve  
27 for a term of five years and until a successor is appointed and has  
28 qualified. In the case of the death, removal, resignation, or  
29 permanent incapacity of the Chief State Medical Examiner, the  
30 Governor shall appoint a new Chief State Medical Examiner, in the  
31 same manner as the original appointment, within six months.

32 d. The Chief State Medical Examiner shall receive a salary,  
33 which shall be within a salary range established by the Civil Service  
34 Commission with the approval of the Director of the Division of  
35 Budget and Accounting, as provided by section 2 of P.L. 1974, c.55  
36 (C.52:14-15.108), and as approved by the Governor.

37 e. The Chief State Medical Examiner shall report directly to  
38 the Commissioner of Health and shall function independently  
39 within the department with respect to the supervision of the medical  
40 examiner system and the conducting of medicolegal death  
41 investigations.

42 f. During the term of office set forth in this subsection, the  
43 Chief State Medical Examiner may be removed by the Governor  
44 only for cause as set forth in this act, upon notice and opportunity to  
45 be heard.

46

47 7. (New section) The Chief State Medical Examiner shall have  
48 the following general duties, functions, powers, and responsibilities:

- 1 a. The Chief State Medical Examiner shall have the authority to  
2 enforce the provisions of this act.
- 3 b. The Chief State Medical Examiner shall, to the best of his  
4 ability, ensure that the medical examiner system is adequately  
5 equipped and staffed to effectively deliver medicolegal death  
6 investigation services throughout the State, for which purpose the  
7 Chief State Medical Examiner shall:
- 8 (1) establish standards of funding for the operations and staffing  
9 of the Office of the Chief State Medical Examiner;
- 10 (2) establish advisory standards of funding for the operations,  
11 staffing, capital equipment, laboratories, and facilities of the county  
12 and intercounty medical examiner offices;
- 13 (3) oversee the deployment of State funds designated for the  
14 medical examiner system;
- 15 (4) maintain and supervise the New Jersey State Medical  
16 Examiner Toxicology Laboratory as set forth in this act; and
- 17 (5) have the authority to apply for and accept funds, including  
18 grants and awarded federal appropriations, for the improvement of  
19 the system of medicolegal death investigation services.
- 20 c. The Chief State Medical Examiner shall:
- 21 (1) appoint such persons to the position of Deputy Chief State  
22 Medical Examiner, and such other employees, as may be needed for  
23 the Office of the Chief State Medical Examiner to meet its  
24 responsibilities, and prescribe their duties;
- 25 (2) pursuant to the provisions of this act, provide advice  
26 concerning the appointment, by the governing body of a county or  
27 the governing bodies of two or more counties, of county or  
28 intercounty medical examiners, as applicable, to conduct  
29 medicolegal death investigations within the jurisdiction in which  
30 they may be appointed to serve;
- 31 (3) provide advice to the governing bodies of two or more  
32 counties seeking to maintain an intercounty medical examiner  
33 office, in accordance with the provisions of this act;
- 34 (4) establish minimum training and experiential requirements of  
35 eligibility for those persons appointed as Deputy Chief State  
36 Medical Examiner or as a county or intercounty medical examiner,  
37 in addition to the other qualifications set forth in this act;
- 38 (5) retain direct supervisory power over all operations and  
39 personnel employed by the Office of the Chief State Medical  
40 Examiner;
- 41 (6) have direct supervision and oversight of any county or  
42 intercounty medical examiner facility that the Chief State Medical  
43 Examiner reasonably determines is experiencing problems that  
44 preclude its effective functioning; and
- 45 (7) provide professional oversight concerning the operations of  
46 the county and intercounty medical examiner offices as they relate  
47 specifically to the conduct of medicolegal death investigations and  
48 the performance of autopsies.

1 d. The Chief State Medical Examiner, pursuant to the  
2 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
3 seq.), shall adopt rules and regulations as necessary to effectuate the  
4 provisions of this act, including, but not limited to, establishing:

5 (1) uniform procedures for conducting medicolegal death  
6 investigations as determined to be necessary to determine identity,  
7 cause of death, and manner of death, and to resolve any issues or  
8 potential issues of public health and legal concern;

9 (2) minimum performance and operating standards for the  
10 Office of the Chief State Medical Examiner and each county or  
11 intercounty medical examiner office; and

12 (3) standards of professional conduct to be followed by the  
13 personnel of the Office of the Chief State Medical Examiner and the  
14 personnel of county and intercounty medical examiner offices.

15 e. The Chief State Medical Examiner shall have direct  
16 supervision and oversight of any medical examiner facility  
17 operating under the jurisdiction of this State.

18 f. The Chief State Medical Examiner is authorized to intervene  
19 in, and to assume control over, any ongoing medicolegal death  
20 investigation taking place in the State, at any time and at his  
21 discretion, regardless of whether the Chief State Medical Examiner  
22 has received permission from, or a request for intervention by, the  
23 county or intercounty medical examiner performing the  
24 investigation.

25

26 8. (New section) a. The position of Deputy Chief State  
27 Medical Examiner is created in the Office of the Chief State  
28 Medical Examiner.

29 b. The Chief State Medical Examiner may appoint one or more  
30 persons to the position of Deputy Chief State Medical Examiner, as  
31 he determines is needed to provide for appropriate supervision of  
32 the medical examiner system in this State. If the Chief State  
33 Medical Examiner appoints more than one person as Deputy Chief  
34 State Medical Examiner, the Chief State Medical Examiner shall  
35 name one Deputy Chief Medical Examiner as the “First Deputy  
36 Chief State Medical Examiner.”

37 c. The Deputy Chief State Medical Examiner, or the First  
38 Deputy Chief State Medical Examiner if one has been named  
39 pursuant to subsection b. of this section, shall perform all of the  
40 duties of the Chief State Medical Examiner in the case of the  
41 incapacity, prolonged absence, permanent resignation, or removal  
42 of the Chief State Medical Examiner.

43 d. The Deputy Chief State Medical Examiner shall: be a  
44 physician licensed and in good standing in the State; be a graduate  
45 of a regularly chartered and legally constituted medical school or  
46 college, and certified in forensic pathology by the American Board  
47 of Pathology; and possess such minimum training and experiential

1 requirements as are established by the Chief State Medical  
2 Examiner.

3 e. Nothing shall preclude an appointed county or intercounty  
4 medical examiner from also serving as Deputy Chief State Medical  
5 Examiner, provided that person meets the eligibility requirements  
6 set forth in this section.

7 f. The Deputy Chief State Medical Examiner shall ensure  
8 compliance with the rules and regulations adopted by the Chief  
9 State Medical Examiner, and shall perform such duties as are  
10 assigned by the Chief State Medical Examiner.

11 g. The Deputy Chief State Medical Examiner may be removed  
12 from office by the Chief State Medical Examiner with or without  
13 cause. The removal shall be independent of any position that the  
14 Deputy Chief State Medical Examiner holds as a county or  
15 intercounty medical examiner.

16

17 9. (New section) a. The governing body of a county shall  
18 establish and maintain an office of the county medical examiner,  
19 except as otherwise provided in this section.

20 b. (1) The governing body of a county or the governing bodies  
21 of two or more counties shall seek the advice of the Chief State  
22 Medical Examiner concerning the appointment of a county medical  
23 examiner or intercounty medical examiner, as applicable, by  
24 forwarding the nomination of the governing body for county  
25 medical examiner or the nomination of the governing bodies for  
26 intercounty medical examiner to the Chief State Medical Examiner  
27 for review.

28 (2) Two or more counties may jointly establish and maintain a  
29 medical examiner office on a cooperative or regional basis, to be  
30 designated as an intercounty medical examiner office, and shall  
31 seek the advice of the Chief State Medical Examiner concerning  
32 such an arrangement before doing so.

33 c. The office of the county medical examiner shall be directed  
34 by a county medical examiner or, in the instances when counties  
35 jointly maintain an office on a cooperative or regional basis, an  
36 intercounty medical examiner, who shall be appointed by the  
37 governing body of the county or the governing bodies of the  
38 counties maintaining such an office, as applicable, in accordance  
39 with the provisions of subsection b. of this section, for a term of  
40 five years and until a successor is appointed and has qualified;  
41 except that any person holding the office of county or intercounty  
42 medical examiner on the effective date of this act shall continue as  
43 county or intercounty medical examiner until the expiration of the  
44 term for which that person was appointed.

45 d. If the county governing body of a county fails, or the  
46 governing bodies of two or more counties fail, to appoint a county  
47 or intercounty medical examiner, as applicable, or if the office of  
48 the county or intercounty medical examiner becomes vacant, upon

1 the written request of an assignment judge of the Superior Court, or  
2 of the governing body of the county or the governing bodies of two  
3 or more counties that made the original appointment or nomination,  
4 the Chief State Medical Examiner shall designate a qualified  
5 representative to perform the duties of the office until a new county  
6 or intercounty medical examiner is appointed. If the Chief State  
7 Medical Examiner assumes the duties of a county or intercounty  
8 medical examiner, the Chief State Medical Examiner shall have all  
9 the authority conferred by law upon a county or intercounty medical  
10 examiner and may appoint such assistants, aides, investigators, or  
11 other personnel as the Chief State Medical Examiner deems  
12 necessary. In that event, the treasurer of the county or the  
13 treasurers of the counties, as the case may be, shall reimburse the  
14 Office of the Chief State Medical Examiner or its designated  
15 representative for all costs incurred in properly conducting death  
16 investigations on behalf of the county or counties and performing  
17 all other functions of the county or intercounty medical examiner.

18 e. The office of county or intercounty medical examiner shall  
19 have at least one New Jersey licensed physician certified in forensic  
20 pathology by the American Board of Pathology on staff, serving as  
21 either the county or intercounty medical examiner, or as the  
22 assistant county or assistant intercounty medical examiner. Any  
23 additional person appointed as a county or intercounty medical  
24 examiner or an assistant county or intercounty medical examiner  
25 shall not be required to be certified in forensic pathology by the  
26 American Board of Pathology.

27 f. Each county and intercounty medical examiner or assistant  
28 county and assistant intercounty medical examiner shall be: a  
29 licensed physician of recognized ability and in good standing in the  
30 State; be a graduate of a regularly chartered and legally constituted  
31 medical school or college; and possess such minimum training and  
32 experience requirements as are established by the Chief State  
33 Medical Examiner.

34 g. The county or intercounty medical examiner, subject to the  
35 approval of the governing body of the county or the governing  
36 bodies of the counties, as applicable, may appoint and prescribe the  
37 duties of any assistant county or intercounty medical examiners and  
38 other personnel as the county or intercounty medical examiner  
39 deems necessary for the proper performance of the duties of the  
40 office. An assistant county or assistant intercounty medical  
41 examiner shall meet the qualifications for that position as provided  
42 for in this section.

43 h. The salaries and expenses incurred by the office of the  
44 county or intercounty medical examiner shall be included in the  
45 annual budget of the county or counties served by that office, and  
46 the governing body of the county or the governing bodies of the  
47 counties shall fix the compensation to be paid to the county or  
48 intercounty medical examiner and assistant medical examiners and

1 other personnel of the office. The governing body of the county or  
2 the governing bodies of the counties shall provide suitable quarters  
3 and equipment necessary for the performance of the duties of the  
4 county or intercounty medical examiner, and shall consult advisory  
5 standards adopted by the Chief State Medical Examiner with regard  
6 to funding for the staff, quarters, and equipment necessary for the  
7 performance of the duties of the office of the county or intercounty  
8 medical examiner. The budget for, and spending by, the office of  
9 the county or intercounty medical examiner shall: be available for  
10 review by the Chief State Medical Examiner; be published and  
11 available to the public as part of the budget approved by the  
12 governing body of the county or the governing bodies of the  
13 counties; and include all direct and indirect costs associated with  
14 the operation of the medical examiner office.

15 i. Each county and intercounty medical examiner shall ensure  
16 compliance with the rules and regulations adopted by the Chief  
17 State Medical Examiner.

18 j. The Chief State Medical Examiner may remove a county or  
19 intercounty medical examiner from office for cause, as set forth in  
20 this act, pending a hearing and final resolution, and in consultation  
21 with the governing body of the county or the governing bodies of  
22 the counties that appointed the county or intercounty medical  
23 examiner, as applicable. The Chief State Medical Examiner shall  
24 provide written notice of the removal to the governing body of the  
25 county or the governing bodies of the counties that appointed the  
26 county or intercounty medical examiner, as applicable, and to the  
27 county or intercounty medical examiner, immediately after making  
28 the removal official. A county or intercounty medical examiner  
29 removed under this provision shall be provided with notice of the  
30 charges against that person and afforded an opportunity for a  
31 hearing before an administrative law judge to contest the removal,  
32 which shall conform with the provisions applicable to such  
33 contested cases in this State as set forth in statute and regulation.

34  
35 10. (New section) a. A medical examiner shall conduct a  
36 medicolegal investigation of a death in this State, as determined to  
37 be necessary to establish identity and the cause and manner of  
38 death, and to resolve any issues or potential issues of public health  
39 and of legal concern, in accordance with rules and regulations  
40 adopted by the Chief State Medical Examiner, in any of the  
41 following instances:

42 (1) death where criminal violence appears to have taken place,  
43 regardless of the time interval between the incident and death, and  
44 regardless of whether the violence appears to have been the  
45 immediate cause of death, or a contributory factor thereto;

46 (2) death by accident or unintentional injury, regardless of the  
47 time interval between the incident and death, and regardless of

- 1 whether the injury appears to have been the immediate cause of
- 2 death, or a contributory factor thereto;
- 3 (3) death under suspicious or unusual circumstances;
- 4 (4) death from causes that might constitute a threat to public
- 5 health and safety;
- 6 (5) death not caused by readily recognizable diseases, disability,
- 7 or infirmity;
- 8 (6) sudden death when the decedent was in apparent good
- 9 health;
- 10 (7) suicide;
- 11 (8) death of a child under 18 years of age from any cause;
- 12 (9) sudden or unexpected death of an infant or child under three
- 13 years of age or a fetal death occurring without medical attendance;
- 14 (10) death due to criminal abortion, whether apparently self-
- 15 induced or not;
- 16 (11) death where suspicion of abuse of a child, family or
- 17 household member, or elderly or disabled person exists;
- 18 (12) death within 24 hours of admission to a hospital or a nursing
- 19 home;
- 20 (13) death in custody, in a jail or correctional facility, or in a
- 21 State or county psychiatric hospital, State developmental center, or
- 22 other public or private institution or facility for persons with mental
- 23 illness, developmental disabilities, or brain injury;
- 24 (14) death related to occupational illness or injury;
- 25 (15) death due to thermal, chemical, electrical, or radiation
- 26 injury;
- 27 (16) death due to toxins, poisons, medicinal or recreational
- 28 drugs, or a combination thereof;
- 29 (17) known or suspected non-natural death;
- 30 (18) any person found dead under unexplained circumstances;
- 31 (19) the discovery of skeletal remains; or
- 32 (20) a death occurring under such other circumstances as
- 33 prescribed by regulation of the Chief State Medical Examiner.
- 34 b. For a death that occurs, or appears to have occurred, for any
- 35 of the reasons specified in subsection a. of this section:
- 36 (1) It shall be the duty of any member of the general public
- 37 having knowledge of the death to notify immediately the local law
- 38 enforcement agency of the known facts concerning the time, place,
- 39 manner, and circumstances of that death;
- 40 (2) It shall be the duty of any attending physician, licensed
- 41 nurse, hospital administrator, law enforcement officer, Department
- 42 of Children and Families staff member, or funeral director to notify
- 43 immediately the county or intercounty medical examiner of the
- 44 known facts concerning the time, place, manner, and circumstances
- 45 of that death; and
- 46 (3) A person who willfully neglects or refuses to report the
- 47 death, or who, without an order from the office of the county or
- 48 intercounty medical examiner or the Office of the Chief State

1 Medical Examiner, willfully touches, removes, or disturbs the  
2 decedent's body or touches, removes, or disturbs the clothing upon  
3 or near the body, is a disorderly person.

4 c. In addition to the rules and regulations adopted by the Chief  
5 State Medical Examiner establishing uniform procedures for  
6 conducting medicolegal death investigations, the procedures  
7 concerning the death investigation process as set forth in this  
8 subsection shall be followed by the persons specified herein.

9 (1) Upon the death of a person from any of the causes specified  
10 in subsection a. of this section, it shall be the duty of the physician  
11 in attendance, a law enforcement officer having knowledge of the  
12 death, the funeral director, or any other person present, to  
13 immediately notify the county or intercounty medical examiner and  
14 the county prosecutor of the county in which the death occurred of  
15 the known facts concerning the time, place, manner, and  
16 circumstances of that death. Upon receipt of that notification, the  
17 county or intercounty medical examiner or assistant county or  
18 intercounty medical examiner shall immediately proceed to the  
19 place where the dead body is located and take charge of the body.

20 (2) In cases of apparent homicide or suicide, or of accidental  
21 death, the cause of which is obscure, the scene of the event shall not  
22 be disturbed until the medical examiner in charge provides  
23 authorization to do so.

24 (3) (a) The medical examiner shall: fully investigate the  
25 essential facts concerning the medical causes of death and take the  
26 names and addresses of as many witnesses thereto as may be  
27 practicable to obtain; before leaving the premises, reduce those  
28 facts, as the medical examiner may deem necessary, to writing; file  
29 those facts in the office of the county or intercounty medical  
30 examiner; and make the facts available to the county prosecutor and  
31 the Chief State Medical Examiner at their request.

32 (b) The law enforcement officer present at the investigation, or  
33 the medical examiner if no officer is present, shall, in the absence  
34 of the next-of-kin of the deceased person: take possession of all  
35 property of value found on the decedent; make an exact inventory  
36 thereof on his report; and deliver the property to the law  
37 enforcement agency for the municipality in which the death  
38 occurred, which shall surrender the property to the person entitled  
39 to its custody or possession.

40 (c) The medical examiner shall take possession of any objects or  
41 articles that, in his opinion, may be useful in establishing the cause  
42 or manner of death, or which constitute evidence of criminal  
43 behavior, and, after cataloging each item, deliver them to the county  
44 prosecutor.

45 (4) The Chief State Medical Examiner, Deputy Chief State  
46 Medical Examiner, county or intercounty medical examiner, or  
47 assistant county or intercounty medical examiner shall consult with  
48 law enforcement officers and agencies, county prosecutors, public

1 health agencies, or other appropriate entities in matters within their  
2 expertise, when conducting a medicolegal death investigation.

3 (5) If the cause of death is established within a reasonable  
4 degree of medical certainty and no autopsy is deemed necessary, the  
5 county or intercounty medical examiner or assistant county or  
6 intercounty medical examiner shall reduce the findings to writing  
7 and promptly make a full report thereof to the Chief State Medical  
8 Examiner and to the county prosecutor in a format to be prescribed  
9 by the Chief State Medical Examiner for that purpose.

10 (6) If, in the opinion of the county or intercounty medical  
11 examiner, the Chief State Medical Examiner, an assignment judge  
12 of the Superior Court, the county prosecutor, or the Attorney  
13 General, an autopsy is deemed necessary, the autopsy shall be  
14 performed by:

15 (a) the county or intercounty medical examiner or assistant  
16 county or intercounty medical examiner, provided the individual  
17 performing the autopsy is under the supervision of a pathologist  
18 certified by the American Board of Pathology;

19 (b) the Chief State Medical Examiner, at his discretion, or the  
20 Deputy Chief State Medical Examiner; or

21 (c) such competent forensic pathologists as may be authorized  
22 by the Chief State Medical Examiner.

23 (7) If, in any case in which the suspected cause of death of a  
24 child under one year of age is sudden infant death syndrome, or the  
25 child is between one and three years of age and the death is sudden  
26 and unexpected, and an investigation has been conducted in  
27 accordance with the provisions of this section, and a parent or legal  
28 guardian of the child requests an autopsy, an autopsy shall be  
29 performed by: the county or intercounty medical examiner or  
30 assistant county or intercounty medical examiner, provided the  
31 individual performing the autopsy is under the supervision of a  
32 pathologist certified by the American Board of Pathology; or the  
33 Chief State Medical Examiner, at his discretion, or the Deputy  
34 Chief State Medical Examiner.

35 (a) The medical examiner performing the autopsy shall file a  
36 detailed description of the findings and conclusions of the autopsy  
37 with the Office of the Chief State Medical Examiner, and with the  
38 appropriate county or intercounty medical examiner office and the  
39 county prosecutor.

40 (b) Upon the request of a parent or legal guardian of the child, a  
41 pediatric pathologist, if available, shall assist in the performance of  
42 the autopsy under the direction of a forensic pathologist. The Chief  
43 State Medical Examiner or county or intercounty medical examiner  
44 shall notify the parent or legal guardian of the child that they may  
45 request that a pediatric pathologist assist in the performance of the  
46 autopsy. The medical examiner shall include any findings and  
47 conclusions by the pathologist from the autopsy with the  
48 information filed with the Office of the Chief State Medical

1 Examiner, and with the appropriate county or intercounty medical  
2 examiner office and the county prosecutor, pursuant to  
3 subparagraph (a) of this paragraph. The Chief State Medical  
4 Examiner or the county or intercounty medical examiner shall make  
5 available a copy of these findings and conclusions to the closest  
6 surviving relative of the decedent within 90 days of the receipt of a  
7 request therefor, unless the death is under active investigation by a  
8 law enforcement agency.

9 (c) The medical examiner with jurisdiction for the investigation  
10 shall make the preliminary findings and conclusions of the autopsy  
11 available to the child's parent or legal guardian and the department  
12 within 48 hours after the medical examiner is notified of the death  
13 of the child. The medical examiner shall provide his findings and  
14 conclusions for each reported case to the department upon  
15 completion of the investigation.

16 (8) Notwithstanding the provisions of this act to the contrary, a  
17 county or intercounty medical examiner may request the Chief State  
18 Medical Examiner or Deputy Chief State Medical Examiner, or  
19 other person authorized and designated by the Chief State Medical  
20 Examiner, to conduct an examination or perform an autopsy  
21 whenever it is deemed necessary or desirable.

22 (9) In the case of the death of a resident of a long-term care  
23 facility licensed by the Department of Health pursuant to P.L.1971,  
24 c.136 (C.26:2H-1 et seq.), a State psychiatric hospital operated by  
25 the Department of Human Services and listed in R.S.30:1-7, a  
26 county psychiatric hospital, a facility for persons with  
27 developmental disabilities as defined in section 3 of P.L.1977, c.82  
28 (C.30:6D-3), or a facility for persons with traumatic brain injury as  
29 defined in 42 U.S.C. s.280b-1c that is operated by or under contract  
30 with the Department of Human Services, the psychiatric hospital or  
31 facility, as the case may be, shall, in addition to notifying the next-  
32 of-kin of the resident's death, so notify the county or intercounty  
33 medical examiner and provide that individual with contact  
34 information for the resident's next-of-kin. The county or  
35 intercounty medical examiner, or assistant county or intercounty  
36 medical examiner on his behalf, shall make every practicable effort  
37 to contact the resident's next-of-kin to offer that person the  
38 opportunity to provide the medical examiner with information that  
39 the person deems relevant to: the circumstances of the resident's  
40 death; and whether there is a need to perform a dissection or  
41 autopsy of the decedent.

42  
43 11. (New section) a. The Chief State Medical Examiner, a  
44 county or intercounty medical examiner, an assignment judge of the  
45 Superior Court, a county prosecutor, the Attorney General or other  
46 law enforcement official, or the commissioner may deem an  
47 autopsy necessary after a preliminary death investigation is  
48 performed.

1       b. Notwithstanding any other provision of law to the contrary,  
2 no dissection or autopsy shall be performed, in the absence of a  
3 compelling public necessity, if a member of the decedent's  
4 immediate family or, in the absence thereof, a friend of the decedent  
5 objects to the procedure on the grounds that it is contrary to the  
6 religious belief of the decedent, or if there is an obvious reason to  
7 believe that a dissection or autopsy is contrary to the decedent's  
8 religious beliefs.

9       c. If, in the opinion of a medical examiner, there is a  
10 compelling public necessity to perform a dissection or autopsy, and  
11 a member of the decedent's immediate family or, in the absence  
12 thereof, a friend of the decedent objects to the procedure on the  
13 grounds that it is contrary to the religious beliefs of the decedent, or  
14 if there is an obvious reason to believe that the dissection or  
15 autopsy is contrary to the religious beliefs of the decedent, no  
16 dissection or autopsy shall be performed until 48 hours after notice  
17 thereof is given by the medical examiner to the objecting party, or,  
18 if there is no objecting party, to such other party as the court may  
19 name. During that 48-hour period, the objecting party or the party  
20 named by the court may institute action in the Superior Court to  
21 determine the propriety of the dissection or autopsy; however, the  
22 court may dispense with the waiting period upon ex parte motion if  
23 it determines that the delay may prejudice the accuracy of the  
24 dissection or autopsy, or may precipitate or prolong an immediate  
25 and substantial threat to public health or safety.

26       d. (1) If, in the opinion of a medical examiner, there is a  
27 compelling public necessity to perform a dissection or autopsy for  
28 reasons not otherwise provided in this act, and a member of the  
29 decedent's immediate family or, in the absence thereof, a friend of  
30 the decedent objects that the dissection or autopsy is contrary to the  
31 religious beliefs of the decedent, or there is an obvious reason to  
32 believe that the dissection or autopsy is contrary to the religious  
33 beliefs of the decedent, the medical examiner may institute an  
34 action in the Superior Court for an order authorizing the dissection  
35 or autopsy. The action shall be instituted by an order to show cause  
36 on notice to the member of the decedent's immediate family or  
37 friend of the decedent, or, if no such individual is known, to such  
38 other party as the court may direct.

39       (2) An action brought pursuant to paragraph (1) of this  
40 subsection shall have preference over all other cases and shall be  
41 determined summarily upon the petition and oral or written proof, if  
42 any, offered by the parties. The court shall permit the dissection or  
43 autopsy to be performed if it finds that the medical examiner  
44 established a compelling public necessity, for reasons not otherwise  
45 provided for in this act, for the autopsy or dissection under all of the  
46 circumstances of the case, or if the objecting party or party named  
47 by the court fails to swear or affirm that an autopsy or dissection  
48 would be contrary to the decedent's religious beliefs. If permission

1 to perform a dissection or autopsy is denied and no stay is granted  
2 by the court or by the appellate division, the decedent's body shall  
3 be immediately released for burial.

4 e. A dissection or autopsy performed pursuant to this act shall  
5 be the least intrusive procedure consistent with the compelling  
6 public necessity.

7  
8 12. (New section) a. Notwithstanding any other provision of  
9 law to the contrary, if a decedent, whose death is under  
10 investigation pursuant to this act, is a donor of all or part of his  
11 body as evidenced by an advance directive for health care, will,  
12 card, or other document, or as otherwise provided in the "Revised  
13 Uniform Anatomical Gift Act," P.L.2008, c.50 (C.26:6-77 et seq.),  
14 the Chief State Medical Examiner, Deputy Chief State Medical  
15 Examiner, county or intercounty medical examiner, or assistant  
16 county or intercounty medical examiner, who has notice of the  
17 donation shall perform an examination, autopsy, or analysis of  
18 tissues or organs only in a manner and within a time period  
19 compatible with their preservation for the purposes of  
20 transplantation.

21 b. A health care professional, who is authorized to remove an  
22 anatomical gift from a donor whose death is under investigation  
23 pursuant to this act, may remove the donated part from the donor's  
24 body for acceptance by a person authorized to become a donee,  
25 after giving notice to the Chief State Medical Examiner, Deputy  
26 Chief State Medical Examiner, county or intercounty medical  
27 examiner, or assistant county or intercounty medical examiner, as  
28 applicable, if the examination, autopsy, or analysis has not been  
29 undertaken in the manner and within the time provided for in this  
30 act. The Chief State Medical Examiner, Deputy Chief State  
31 Medical Examiner, county or intercounty medical examiner, or  
32 assistant county or intercounty medical examiner, as applicable,  
33 shall be present during removal of the anatomical gift if, in that  
34 medical examiner's judgment, those tissues or organs may be  
35 involved in the cause of death. In that case, the applicable medical  
36 examiner may request a biopsy of those tissues or organs or deny  
37 removal of the anatomical gift. The applicable medical examiner  
38 shall explain in writing the reasons for determining that those  
39 tissues or organs may be involved in the cause of death, and shall  
40 include that explanation in the records maintained pursuant to this  
41 act.

42 c. A health care professional, who is performing a transplant  
43 from a donor whose death is under investigation pursuant to this  
44 act, shall file with the Chief State Medical Examiner a report  
45 detailing the condition of the part of the body that is the anatomical  
46 gift and its relationship to the cause of death. If appropriate, the  
47 report shall include a biopsy or medically approved sample from the

1 anatomical gift. The health care professional's report shall become  
2 part of the Chief State Medical Examiner's report.

3

4 13. (New section) a. (1) The Chief State Medical Examiner, in  
5 consultation with the commissioner, shall develop standardized  
6 protocols for autopsies performed in those cases in which the  
7 suspected cause of death of a child under one year of age is sudden  
8 infant death syndrome and in which the child is between one and  
9 three years of age and the death is sudden and unexpected.

10 (2) The Chief State Medical Examiner shall establish a Sudden  
11 Child Death Autopsy Protocol Committee to assist in developing  
12 and reviewing the protocols. The committee shall include, but not  
13 be limited to: the Chief State Medical Examiner, the Assistant  
14 Commissioner of the Division of Family Health Services in the  
15 Department of Health, and the Director of the Division of **[Youth**  
16 **and Family Services]** Child Protection and Permanency in the  
17 Department of Children and Families, or their designees; the  
18 director of the SIDS Resource Center established pursuant to  
19 section 4 of P.L.1987, c.331 (C.26:5D-4); an epidemiologist; a  
20 forensic pathologist; a pediatric pathologist, a county or intercounty  
21 medical examiner; a pediatrician who is knowledgeable about  
22 sudden infant death syndrome and child abuse; a law enforcement  
23 officer; an emergency medical technician or paramedic; a family  
24 member of a sudden infant death syndrome victim; and a family  
25 member of a sudden unexpected death victim who was between one  
26 and three years of age at the time of death. The committee shall  
27 annually review the protocol and make recommendations to the  
28 Chief State Medical Examiner to revise the protocol, as appropriate.

29 (3) The protocols shall include requirements and standards for  
30 scene investigation, criteria for ascertaining the cause of death  
31 based on autopsy, criteria for specific tissue sampling, and such  
32 other requirements as the committee deems appropriate. The  
33 protocols shall take into account nationally recognized standards for  
34 pediatric autopsies.

35 (4) The Chief State Medical Examiner shall be responsible for  
36 ensuring that the protocols are followed by all medical examiners  
37 and other persons authorized to conduct autopsies in those cases in  
38 which the suspected cause of death is sudden infant death syndrome  
39 or in which the child is between one and three years of age and the  
40 death is sudden and unexpected.

41 (5) The protocols shall authorize the medical examiner or other  
42 authorized person to take tissue samples for research purposes if the  
43 parent or legal guardian of the deceased child provides written  
44 consent for the taking of tissue samples for research purposes  
45 pursuant to subsection b. of this section.

46 (6) The sudden infant death syndrome autopsy protocol shall  
47 provide that if the findings in the autopsy are consistent with the  
48 definition of sudden infant death syndrome specified in the

1 protocol, the person who conducts the autopsy shall state on the  
2 death certificate that sudden infant death syndrome is the cause of  
3 death.

4 b. (1) The Legislature finds and declares that: advances in  
5 genetics, biochemistry, and other areas of medical research have  
6 yielded new information about the specific causes of sudden death  
7 in infancy and early childhood; these findings are of great  
8 importance because the largest subgroup of these deaths, sudden  
9 infant death syndrome, remains a “rule-out” diagnosis for which the  
10 family learns what did not, rather than what did, cause the death of  
11 their child; without knowing the actual cause, families are not able  
12 to determine if there is a genetic basis that places their other  
13 children at risk, and physicians are not able to prevent a death by  
14 prospectively diagnosing and treating a potentially fatal medical  
15 problem; and, if the State is to meet its public health goal of  
16 reducing infant mortality, it is in the public interest to accelerate  
17 efforts to identify actual causes of death in infants and young  
18 children.

19 (2) The Chief State Medical Examiner, in consultation with the  
20 commissioner and the Sudden Child Death Autopsy Protocol  
21 Committee established pursuant to this section, shall establish, and  
22 periodically revise as necessary, a protocol for participation by  
23 medical examiners in research activities concerning deaths of  
24 children three years of age and younger. The research shall include  
25 all autopsies in which the suspected cause of death of a child under  
26 one year of age is sudden infant death syndrome and the suspected  
27 cause of death of a child three years of age and younger is not  
28 considered a violent death that is subject to the provisions of  
29 subsection a. of section 10 of this act.

30 (a) The protocol shall authorize the Chief State Medical  
31 Examiner, Deputy Chief State Medical Examiner, county or  
32 intercounty medical examiner, or other authorized person to take  
33 and transfer tissue samples to an approved research project prior to  
34 obtaining the consent of the parent or legal guardian of the deceased  
35 infant or young child, but the research project shall not be permitted  
36 to use the tissue prior to its obtaining consent as provided in this  
37 subsection.

38 (b) Notwithstanding the provisions of this section to the  
39 contrary, the protocol shall provide that no tissue sample shall be  
40 taken from a deceased infant or young child whose parent or legal  
41 guardian has objected to an autopsy because it is contrary to the  
42 religious beliefs of the decedent in accordance with the provisions  
43 of this act.

44 (c) The protocol shall stipulate, at a minimum, that:

45 (i) the research project first be approved by the institutional  
46 review board of the facility at which the research is to be  
47 conducted, then by the Sudden Child Death Autopsy Protocol  
48 Committee, and finally by the Institutional Review Board of the

1 department; and that if a research project is submitted by the  
2 department, the final review of the project be conducted by an  
3 independent review board;

4 (ii) the research project delineate the information, other than the  
5 tissue sample, that will be required from the investigation of the  
6 death of the infant or young child;

7 (iii) the research project develop a plan for the release by the  
8 Chief State Medical Examiner or county or intercounty medical  
9 examiner, as applicable, of a decedent's tissue, as well as obtaining  
10 written consent for the use of the tissue and other identifying  
11 information from the parent or legal guardian of the deceased infant  
12 or young child;

13 (iv) the research project develop a plan for the disposal of a  
14 decedent's tissue in the event that the parent or guardian does not  
15 give consent for use of the tissue, and for disposal of the decedent's  
16 tissue upon completion of the research in those cases in which  
17 consent is given; and that the plan incorporate accepted procedures  
18 for disposal of surgical biopsies and biohazardous materials, and  
19 procedures to inform the parent or guardian and the Sudden Child  
20 Death Autopsy Protocol Committee of the disposal plan;

21 (v) the research project reimburse the Chief State Medical  
22 Examiner, Deputy Chief State Medical Examiner, county or  
23 intercounty medical examiner, or other authorized person  
24 participating in the research for reasonable costs incurred in taking,  
25 storing, and providing tissue samples for the project; and that the  
26 estimated costs subject to reimbursement be reviewed and approved  
27 by the Chief State Medical Examiner;

28 (vi) the research project provide the Chief State Medical  
29 Examiner and the Sudden Child Death Autopsy Protocol Committee  
30 with periodic updates on the status of the project; and

31 (vii) the Sudden Child Death Autopsy Protocol Committee may  
32 terminate a research project that is not in compliance with the  
33 provisions of this subsection or the proposal for that research  
34 project that was approved pursuant thereto.

35 (3) Upon receiving notification from the research project that  
36 the research project has obtained written consent from the parent or  
37 legal guardian of the deceased infant or young child for the use of  
38 tissue samples and identifying information, the Chief State Medical  
39 Examiner, Deputy Chief State Medical Examiner, county or  
40 intercounty medical examiner, or other authorized person, as  
41 applicable, shall provide the research project with copies of the  
42 autopsy reports and any reports generated by the Chief State  
43 Medical Examiner, Deputy Chief State Medical Examiner, or  
44 county or intercounty medical examiner concerning the subject of  
45 the research.

46 (4) The information and tissue samples provided to the research  
47 project by the Chief State Medical Examiner, Deputy Chief State  
48 Medical Examiner, county or intercounty medical examiner, or

1 other authorized person, shall be used by the research project only  
2 for the purposes approved by the Sudden Child Death Autopsy  
3 Protocol Committee and as specified in the protocol, and shall not  
4 otherwise be divulged or made public so as to disclose the identity  
5 of any person to whom they relate. The information provided to the  
6 research project shall not be considered a public or government  
7 record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001,  
8 c.404 (C.47:1A-5 et al.).

9 (5) The Sudden Child Death Autopsy Protocol Committee shall  
10 oversee each research project approved pursuant to this subsection.

11 (6) The Chief State Medical Examiner, Deputy Chief State  
12 Medical Examiner, county or intercounty medical examiner, their  
13 employees, and other persons authorized by the Chief State Medical  
14 Examiner to provide tissue samples and identifying information to  
15 the research project, and the members of the Sudden Child Death  
16 Autopsy Protocol Committee, shall not be liable for civil damages  
17 as the result of any actions or omissions performed in good faith  
18 and in accordance with the provisions of this act.

19  
20 14. (New section) a. The Legislature finds and declares that:

21 (1) Sudden, unexpected death in epilepsy (SUDEP) is a  
22 mysterious, rare condition in which typically young or middle-aged  
23 individuals with epilepsy die without a clear cause, and is generally  
24 defined by the medical community as a sudden, unexpected, non-  
25 traumatic, non-drowning death in an otherwise healthy individual  
26 with epilepsy, where the postmortem examination does not reveal  
27 an anatomic or toxicologic cause for the death;

28 (2) SUDEP is believed to account for up to 17 percent of deaths  
29 in people with epilepsy;

30 (3) Autopsy plays a key role in determining the diagnosis of  
31 SUDEP, yet the Institute of Medicine has found that SUDEP may  
32 be underreported for several reasons, including, but not limited to, a  
33 lack of awareness about SUDEP among medical examiners;

34 (4) The cause of SUDEP is not known and opportunities for its  
35 prevention have been hindered by the lack of a systematic effort to  
36 collect information about persons who have died from SUDEP, as is  
37 done with many other disorders; and

38 (5) It is appropriate to raise awareness of SUDEP among  
39 medical examiners by developing a SUDEP awareness program and  
40 to facilitate research into the causes and prevention of SUDEP by  
41 requiring that medical examiners in this State who determine that an  
42 individual's cause of death is SUDEP work with relevant  
43 organizations in the State to assist in requesting from next-of-kin  
44 that an individual's relevant medical information be sent to a  
45 SUDEP registry and that the individual's brain be donated for  
46 research purposes

47 b. The Chief State Medical Examiner, in consultation with the  
48 Commissioner of Health and the State Board of Medical Examiners,

1 shall establish a sudden unexpected death in epilepsy (SUDEP)  
2 awareness program to educate medical examiners in the State about  
3 SUDEP.

4 c. The Office of the Chief State Medical Examiner, in  
5 consultation with the county and intercounty medical examiners and  
6 organizations with expertise in SUDEP, shall establish a standard  
7 protocol governing medicolegal death investigations involving  
8 seizure disorders in order to identify such deaths. If a medical  
9 examiner's findings in an autopsy are consistent with the definition  
10 of known or suspected SUDEP, the medical examiner shall:

11 (1) retain and track that information and make unidentifiable  
12 data concerning seizure-related deaths available upon request to the  
13 public;

14 (2) work with relevant organizations in the State to assist in  
15 requesting from the authorized survivors of deceased individuals  
16 that their relevant medical information, consistent with the federal  
17 health privacy rules set forth at 45 CFR Parts 160 and 164, be  
18 forwarded to a SUDEP registry for purposes of research; and

19 (3) work with relevant organizations in the State to assist in  
20 requesting from the authorized survivors of individuals with  
21 epilepsy determined or suspected to have died as a result of SUDEP  
22 that a donation of the individual's brain be made for research  
23 purposes to a brain bank that is registered pursuant to P.L.2008,  
24 c.49 (C.26:6-68 et seq.), if such a gift has not already been  
25 established pursuant to the provisions of P.L.2008, c.50 (C.26:6-77  
26 et al.)

27  
28 15. (New section) a. All law enforcement officers, State and  
29 county prosecutors, and other officials and members of the public  
30 shall cooperate fully with the Office of the Chief State Medical  
31 Examiner and county and intercounty medical examiners in making  
32 the investigations and conducting the autopsies provided for under  
33 this act. These officials and all physicians, funeral directors, and  
34 other persons shall assist in making dead bodies and related  
35 evidence available to such medical examiners for investigations and  
36 autopsies.

37 b. It shall be the duty of each county or intercounty medical  
38 examiner to fully cooperate with the Chief State Medical Examiner  
39 when the latter chooses to intervene in an ongoing medicolegal  
40 death investigation.

41  
42 16. (New section) a. (1) The Chief State Medical Examiner  
43 may order a disinterment of a dead body, following the receipt of  
44 approval by the Superior Court, when an investigation of the cause  
45 of death is authorized. The disinterment shall be performed under  
46 the supervision and direction of the Chief State Medical Examiner  
47 or his designee. The court shall direct the giving of or dispensing  
48 with notice.

1 (2) The Superior Court, upon the application of a proper party,  
2 may order the disinterment of a dead body, when an investigation of  
3 the cause of death is authorized, under the supervision and direction  
4 of the Chief State Medical Examiner or his designee, and authorize  
5 the Chief State Medical Examiner or his designee to remove the  
6 body to a public morgue for the purpose of examination or autopsy.  
7 The court shall direct the giving of or dispensing with notice.

8 b. The Chief State Medical Examiner and a county or  
9 intercounty medical examiner may order, at his discretion, an  
10 inquest in any case under his jurisdiction for the purpose of vetting  
11 an unclear or controversial case or issue.

12 c. The Chief State Medical Examiner, Deputy Chief State  
13 Medical Examiner, county and intercounty medical examiner, and  
14 assistant county and intercounty medical examiner shall have the  
15 power to administer oaths and affirmations, and take affidavits and  
16 make examinations, as to any matter within the jurisdiction of their  
17 respective offices.

18 d. (1) The Chief State Medical Examiner and a county or  
19 intercounty medical examiner shall be authorized to, and shall,  
20 issue a subpoena to compel the attendance of any witness that the  
21 medical examiner deems necessary to interrogate in a death under  
22 investigation, returnable forthwith or at such place and time as is  
23 directed by the medical examiner.

24 (2) The Chief State Medical Examiner and a county or  
25 intercounty medical examiner shall be authorized to, and shall,  
26 issue a subpoena duces tecum to require a witness to bring any  
27 books, records, documents, files, or things under the control of the  
28 person served as the medical examiner deems necessary for the  
29 purpose of a medicolegal death investigation.

30 (3) The Chief State Medical Examiner and a county or  
31 intercounty medical examiner shall be authorized to, and shall,  
32 issue a subpoena for the production of confidential medical records,  
33 mental health records, drug and alcohol abuse records, and other  
34 relevant information from a physician, health care facility, or other  
35 health care provider as the medical examiner deems necessary for  
36 the purpose of a medicolegal death investigation.

37 (4) A subpoena issued pursuant to this subsection may be  
38 enforced by order of a court of competent jurisdiction under threat  
39 of contempt of court.

40  
41 17. (New section) a. It shall be the duty of the Office of the  
42 Chief State Medical Examiner and the office of each county or  
43 intercounty medical examiner to maintain full and complete  
44 records, properly indexed, for all medicolegal death investigations  
45 that they have conducted, including the name, if known, of every  
46 such person, the place where the body was found, date and cause of  
47 death, and all other available information relating thereto.

1       b. The original reports of the Chief State Medical Examiner,  
2 Deputy Chief State Medical Examiner, county or intercounty  
3 medical examiner, and assistant county or intercounty medical  
4 examiner, and the detailed findings of the autopsy, if any, along  
5 with the records of death notification, postmortem inspections and  
6 examinations, personal effects taken into possession, and any other  
7 information deemed necessary by the Chief State Medical  
8 Examiner, shall be attached to the case record for each medicolegal  
9 death investigation.

10       c. The Office of the Chief State Medical Examiner and the  
11 office of each county or intercounty medical examiner shall  
12 promptly deliver to the county prosecutor of the county in which the  
13 death occurred, copies of all records relating to every death in  
14 which, in the applicable medical examiner's judgment, further  
15 investigation may be deemed advisable. The county prosecutor  
16 may obtain copies of such records or other information from those  
17 offices as the county prosecutor deems necessary for his  
18 investigation.

19       d. The records maintained by the Office of the Chief State  
20 Medical Examiner and the office of each county or intercounty  
21 medical examiner, including those made by the applicable medical  
22 examiner or anyone under his direction or supervision, or  
23 transcripts thereof certified by the medical examiner, shall be  
24 received as competent evidence in any court in this State of the  
25 matters and facts therein contained.

26       e. The Office of the Chief State Medical Examiner and the  
27 office of each county or intercounty medical examiner may charge a  
28 reasonable fee to private persons for copies of such records and  
29 upon such conditions as may be prescribed by the Chief State  
30 Medical Examiner; provided, however, that no person with a proper  
31 interest in such records shall be denied access thereto. All such fees  
32 collected by the Office of the Chief State Medical Examiner and by  
33 the office of each county or intercounty medical examiner shall be  
34 paid into the State Treasury or county treasury, as applicable, on or  
35 before the 10th day of each month.

36

37       18. (New section) a. The Medical Examiner Review Team shall  
38 be established as a mechanism for peer review and collaboration  
39 and to provide recourse in the event of a dispute between medical  
40 examiners.

41       b. The Medical Examiner Review Team shall include seven  
42 members, as follows:

43       (1) the commissioner, the Commissioner of Human Services, the  
44 Attorney General, and the Chief State Medical Examiner, or their  
45 designees, who shall serve ex officio; and

46       (2) three public members, to be appointed by the Governor, who  
47 shall be representatives of the public health, hospital, and medical  
48 communities, respectively.

- 1 c. The Medical Examiner Review Team shall review the  
2 following matters, and shall issue a recommendation for further  
3 action or resolution in each case upon completion of its review:
- 4 (1) disputed medicolegal death investigation findings that are the  
5 subject of a dispute between the Chief State Medical Examiner and  
6 any county or intercounty medical examiner, when referred by any  
7 such medical examiner to the commissioner with a complete  
8 statement as to the basis of the referral; and
- 9 (2) any removal of the Chief State Medical Examiner by the  
10 Governor, as well as any removal of a county or intercounty  
11 medical examiner by the Chief State Medical Examiner, except that  
12 the Chief State Medical Examiner shall be required to recuse  
13 himself from any deliberations or other actions by the Medical  
14 Examiner Review Team concerning any removal of him by the  
15 Governor.
- 16 d. The Medical Examiner Review Team shall meet at least  
17 once annually and shall meet within 45 days after receiving a report  
18 of a dispute, or after receiving notification of a removal from office,  
19 as provided in this section.
- 20 e. The Medical Examiner Review Team shall elect one of its  
21 members as chairman, who shall serve for a term of two years.
- 22 f. Of the public members of the Medical Examiner Review  
23 Team first appointed, two shall be appointed for a term of three  
24 years and one for a term of two years. Thereafter, members shall be  
25 appointed for terms of three years. The public members shall be  
26 eligible for reappointment and shall serve until the appointment and  
27 qualification of their successors.
- 28 g. Vacancies in the Medical Examiner Review Team shall be  
29 filled for the unexpired terms in the same manner as the original  
30 appointments were made.
- 31 h. The members of the Medical Examiner Review Team shall  
32 not receive any compensation, but shall be reimbursed for expenses  
33 incurred in the performance of their duties, within the limits of  
34 funds appropriated or otherwise made available to the team for its  
35 purpose.
- 36 i. The department shall provide such staff and other support as  
37 the Medical Examiner Review Team deems necessary to perform its  
38 duties.
- 39
- 40 19. (New section) a. The Office of the Chief State Medical  
41 Examiner, in conjunction with the Medical Examiner Review Team,  
42 shall issue an annual report, which shall be made publicly available.
- 43 b. The annual report shall contain, at a minimum:
- 44 (1) the budget and expenditures for each medical examiner  
45 office in this State, including its direct and indirect expenses,  
46 including a summary of the terms and conditions of each contract  
47 for the professional services of the Office of the Chief State

1 Medical Examiner and the office of each county or intercounty  
2 medical examiner;

3 (2) the total number of cases received, reviewed, accepted, and  
4 investigated by each medical examiner office;

5 (3) statistics of determined causes of death; and

6 (4) an evaluation of the overall performance of each medical  
7 examiner office and the medical examiner system as a whole.

8

9 20. (New section) The Governor shall be authorized to remove  
10 the Chief State Medical Examiner from office, and the Chief State  
11 Medical Examiner shall be authorized to remove any county or  
12 intercounty medical examiner from office, for any of the following  
13 causes:

14 a. engaging in illegal activity;

15 b. intentional substantive noncompliance with rules and  
16 regulations;

17 c. willful misconduct;

18 d. professional incompetence and neglect of duty;

19 e. insubordination; or

20 f. excessive inefficiency in the performance of his duties.

21

22 21. (New section) After making a diligent effort to ascertain the  
23 identity of remains in its possession, and to contact relatives or  
24 friends to take control of remains in its possession, the Office of the  
25 Chief State Medical Examiner, and the office of each county or  
26 intercounty medical examiner, shall offer any such unidentified or  
27 unclaimed remains to any qualified mortuary science program  
28 within the State consistent with the provisions of R.S.26:6-9.

29

30 22. (New section) a. The Office of the Chief State Medical  
31 Examiner shall maintain and supervise a toxicology laboratory, to  
32 be designated as the New Jersey State Medical Examiner  
33 Toxicology Laboratory, in order to provide necessary toxicology  
34 services to the Chief State Medical Examiner, Deputy Chief State  
35 Medical Examiner, each county or intercounty medical examiner,  
36 and each assistant county or assistant intercounty medical examiner  
37 in the performance of medicolegal death investigations in this State.

38 b. The Chief State Medical Examiner, Deputy Chief State  
39 Medical Examiner, county or intercounty medical examiner, and  
40 assistant county or assistant intercounty medical examiner requiring  
41 the services of a toxicology laboratory shall enlist the services of  
42 the New Jersey State Medical Examiner Toxicology Laboratory  
43 unless the Chief State Medical Examiner provides express  
44 permission for their use of another laboratory.

45 c. The Chief State Medical Examiner shall adopt such rules  
46 and regulations as may be necessary concerning the operations and  
47 use of the New Jersey State Medical Examiner Toxicology  
48 Laboratory.

1       23. (New section) a. Except in a case in which there is a  
2 finding of homicide, a person in interest may request the Office of  
3 the Chief State Medical Examiner to correct the findings and  
4 conclusions on the cause and manner of death recorded on a death  
5 certificate within 60 days after the Chief State Medical Examiner,  
6 Deputy Chief State Medical Examiner, county or intercounty  
7 medical examiner, or assistant county or assistant intercounty  
8 medical examiner files those findings and conclusions.

9       b. The request to correct the findings and conclusions on a  
10 death certificate shall:

11       (1) be made in writing to the Chief State Medical Examiner,  
12 regardless of which medical examiner made the initial filing;

13       (2) describe the requested change precisely; and

14       (3) state the reasons for the change.

15       c. Within 60 days after receiving the request, the Chief State  
16 Medical Examiner shall notify the person in interest in writing of  
17 the action taken.

18       d. If the Chief State Medical Examiner denies the request to  
19 change findings and conclusions on the cause of death, the person  
20 in interest may appeal the denial in writing within 15 days of the  
21 denial to the commissioner; and the commissioner, within 15 days  
22 of receipt of the appeal, shall refer the matter to the Office of  
23 Administrative Law.

24       e. An administrative law judge shall conduct a hearing both on  
25 the denial and the establishment of the findings and conclusions on  
26 the cause of death. Upon reviewing the findings of fact submitted  
27 by an administrative law judge, the commissioner, or the  
28 commissioner's designee, shall issue an order within 60 days to:

29       (1) adopt the findings of the administrative law judge; or

30       (2) reject the findings of the administrative law judge and affirm  
31 the findings of the medical examiner.

32       f. If the commissioner, or the commissioner's designee, rejects  
33 the findings of an administrative law judge, the person in interest  
34 may appeal that rejection to a court of competent jurisdiction under  
35 State law.

36       g. If the final decision of the commissioner, or the  
37 commissioner's designee, or of a court of competent jurisdiction on  
38 appeal, establishes findings or conclusions on the cause or manner  
39 of death of a decedent other than that recorded on the certificate of  
40 death, the medical examiner responsible for the initial filing, or if  
41 unavailable, another medical examiner with jurisdiction in this  
42 State, shall amend the certificate to reflect the different findings or  
43 conclusions.

44       h. The Chief State Medical Examiner shall send a change letter  
45 to the Bureau of Vital Statistics and Registration in the department  
46 to amend the certificate of death, to reflect the final decision of the  
47 commissioner, or the commissioner's designee, or a court of  
48 competent jurisdiction.

1 i. The final decision of the commissioner, or the  
2 commissioner's designee, or of a court in an appeal under this  
3 section, shall not give rise to any presumption concerning the  
4 application of any provision, or the resolution, of any claim  
5 concerning an insurance policy or contract relating to the decedent.

6 j. If the findings of the medical examiner are upheld by the  
7 commissioner, or the commissioner's designee, the appellant shall  
8 be responsible for the cost of the contested case hearing, based on  
9 the billing rate established by the Office of Administrative Law.  
10 Otherwise, the department shall be responsible for the costs.

11  
12 24. R.S.26:6-1 is amended to read as follows:

13 26:6-1. As used in this chapter: "Local registrar" or "registrar"  
14 means the local registrar of vital statistics. "State registrar" means  
15 the State Registrar of Vital Statistics.

16 "Registration district" or "district" means the district established  
17 by law for the registration of vital events.

18 "Fetal death" or "stillbirth" means death prior to the complete  
19 expulsion or extraction from its mother of a product of conception,  
20 irrespective of the duration of pregnancy; the death is indicated by  
21 the fact that after such separation, the fetus does not breathe or  
22 show any other evidence of life such as beating of the heart,  
23 pulsation of the umbilical cord, or definite movement of voluntary  
24 muscles.

25 "Dead body" means the dead body of a human being.

26 The definition of the term "communicable disease" as contained  
27 in R.S.26:4-1 shall also apply to this chapter.

28 "Authentication" means the entry by the Chief State Medical  
29 Examiner, Deputy Chief State Medical Examiner, or a county or  
30 intercounty medical examiner or assistant county or intercounty  
31 medical examiner, funeral director or physician into the New Jersey  
32 Electronic Death Registration System of a personal identification  
33 code, digital signature or other identifier unique to that user, by  
34 which the information entered into the system by the user is  
35 authenticated by the user who assumes responsibility for its  
36 accuracy. "Authentication" also means the process by which the  
37 State registrar or a local registrar, deputy registrar, alternate deputy  
38 registrar or subregistrar indicates that person's review and approval  
39 of information entered into the system by the Chief State Medical  
40 Examiner, Deputy Chief State Medical Examiner, or a county or  
41 intercounty medical examiner or assistant county or intercounty  
42 medical examiner, funeral director or physician.

43 "Electronic registration system" means any electronic method,  
44 including, but not limited to, one based on Internet technology, of  
45 collecting, transmitting, recording and authenticating information  
46 from one or more responsible parties, which is necessary to  
47 complete a vital record, and is designed to replace a manual, paper-  
48 based data collection, recordation and signature system.

1 "New Jersey Electronic Death Registration System" or "NJ-  
2 EDRS" is an electronic registration system for completing a  
3 certification of death or fetal death record that is authorized,  
4 designed and maintained by the State registrar.

5 (cf: P.L.2003, c.221, s.1)

6  
7 25. R.S.26:6-8 is amended to read as follows:

8 26:6-8. In the execution of a death certificate, the personal  
9 particulars shall be obtained by the funeral director from the person  
10 best qualified to supply them. The death and last sickness  
11 particulars shall be supplied by the attending, covering, or resident  
12 physician; or if there is no attending, covering, or resident  
13 physician, by an attending registered professional nurse licensed by  
14 the New Jersey Board of Nursing under P.L.1947, c.262 (C.45:11-  
15 23 et seq.); or if there is no attending, covering, or resident  
16 physician or attending registered professional nurse, by the county  
17 or intercounty medical examiner or assistant county or intercounty  
18 medical examiner.

19 Within a reasonable time, not to exceed 24 hours after the  
20 pronouncement of death, the attending, covering, or resident  
21 physician, the attending advanced practice nurse pursuant to section  
22 10 of P.L.1991, c.377 (C.45:11-49), or the county or intercounty  
23 medical examiner or the assistant county or intercounty medical  
24 examiner shall execute the death certification. The burial  
25 particulars shall be supplied by the funeral director. The attending,  
26 covering, or resident physician, the attending advanced practice  
27 nurse, the attending registered professional nurse, or the county or  
28 intercounty medical examiner or the assistant county or intercounty  
29 medical examiner and the funeral director shall certify to the  
30 particulars supplied by them by signing their names below the list  
31 of items furnished, or by otherwise authenticating their identities  
32 and the information that they have provided through the NJ-EDRS.  
33 If a person acting under the direct supervision of the Chief State  
34 Medical Examiner, Deputy Chief State Medical Examiner, a county  
35 or intercounty medical examiner or the assistant county or  
36 intercounty medical examiner, funeral director, attending, covering,  
37 or resident physician, attending advanced practice nurse, or licensed  
38 health care facility or other public or private institution providing  
39 medical care, treatment, or confinement to persons, which is  
40 registered with the NJ-EDRS, is not authorized to authenticate the  
41 information required on a certificate of death or fetal death, that  
42 person may enter that information into the NJ-EDRS in anticipation  
43 of its authentication by the Chief State Medical Examiner, Deputy  
44 Chief State Medical Examiner, or a county or intercounty medical  
45 examiner or the assistant county or intercounty medical examiner,  
46 funeral director, attending, covering, or resident physician,  
47 attending advanced practice nurse, local registrar, deputy registrar,

1 alternate deputy registrar or subregistrar, as applicable.  
2 (cf: P.L.2015, c.38, s.1)

3

4 26. Section 1 of P.L.1988, c.125 (C.26:6-8.2) is amended to read  
5 as follows:

6 1. If the attending physician, registered professional nurse,  
7 physician assistant, or the Chief State Medical Examiner, Deputy  
8 Chief State Medical Examiner, or county or intercounty medical  
9 examiner or assistant county or intercounty medical examiner who  
10 makes the actual determination and pronouncement of death  
11 determines or has knowledge that the deceased person was  
12 **【infected with human immunodeficiency virus (HIV)】** HIV positive  
13 or infected with hepatitis B virus or that the deceased person  
14 suffered from **【acquired immune deficiency syndrome (AIDS),**  
15 **AIDS related complex (ARC)】** AIDS, or any of the contagious,  
16 infectious, or communicable diseases as shall be determined by the  
17 Commissioner **【of the Department】** of Health, the attending  
18 physician, registered professional nurse, physician assistant, or the  
19 Chief State Medical Examiner, Deputy Chief State Medical  
20 Examiner, or county or intercounty medical examiner or assistant  
21 county or intercounty medical examiner shall immediately place  
22 with the remains written notification of the condition and shall  
23 provide written notification of the condition to the funeral director  
24 who is responsible for the handling and the disposition of the body.  
25 (cf: P.L.2015, c.224, s.14)

26

27 27. R.S.26:6-9 is amended to read as follows:

28 26:6-9. In case of any death occurring without medical  
29 attendance, the funeral director shall notify the Office of the Chief  
30 State Medical Examiner or the office of the county or intercounty  
31 medical examiner, or the local registrar. In case the local registrar  
32 shall be notified, he shall immediately inform the county or  
33 intercounty medical examiner and refer the case to him for  
34 investigation. The county or intercounty medical examiner or  
35 assistant county or intercounty medical examiner shall furnish the  
36 funeral director with the necessary data and last sickness particulars  
37 to make the death certificate, or shall enter the information directly  
38 into the NJ-EDRS.  
39 (cf: P.L.2003, c.221, s.7)

40

41 28. Section 2 of P.L.2008, c.50 (C.26:6-78) is amended to read  
42 as follows:

43 2. As used in this act:

44 "Adult" means a person who is at least 18 years of age.

45 "Advance directive for health care" means an advance directive  
46 for health care that is executed pursuant to P.L.1991, c.201  
47 (C.26:2H-53 et seq.).

1 "Agent" means a person who is authorized to act as a health care  
2 representative by an advance directive for health care or is  
3 expressly authorized to make an anatomical gift on a donor's behalf  
4 by any other record signed by the donor.

5 "Anatomical gift" means a donation of all or part of a human  
6 body to take effect after the donor's death for the purpose of  
7 transplantation, therapy, research, or education.

8 "Civil union partner" means one partner in a civil union couple  
9 as defined in section 2 of P.L.2006, c.103 (C.37:1-29).

10 "Decedent" means a deceased person whose body or part is or  
11 may be the source of an anatomical gift, and includes a stillborn  
12 infant or fetus.

13 "Designated requester" means a hospital employee who has  
14 completed a course offered or approved by an organ procurement  
15 organization.

16 "Disinterested witness" means a witness other than: the spouse,  
17 civil union partner, domestic partner, child, parent, sibling,  
18 grandchild, grandparent, or guardian of the person who makes,  
19 amends, revokes, or refuses to make an anatomical gift; another  
20 adult who exhibited special care and concern for the decedent; or a  
21 person to whom an anatomical gift may pass pursuant to section 10  
22 of P.L.2008, c.50 (C.26:6-86).

23 "Document of gift" means a donor card or other record used to  
24 make an anatomical gift, and includes a statement or symbol on a  
25 driver's license, identification card, or donor registry.

26 "Domestic partner" means a domestic partner as defined in  
27 section 3 of P.L.2003, c.246 (C.26:8A-3).

28 "Donor" means a person whose body or part is the subject of an  
29 anatomical gift.

30 "Donor registry" means a database that contains records of  
31 anatomical gifts.

32 "Driver's license" means a license or permit issued by the New  
33 Jersey Motor Vehicle Commission to operate a vehicle, whether or  
34 not conditions are attached to the license or permit.

35 "Eye bank" means an entity that is licensed, accredited, or  
36 regulated under federal or State law to engage in the recovery,  
37 screening, testing, processing, storage, or distribution of human  
38 eyes or portions of human eyes.

39 "Guardian" means a person appointed by a court to make  
40 decisions regarding the support, care, education, health, or welfare  
41 of another individual, but does not include a guardian ad litem.

42 "Hospital" means an institution, whether operated for profit or  
43 not, whether maintained, supervised, or controlled by an agency of  
44 State government or a county or municipality or not, which  
45 maintains and operates facilities for the diagnosis, treatment, or care  
46 of two or more non-related individuals with an illness, injury, or  
47 disability, and where emergency, outpatient, surgical, obstetrical,

1 convalescent, or other medical and nursing care is rendered for  
2 periods exceeding 24 hours.

3 "Identification card" means an identification card issued by the  
4 New Jersey Motor Vehicle Commission.

5 "Medical examiner" means the Chief State Medical Examiner,  
6 Deputy Chief State Medical Examiner, a county or intercounty  
7 medical examiner or assistant county or intercounty medical  
8 examiner, [or another person] performing [the] their duties [of a  
9 medical examiner] pursuant to [P.L.1967, c.234 (C.52:17B-78 et  
10 seq.)] P.L. , c. (C. )(pending before the Legislature as this  
11 bill).

12 "Minor" means a person who is under 18 years of age.

13 "Organ procurement organization" means an entity designated by  
14 the United States Secretary of Health and Human Services as an  
15 organ procurement organization.

16 "Parent" means a parent whose parental rights have not been  
17 terminated.

18 "Part" means an organ, eye, or tissue of a human being, but does  
19 not include the whole body.

20 "Physician" means a person authorized to practice medicine or  
21 osteopathy under the laws of any state.

22 "Procurement organization" means an eye bank, organ  
23 procurement organization, or tissue bank.

24 "Prospective donor" means a person who is dead or whose death  
25 is imminent and has been determined by a procurement organization  
26 to have a part that could be medically suitable for transplantation,  
27 therapy, research, or education, but does not include an individual  
28 who has made a refusal.

29 "Reasonably available" means able to be contacted by a  
30 procurement organization without undue effort and willing and able  
31 to act in a timely manner consistent with existing medical criteria  
32 necessary for the making of an anatomical gift.

33 "Recipient" means a person into whose body a decedent's part  
34 has been or is intended to be transplanted.

35 "Record" means information that is inscribed on a tangible  
36 medium or stored in an electronic or other medium and is  
37 retrievable in perceivable form.

38 "Refusal" means a record created pursuant to P.L.2008, c.50  
39 (C.26:6-77 et seq.) that expressly states an intent to bar other  
40 persons from making an anatomical gift of a person's body or part.

41 "Sign" means, with the present intent to authenticate or adopt a  
42 record, to execute or adopt a tangible symbol, or to attach to or  
43 logically associate with the record an electronic symbol, sound, or  
44 process.

45 "State" means a state of the United States, the District of  
46 Columbia, Puerto Rico, the United States Virgin Islands, or any  
47 territory or insular possession subject to the jurisdiction of the  
48 United States.

1 "Technician" means a person who is determined to be qualified  
2 to remove or process parts by an appropriate organization that is  
3 licensed, accredited, or regulated under federal or State law, and  
4 includes an enucleator.

5 "Tissue" means a portion of the human body other than an organ  
6 or an eye, but does not include blood unless it is needed to facilitate  
7 the use of other parts or is donated for the purpose of research or  
8 education.

9 "Tissue bank" means an entity that is licensed, accredited, or  
10 regulated under federal or State law to engage in the recovery,  
11 screening, testing, processing, storage, or distribution of tissue.

12 "Transplant hospital" means a hospital that furnishes organ  
13 transplants and other medical and surgical specialty services  
14 required for the care of transplant patients.

15 (cf: P.L.2017, c.131, s.106)

16

17 29. Section 18 of P.L.2008, c.50 (C.26:6-94) is amended to read  
18 as follows:

19 18. a. Each medical examiner shall cooperate with any  
20 procurement organization to maximize the opportunity to recover  
21 anatomical gifts for the purpose of transplantation, therapy,  
22 research, or education.

23 b. A part shall not be removed from the body of a decedent  
24 under a medical examiner's jurisdiction for transplantation, therapy,  
25 research, or education, nor delivered to a person for research or  
26 education, unless the part is the subject of an anatomical gift. The  
27 provisions of this section shall not be construed to preclude a  
28 medical examiner from performing an investigation as provided in  
29 **【P.L.1967, c.234 (C.52:17B-78 et seq.)】 P.L. , c. (C. )**  
30 (pending before the Legislature as this bill) of a decedent under the  
31 medical examiner's jurisdiction.

32 c. Upon the request of a procurement organization, the medical  
33 examiner shall release to the procurement organization the name,  
34 contact information, and available medical and social history of a  
35 decedent whose body is under the medical examiner's jurisdiction.  
36 If the decedent's body or part is medically suitable for  
37 transplantation, therapy, research, or education, the medical  
38 examiner shall release the post-mortem examination results to the  
39 procurement organization. The procurement organization shall  
40 make a subsequent disclosure of the post-mortem examination  
41 results or other information received from the medical examiner  
42 only if relevant to transplantation, therapy, research, or education.

43 (cf: P.L.2008, c.50, s.18)

44

45 30. R.S.26:8-1 is amended to read as follows:

46 26:8-1. As used in this chapter:

1 "Vital statistics" means statistics concerning births, deaths, fetal  
2 deaths, marriages, civil unions and domestic partnerships  
3 established pursuant to P.L.2003, c.246 (C.26:8A-1 et al.).

4 "Vital records" means the birth, death, fetal death, marriage, civil  
5 union and domestic partnership records from which vital statistics  
6 are produced.

7 "State registrar" means the State registrar of vital statistics;  
8 "Local registrar" or "registrar" means the local registrar of vital  
9 statistics of any district; and "registration district" or "district"  
10 means a registration district as constituted by this article.

11 "Live birth" or "birth" means the complete expulsion or  
12 extraction from its mother of a product of conception, irrespective  
13 of the duration of pregnancy, which, after such separation, breathes  
14 or shows any other evidence of life such as beating of the heart,  
15 pulsation of the umbilical cord, or definite movement of voluntary  
16 muscles, whether or not the umbilical cord has been cut or the  
17 placenta attached.

18 "Authentication" means the entry by the Chief State Medical  
19 Examiner, Deputy Chief State Medical Examiner, or a county or  
20 intercounty medical examiner or assistant county or intercounty  
21 medical examiner, funeral director or physician into the New Jersey  
22 Electronic Death Registration System of a personal identification  
23 code, digital signature or other identifier unique to that user, by  
24 which the information entered into the system by the user is  
25 authenticated by the user who assumes responsibility for its  
26 accuracy. "Authentication" also means the process by which the  
27 State registrar or a local registrar, deputy registrar, alternate deputy  
28 registrar or subregistrar indicates that person's review and approval  
29 of information entered into the system by the Chief State Medical  
30 Examiner, Deputy Chief State Medical Examiner, or a county or  
31 intercounty medical examiner or assistant county or intercounty  
32 medical examiner, funeral director or physician.

33 "Electronic registration system" means any electronic method,  
34 including, but not limited to, one based on Internet technology, of  
35 collecting, transmitting, recording and authenticating information  
36 from one or more responsible parties, which is necessary to  
37 complete a vital record, and is designed to replace a manual, paper-  
38 based data collection, recordation and signature system.

39 "New Jersey Electronic Death Registration System" or "NJ-  
40 EDRS" is an electronic registration system for completing a  
41 certification of death or fetal death record that is authorized,  
42 designed and maintained by the State registrar.

43 (cf: P.L.2006, c.103, c.37)

44

45 31. Section 16 of P.L.2003, c.221 (C.26:8-24.1) is amended to  
46 read as follows:

47 16. a. The State registrar shall establish and maintain the New  
48 Jersey Electronic Death Registration System or NJ-EDRS.

1 (1) The system shall be fully implemented no later than 18  
2 months after the date of enactment of P.L.2003, c.221, and shall be  
3 the required means of death registration and certification for any  
4 death or fetal death occurring in this State, subject to any exception  
5 that may be approved by the State registrar in the case of a specific  
6 death or fetal death. All participants in the death registration  
7 process, including, but not limited to, the State registrar, local  
8 registrars, deputy registrars, alternate deputy registrars,  
9 subregistrars, the Chief State [medical examiner] Medical  
10 Examiner, Deputy Chief State Medical Examiner, county or  
11 intercounty medical examiners, assistant county or intercounty  
12 medical examiners, funeral directors, attending physicians and  
13 resident physicians, licensed health care facilities, and other public  
14 or private institutions providing medical care, treatment or  
15 confinement to persons, shall be required to utilize the NJ-EDRS to  
16 provide the information that is required of them by statute or  
17 regulation.

18 (2) The State registrar may provide for a phased implementation  
19 of the system, beginning seven months after the date of enactment  
20 of P.L.2003, c.221, by requiring certain users, who are designated  
21 by the State registrar on a geographic or other basis for this  
22 purpose, to commence utilization of the system.

23 (3) Beginning no later than six months after the date of  
24 enactment of P.L.2003, c.221, the State registrar shall authorize and  
25 provide material support, in the form of system access, curriculum  
26 guidelines and user registration capability and authority, to the  
27 principal trade associations or professional organizations  
28 representing persons affected by implementation of the NJ-EDRS,  
29 for the purposes of providing training and education with regard to  
30 the NJ-EDRS. The State registrar may conduct such education and  
31 training, or authorize other entities to do so on his behalf; however,  
32 these activities shall not be construed as restricting the training and  
33 education activities of any affected trade association or professional  
34 organization, including the location, manner, fees or other means of  
35 conducting those activities on the part of the association or  
36 organization.

37 b. The NJ-EDRS shall, at a minimum, provide for:

38 (1) the direct transmission of burial permit documentation to the  
39 originating funeral home in an electronic form capable of output to  
40 a local printer;

41 (2) an overnight mail system for the delivery of NJ-EDRS-  
42 generated death certificates by the State registrar and local  
43 registrars, the cost of which shall be chargeable to the funeral  
44 director of record;

45 (3) an automated notification system to alert other responsible  
46 parties to pending cases, including notification to or from alternate  
47 local registrars;

1 (4) a systematic electronic payment method by which all fees  
2 are taken from accounts for which funeral homes are financially  
3 responsible and distributed, as appropriate, to the State registrar or  
4 local registrars as payment for the issuance of permits, the  
5 recording of records, the making of certified copies of death  
6 certificates, or for other charges that may be incurred;

7 (5) a legally binding system of digital authentication in lieu of  
8 signatures for the responsible parties and a means of assuring  
9 database security that permits users to enter the system from  
10 multiple sites and includes contemporaneous and remote data  
11 security methods to protect the system from catastrophic loss or  
12 intrusions, as well as a method of data encryption for transmission;

13 (6) the capacity for authorized users to retrieve data comprising  
14 the death certification record;

15 (7) the capacity to electronically amend and correct death  
16 records;

17 (8) electronic notification, upon completion of the death record  
18 and issuance of a burial permit, of the decedent's name, Social  
19 Security number and last known address and the informant to: the  
20 federal Social Security Administration, the U.S. Citizenship and  
21 Immigration Services, the Division of Medical Assistance and  
22 Health Services in the Department of Human Services, the  
23 Department of Labor and Workforce Development and such other  
24 governmental agencies as the State registrar determines will  
25 substantially contribute to safeguarding public benefit programs and  
26 diminish the criminal use of a decedent's name and other identifying  
27 information; and the New Jersey State Funeral Directors  
28 Association, in the case of a decedent participating in one of its  
29 funeral expense payment programs, in such a manner as to enable it  
30 to fulfill its fiduciary obligations for the payment of the decedent's  
31 final funeral and burial expenses;

32 (9) sufficient data documentation to meet contemporary and  
33 emerging standards and expectations of vital record archiving; and

34 (10) continuous 24-hour-a-day technical support for all  
35 authorized users of the system.

36 c. A provider of information that is required to complete a  
37 death certificate, or who is subject to the provisions of law  
38 governing the NJ-EDRS, shall not be deemed to be acting as a local  
39 registrar, deputy registrar, alternate deputy registrar or subregistrar  
40 solely by virtue of permitting other providers of information to gain  
41 access to the NJ-EDRS by using those other providers' identifying  
42 information.

43 (cf: P.L.2013, c.274, s.2)

44  
45 32. Section 18 of P.L.2003, c.221 (C.26:8-24.3) is amended to  
46 read as follows:

47 18. The Chief State Medical Examiner, the Commissioner of  
48 Labor and Workforce Development or his designee, county or

1 intercounty medical examiners, licensed health care facilities, other  
2 public or private institutions providing medical care, treatment or  
3 confinement to persons, funeral homes and physicians' private  
4 practice offices, as defined by the State registrar, shall acquire the  
5 electronic means prescribed by the State registrar to access the NJ-  
6 EDRS, or make such other arrangements as are necessary for that  
7 purpose, no later than six months after the date of enactment of  
8 P.L.2003, c.221.

9 The Chief State Medical Examiner, the Commissioner of Labor  
10 and Workforce Development or his designee, and each county or  
11 intercounty medical examiner, health care facility, institution,  
12 funeral home or physician's office shall employ at least one person  
13 who is qualified to use the NJ-EDRS, and is registered with the  
14 State registrar as an authorized user of the system, by virtue of  
15 completing a course of instruction on the NJ-EDRS provided by the  
16 State registrar or an authorized agent thereof, or satisfying such  
17 other requirements as may be established by the State registrar for  
18 this purpose.

19 (cf: P.L.2013, c.274, s.3)

20  
21 33. R.S.26:8-52 is amended to read as follows:

22 26:8-52. Corrections to death certificates shall be signed by the  
23 physician, registered professional nurse, county or intercounty  
24 medical examiner or assistant county or intercounty medical  
25 examiner, Chief State Medical Examiner, Deputy Chief State  
26 Medical Examiner, funeral director or informant, whose name  
27 appears upon the certificate, or shall be otherwise recorded and  
28 authenticated on the NJ-EDRS as prescribed by the State registrar;  
29 however, any individual having personal knowledge and  
30 substantiating documentary proof of the matters sought to be  
31 corrected may apply under oath to the county or intercounty  
32 medical examiner or the Chief State Medical Examiner in a case in  
33 which the certificate was signed by the Chief State Medical  
34 Examiner or Deputy Chief State Medical Examiner, to have the  
35 certificate corrected. The authority to sign or otherwise  
36 authenticate corrections or amendments to causes or duration of  
37 causes of death is restricted to the physician, Chief State Medical  
38 Examiner, Deputy Chief State Medical Examiner, or county or  
39 intercounty medical examiner or assistant county or intercounty  
40 medical examiner. Upon denial of an application for correction or  
41 amendment of a death certificate, a person who has applied to a  
42 county or intercounty medical examiner may apply to the Chief  
43 State Medical Examiner, who shall exercise discretion to review the  
44 matter and amend the certificate or to defer to the decision of the  
45 county or intercounty medical examiner. The decision of the  
46 county or intercounty medical examiner shall be deemed the final  
47 decision by a public officer in the matter unless the Chief State

1 Medical Examiner amends or corrects the death certificate.  
2 (cf: P.L.2003, c.221, s.22)

3  
4 34. Section 7 of P.L.2005, c.222 (C.26:13-7) is amended to read  
5 as follows:

6 7. During a state of public health emergency or in response to a  
7 public health emergency:

8 a. The commissioner, Chief State Medical Examiner, and  
9 Commissioner of Environmental Protection shall coordinate and  
10 consult with each other on the performance of their respective  
11 functions regarding the safe disposition of human remains, to devise  
12 and implement measures which may include, but are not limited to,  
13 the following:

14 (1) To take actions or issue and enforce orders to provide for the  
15 safe disposition of human remains as may be reasonable and  
16 necessary to respond to the public health emergency. Such  
17 measures may include, but are not limited to, the temporary mass  
18 burial or other interment, cremation, disinterment, transportation,  
19 and disposition of human remains. To the extent possible,  
20 religious, cultural, family, and individual beliefs of the deceased  
21 person or his family shall be considered when determining  
22 disposition of any human remains;

23 (2) To determine whether there is a need to investigate any  
24 human deaths related to the public health emergency, and take such  
25 steps as may be appropriate to enable the Chief State Medical  
26 Examiner, or his designee, to take possession or control of any  
27 human remains and perform an autopsy of the body under protocols  
28 of the Chief State Medical Examiner consistent with safety as the  
29 public health emergency may dictate;

30 (3) To direct or issue and enforce orders requiring any business  
31 or facility, including, but not limited to, a mortuary or funeral  
32 director, authorized to hold, embalm, bury, cremate, inter, disinter,  
33 transport, and dispose of human remains under the laws of this State  
34 to accept any human remains or provide the use of its business or  
35 facility if such actions are reasonable and necessary to respond to  
36 the public health emergency and are within the safety precaution  
37 capabilities of the business or facility; and

38 (4) To direct or issue and enforce orders requiring that every  
39 human remains prior to disposition be clearly labeled with all  
40 available information to identify the decedent, which shall include  
41 the requirement that any human remains of a deceased person with  
42 a contagious disease shall have an external, clearly visible tag  
43 indicating that the human remains are infected and, if known, the  
44 contagious disease.

45 b. The person in charge of disposition of any human remains  
46 shall maintain a written or electronic record of each human remains  
47 and all available information to identify the decedent and the  
48 circumstances of death and disposition. If human remains cannot

1 be identified prior to disposition, a person authorized by the Chief  
2 State Medical Examiner shall, to the extent possible, take  
3 fingerprints and photographs of the human remains, obtain  
4 identifying dental information, and collect a DNA specimen, under  
5 protocols of the Chief State Medical Examiner consistent with  
6 safety as the public health emergency may dictate. All information  
7 gathered under this subsection shall be promptly forwarded to the  
8 Chief State Medical Examiner, who shall forward relevant  
9 information to the commissioner.

10 c. The commissioner and Chief State Medical Examiner shall  
11 coordinate with the appropriate law enforcement agencies in any  
12 case where human remains may constitute evidence in a criminal  
13 investigation.

14 (cf: P.L.2005, c.222, s.7)

15

16 35. Section 18 of P.L.2005, c.222 (C.26:13-18) is amended to  
17 read as follows:

18 18. During a state of public health emergency, the commissioner  
19 may exercise, for such period as the state of public health  
20 emergency exists, the following emergency powers regarding health  
21 care personnel:

22 a. To require in-State health care providers to assist in the  
23 performance of vaccination, treatment, examination or testing of  
24 any individual;

25 b. To appoint and prescribe the duties of such out-of-State  
26 emergency health care providers as may be reasonable and  
27 necessary to respond to the public health emergency, as provided in  
28 this subsection.

29 (1) The appointment of out-of-State emergency health care  
30 providers may be for such period of time as the commissioner  
31 deems appropriate, but shall not exceed the duration of the public  
32 health emergency. The commissioner may terminate the out-of-  
33 State appointments at any time or for any reason if the termination  
34 will not jeopardize the health, safety and welfare of the people of  
35 this State.

36 (2) The commissioner may waive any State licensing  
37 requirements, permits, fees, applicable orders, rules, and regulations  
38 concerning professional practice in this State by health care  
39 providers from other jurisdictions; and

40 c. To authorize the Chief State Medical Examiner, during the  
41 public health emergency, to appoint and prescribe the duties of  
42 county or intercounty medical examiners and assistant county or  
43 intercounty medical examiners, **[regional medical examiners,]**  
44 designated forensic pathologists, their assistants, out-of-State  
45 medical examiners, and others as may be required for the proper  
46 performance of the duties of the office.

47 (1) The appointment of persons pursuant to this subsection may  
48 be for a limited or unlimited time, but shall not exceed the duration

1 of the public health emergency. The Chief State Medical Examiner  
2 may terminate the out-of-State appointments at any time or for any  
3 reason.

4 (2) The Chief State Medical Examiner may waive any licensing  
5 requirements, permits or fees otherwise required for the  
6 performance of these duties, so long as the appointed emergency  
7 assistant medical examiner is competent to properly perform the  
8 duties of the office. In addition, if from another jurisdiction, the  
9 appointee shall possess the licensing, permit or fee requirement for  
10 medical examiners or assistant medical examiners in that  
11 jurisdiction.

12 d. (1) An in-State health care provider required to assist  
13 pursuant to subsection a. of this section and an out-of-State  
14 emergency health care provider appointed pursuant to subsection b.  
15 of this section shall not be liable for any civil damages as a result of  
16 the provider's acts or omissions in providing medical care or  
17 treatment related to the public health emergency in good faith and  
18 in accordance with the provisions of this act.

19 (2) An in-State health care provider required to assist pursuant  
20 to subsection a. of this section and an out-of-State emergency health  
21 care provider appointed pursuant to subsection b. of this section  
22 shall not be liable for any civil damages as a result of the provider's  
23 acts or omissions in undertaking public health preparedness  
24 activities, which activities shall include but not be limited to pre-  
25 event planning, drills and other public health preparedness efforts,  
26 in good faith and in accordance with the provisions of this act.

27 (cf: P.L.2005, c.222, s.18)

28

29 36. Section 29 of P.L.2005, c.222 (C.26:13-29) is amended to  
30 read as follows:

31 29. The powers granted in the act are in addition to, and not in  
32 derogation of, powers otherwise granted by law to the Chief State  
33 Medical Examiner.

34 (cf: P.L.2005, c.222, s.29)

35

36 37. N.J.S.40A:9-46 is amended to read as follows:

37 40A:9-46. In every county, the board of chosen freeholders shall  
38 appoint a county medical examiner, or join in the appointment of an  
39 intercounty medical examiner, in **【the manner and for the term**  
40 **provided by law】** accordance with the provisions of P.L. ,  
41 c. (C. ) (pending before the Legislature as this bill), who shall  
42 meet the qualifications for appointment as provided in that act【. He  
43 shall be a licensed physician, a resident of the county, of recognized  
44 ability and good standing in his community, with such training or  
45 experience as may be prescribed by standards promulgated **】** and  
46 prescribed by regulation of the Chief State Medical Examiner **【by**

1 rule or regulation].  
2 (cf: N.J.S.40A:9-46)

3

4 38. N.J.S.40A:9-47 is amended to read as follows:

5 40A:9-47. The county medical examiner of any county or an  
6 intercounty medical examiner may, subject to the approval of the  
7 board or boards of chosen freeholders, as applicable, appoint  
8 **[such]** one or more assistant county or intercounty medical  
9 examiners **[of the county, toxicologists, scientific experts, clerical**  
10 **assistants and other personnel as shall be deemed necessary and**  
11 **required, fix their compensation and prescribe their powers, duties**  
12 **and functions. The assistant medical examiners of the county shall**  
13 **have the same qualifications as the county medical examiner. The**  
14 **said personnel shall be under the direction and supervision of the**  
15 **county medical examiner]** to operate under their direction and  
16 supervision in accordance with the provisions of P.L. ,  
17 c. (C. ) (pending before the Legislature as this bill), and as  
18 prescribed by regulation of the Chief State Medical Examiner.

19 (cf: N.J.S.40A:9-47)

20

21 39. N.J.S.40A:9-48 is amended to read as follows:

22 40A:9-48. If the county or intercounty medical examiner is  
23 unable to perform any duty imposed upon him as such medical  
24 examiner, by law, he may appoint a resident licensed physician to  
25 act for and in his behalf. The physician so appointed shall have all  
26 the powers of the county or intercounty medical examiner and shall  
27 receive compensation for his services to be paid by the county or  
28 counties, as applicable.

29 (cf: N.J.S.40A:9-48)

30

31 40. N.J.S.40A:9-49 is amended to read as follows:

32 40A:9-49. The county or intercounty medical examiner or  
33 assistant county or intercounty medical examiner, upon taking  
34 charge of unidentified or unclaimed dead bodies, shall make burial  
35 arrangements. If the decedent left an ascertainable estate able to  
36 pay for the burial, the cost thereof certified by the official in charge  
37 shall be payable out of such estate. If the decedent left no  
38 ascertainable estate able to pay for the burial, the cost of burial shall  
39 be borne:

40 a. if the decedent was an adult or emancipated child with  
41 surviving spouse, by the surviving spouse,

42 b. if the decedent was an unemancipated child with a surviving  
43 parent, by the surviving parent, or

44 c. if there is no surviving spouse or parent, as applicable, by  
45 the county.

46 (cf: P.L.1985, c.438, s.1)

47

48 41. N.J.S.40A:9-51 is amended to read as follows:

1 40A:9-51. The board of chosen freeholders of any county, by  
2 resolution, may designate not more than 6 places to be used as  
3 county public morgues and provide for their maintenance and  
4 operation. The said board may appoint the morgue keepers for  
5 terms of 5 years from the date of their appointments. The morgue  
6 keepers shall be under the supervision and direction of the county  
7 or intercounty medical examiner.

8 (cf: N.J.S.40A:9-51)

9

10 42. N.J.S.40A:9-52 is amended to read as follows:

11 40A:9-52. The morgue keepers shall be required to provide  
12 suitable rooms for the holding of necessary examinations or  
13 autopsies. They shall dispose of the dead bodies as directed by the  
14 county or intercounty medical examiner. The said county or  
15 intercounty medical examiner shall grant burial certificates for the  
16 unknown or unclaimed dead only to the morgue keepers. The board  
17 of chosen freeholders shall fix and pay the fees and expenses  
18 incurred by the morgue keepers in the performance of their duties as  
19 such.

20 (cf: N.J.S.40A:9-52)

21

22 43. N.J.S.40A:9-54 is amended to read as follows:

23 40A:9-54. Unidentified or unclaimed dead bodies shall be  
24 viewed by the county or intercounty medical examiner or by the  
25 assistant county or intercounty medical examiner, or a regularly  
26 licensed and practicing physician deputized for that purpose by the  
27 county or intercounty medical examiner. Thereafter, the body shall  
28 be **【buried by the morgue keeper at the expense of the county】**  
29 treated in the manner prescribed in section 20 of P.L. ,  
30 c. (C. ) (pending before the Legislature as this bill).

31 (cf: P.L.2002, c.121, s.3)

32

33 44. N.J.S.40A:9-55 is amended to read as follows:

34 40A:9-55. If any dead body in a morgue received as being  
35 unidentified shall thereafter be identified, the morgue keeper, upon  
36 the order of the county or intercounty medical examiner, shall  
37 deliver such body to any proper person willing to accept the  
38 responsibility therefor. Said person shall state the name and last  
39 known residence of the deceased and acknowledge receipt of the  
40 body by signing for it in a book to be kept by the morgue keeper for  
41 that purpose.

42 The morgue keeper shall make and keep a record of all bodies  
43 received and their disposition.

44 (cf: N.J.S.40A:9-55)

45

46 45. N.J.S.40A:9-56 is amended to read as follows:

47 40A:9-56. In any county where there is no morgue keeper, the  
48 procedure as to the disposition of unidentified or unclaimed dead

1 bodies shall be as nearly similar as in counties having a morgue  
2 keeper, and the duties which would have been performed by the  
3 morgue keeper, if there were one, shall be performed by the county  
4 or intercounty medical examiner or the assistant county or  
5 intercounty medical examiner.

6 (cf: P.L.2002, c.121, s.4)

7

8 46. N.J.S.40A:9-57 is amended to read as follows:

9 40A:9-57. Where in any municipality the police ascertain the  
10 finding or discovery of an unidentified dead body, the chief of  
11 police or other police officer on duty shall forthwith notify the  
12 county or intercounty medical examiner of such finding or  
13 discovery.

14 (cf: N.J.S.40A:9-57)

15

16 47. N.J.S.40A:9-58 is amended to read as follows:

17 40A:9-58. The county or intercounty medical examiner or the  
18 assistant county or intercounty medical examiner shall take charge  
19 of the personal property found on or pertaining to an unknown  
20 decedent~~].~~ and shall make an  
21 inventory of all such personal property and file a copy thereof with  
22 the clerk of the board of chosen freeholders. Within 20 days after  
23 the death, the said personal property with a copy of the inventory  
24 shall be delivered to the county treasurer. After 20 days following  
25 such delivery the county treasurer, in his discretion, may sell said  
26 property at public or private sale. If the proceeds of any such sale  
27 shall not be claimed by a personal representative of the decedent or  
28 person entitled thereto within 2 years after the sale, the said  
29 proceeds shall become the property of the county.

30 (cf: N.J.S.40A:9-58)

31

32 48. Section 2 of P.L.1974, c.55 (C.52:14-15.108) is amended to  
33 read as follows:

34 2. The salary ranges for the following positions shall be as  
35 established by the Civil Service Commission with the approval of  
36 the Director, Division of Budget and Accounting. The salary rate  
37 for any such position shall be the salary step in such range next  
38 above the salary currently being paid; provided, however, that any  
39 sums appropriated for salaries may be made available for salary  
40 adjustments therein arising from various exigencies of the State  
41 service and for normal merit salary increments as the Civil Service  
42 Commission, the State Treasurer and the Director of the Division of  
43 Budget and Accounting shall determine; and provided, further, that  
44 nothing in this act shall reduce the salary rate for any such position  
45 below that which is being paid on the effective date of this act:

46 Community Affairs Department

47 Assistant Commissioner of Community Affairs

48 Director, Division of State and Regional Planning

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42

1 Director, Division of Local Government Services  
2 Director, Division of Housing and Urban Renewal  
3 Director, Office of Aging Programs  
4 Director, Office on Women  
5 Environmental Protection Department  
6 Director, Division of Water Resources  
7 Director, Division of Parks and Forestry  
8 Director of Fish, Game and Shell Fisheries  
9 Director, Division of Marine Services  
10 Director, Division of Environmental Quality  
11 Health and Senior Services Department  
12 Director, Division of Narcotic and Drug Abuse Control  
13 Chief State Medical Examiner  
14 Corrections Department  
15 Chairman, State Parole Board  
16 Associate Member, State Parole Board  
17 Public Defender  
18 Labor and Workforce Development Department  
19 Director, Workplace Standards  
20 Law and Public Safety Department  
21 Colonel and Superintendent, State Police  
22 **【State Medical Examiner】**  
23 Director, Division of Alcoholic Beverage Control  
24 State Superintendent of Weights and Measures  
25 Public Utilities Department  
26 Director, Office of Cable Television  
27 Executive Director, Public Broadcasting  
28 State Department  
29 Transportation Department  
30 Assistant Commissioner for Highways  
31 Assistant Commissioner for Public Transportation  
32 Chief Administrator, New Jersey Motor Vehicle  
33 Commission  
34 Treasury Department  
35 Director, Division of Budget and Accounting  
36 Director, Division of Taxation  
37 Director, Division of Purchase and Property  
38 Director, Division of Pensions and Benefits  
39 Director, Division of State Lottery.

40 (cf: P.L.2008, c.29, s.107)

41

42 49. Section 8 of P.L.2007, c.279 (C.52:17B-219) is amended to  
43 read as follows:

44 8. a. After performing any death scene investigation, as  
45 deemed appropriate under the circumstances, the official with  
46 custody of the human remains shall ensure that the human remains  
47 are delivered to the appropriate county or intercounty medical  
48 examiner.

1       b. Any county or intercounty medical examiner with custody of  
2 human remains that are not identified within 24 hours of discovery  
3 shall promptly notify the Missing Persons Unit of the location of  
4 those remains.

5       c. If the county or intercounty medical examiner with custody  
6 of remains cannot determine whether or not the remains found are  
7 human, the medical examiner shall so notify the Missing Persons  
8 Unit.

9 (cf: P.L.2007, c.279, s.8)

10

11       50. Section 9 of P.L.2007, c.279 (C.52:17B-220) is amended to  
12 read as follows:

13       9. a. If the official with custody of the human remains is not a  
14 medical examiner, the official shall promptly transfer the  
15 unidentified remains to the appropriate county or intercounty  
16 medical examiner.

17       b. The county or intercounty medical examiner shall make  
18 reasonable attempts to promptly identify human remains. These  
19 actions may include, but are not limited to, obtaining:

- 20       (1) photographs of the human remains;
- 21       (2) dental or skeletal X-rays;
- 22       (3) photographs of items found with the human remains;
- 23       (4) fingerprints from the remains, if possible;
- 24       (5) samples of tissue suitable for DNA typing, if possible;
- 25       (6) samples of whole bone or hair suitable for DNA typing; and
- 26       (7) any other information that may support identification efforts.

27       c. No medical examiner or any other person shall dispose of, or  
28 engage in actions that will materially affect, the unidentified human  
29 remains before the county medical examiner obtains:

- 30       (1) samples suitable for DNA identification archiving;
- 31       (2) photographs of the unidentified human remains; and
- 32       (3) all other appropriate steps for identification have been  
33 exhausted.

34       d. Unidentified human remains shall not be cremated.

35       e. The county or intercounty medical examiner shall make  
36 reasonable efforts to obtain prompt DNA analysis of biological  
37 samples if the human remains have not been identified by other  
38 means within 30 days.

39       f. The medical examiner shall seek support from appropriate  
40 State and federal agencies to assist in the identification of  
41 unidentified human remains. Such assistance may include, but not  
42 be limited to, available mitochondrial or nuclear DNA testing,  
43 federal grants for DNA testing, or federal grants for crime  
44 laboratory or medical examiner office improvement.

45       g. The county or intercounty medical examiner shall seek  
46 support from appropriate federal and State agency representatives to  
47 have information promptly entered in federal and State databases by  
48 those representatives that can aid in the identification of a missing

1 person. Information shall be entered into federal databases as  
2 follows:

3 (1) information for the National Crime Information Center  
4 within 24 hours;

5 (2) DNA profiles and information shall be entered into the  
6 National DNA Index System (NDIS) within five business days after  
7 the completion of the DNA analysis and procedures necessary for  
8 the entry of the DNA profile; and

9 (3) information sought by the Violent Criminal Apprehension  
10 Program database as soon as practicable.

11 h. Nothing in this act shall be construed to preclude any  
12 medical examiner office, the State Police, or any local law  
13 enforcement agency from other actions to facilitate the  
14 identification of unidentified human remains, including efforts to  
15 publicize information, descriptions, or photographs that may aid in  
16 the identification of the unidentified remains, including allowing  
17 family members to identify a missing person; provided that in  
18 taking these actions, all due consideration is given to protect the  
19 dignity and well-being of the missing person and the family of the  
20 missing person.

21 i. Agencies handling the remains of a missing person who is  
22 deceased shall notify the law enforcement agency handling the  
23 missing person's case. Documented efforts shall be made to locate  
24 family members of the deceased person to inform them of the death  
25 and location of the remains of their family member.

26 (cf: P.L.2007, c.279, s.9)

27

28 51. Section 3 of P.L.2003, c.225 (C.52:27D-43.17c) is amended  
29 to read as follows:

30 3. a. The board shall consist of 20 members as follows:

31 (1) the Commissioners of Community Affairs, Human Services,  
32 Children and Families, and Health **and Senior Services**, the  
33 Attorney General, the Public Defender, the Superintendent of the  
34 State Police, the Director of the Division of Child Protection and  
35 Permanency in the Department of Children and Families, the Chief  
36 State Medical Examiner, and the chairperson of the Child Fatality  
37 and Near Fatality Review Board, or their designees, who shall serve  
38 ex officio;

39 (2) eight public members appointed by the Governor who shall  
40 include a representative of the County Prosecutors Association of  
41 New Jersey with expertise in prosecuting domestic violence cases, a  
42 representative of the New Jersey Coalition for Battered Women, a  
43 representative of a program for battered women that provides  
44 intervention services to perpetrators of acts of domestic violence, a  
45 representative of the law enforcement community with expertise in  
46 the area of domestic violence, a psychologist with expertise in the  
47 area of domestic violence or other related fields, a licensed social  
48 worker with expertise in the area of domestic violence, a licensed

1 health care professional knowledgeable in the screening and  
2 identification of domestic violence cases and a county probation  
3 officer; and

4 (3) two retired judges appointed by the Administrative Director  
5 of the Administrative Office of the Courts, one with expertise in  
6 family law and one with expertise in municipal law as it relates to  
7 domestic violence.

8 b. The public members of the board shall serve for three-year  
9 terms, except that of the public members first appointed, four shall  
10 serve for a period of one year, three shall serve for a period of two  
11 years and two shall serve for a period of three years. The members  
12 shall serve without compensation, but shall be eligible for  
13 reimbursement for necessary and reasonable expenses incurred in  
14 the performance of their official duties and within the limits of  
15 funds appropriated for this purpose. Vacancies in the membership  
16 of the board shall be filled in the same manner as the original  
17 appointments were made.

18 c. The board shall select a chairperson from among its  
19 members who shall be responsible for the coordination of all  
20 activities of the board.

21 d. The board is entitled to call to its assistance and avail itself  
22 of the services of employees of any State, county, or municipal  
23 department, board, bureau, commission, or agency as it may require  
24 and as may be available for the purposes of reviewing a case  
25 pursuant to the provisions of P.L.2003, c.225 (C.52:27D-43.17a et  
26 seq.).

27 e. The board may seek the advice of experts, such as persons  
28 specializing in the fields of psychiatric and forensic medicine,  
29 nursing, psychology, social work, education, law enforcement,  
30 family law, academia, military affairs, or other related fields, if the  
31 facts of a case warrant additional expertise.

32 (cf: P.L.2012, c.16, s.150)

33

34 52. Section 8 of P.L.2001, c.246 (C.App.A:9-71) is amended to  
35 read as follows:

36 8. a. There is established in the Department of Law and Public  
37 Safety the Domestic Security Preparedness Planning Group, which  
38 shall assist the task force in performing its duties under this act. In  
39 cooperation with the task force, the planning group shall develop  
40 and provide to the task force, for consideration, a coordinated plan  
41 to be included in the State Emergency Operations Plan to prepare  
42 for, respond to, mitigate and recover from incidents of terrorism.

43 b. The members of the planning group shall include the  
44 Director of the New Jersey Office of Emergency Management, the  
45 Adjutant General of Military and Veterans' Affairs or his designee,  
46 the Commissioner of Agriculture or his designee, the Commissioner  
47 of Community Affairs or his designee, the Commissioner of  
48 Corrections or his designee, the Commissioner of Environmental

1 Protection or his designee, the Commissioner of Health **【and Senior**  
2 **Services】** or his designee, the Commissioner of Human Services, or  
3 his designee, the Commissioner of Transportation or his designee,  
4 the Executive Director of the New Jersey Transit Corporation or his  
5 designee, the State Treasurer or his designee, the **【New Jersey】**  
6 **Chief** State Medical Examiner or his designee, a representative of  
7 the University of Medicine and Dentistry of New Jersey, the  
8 President of the Board of Public Utilities or his designee, a  
9 representative of the New Jersey County Emergency Management  
10 Coordinators Association, a representative of the New Jersey State  
11 Fire Chiefs Association, and a representative of the New Jersey  
12 State Police Chiefs Association. The planning group may include,  
13 to the extent such individuals may be made available for such  
14 purpose, a representative of the Federal Emergency Management  
15 Agency, a representative of the Federal Bureau of Investigation, a  
16 representative of the American Red Cross, and a representative of  
17 such other charitable groups as may be appropriate. The  
18 chairperson of the task force shall appoint the chair and vice chair  
19 of the planning group.

20 (cf: P.L.2001, c.246, s.8)

21

22 53. The following are repealed:

23 N.J.S.40A:9-50;

24 P.L.1967, c.234 (C.52:17B-78 et seq.);

25 Sections 2 and 3 of P.L.1972, c.13 (C.52:17B-79.1 et seq.);

26 P.L.1983, c.535 (C.52:17B-88.1 et seq.);

27 P.L.1993, c.276 (C.52:17B-88.7 et seq.);

28 Section 2 of P.L.2000, c.24 (C.52:17B-88.10);

29 Section 2 of P.L.2005, c.227 (C.52:17B-88.11);

30 P.L.2009, c.151 (C.52:17B-88a); and

31 P.L.2013, c.91 (C.52:17B-8.12 et seq.).

32

33 54. This act shall take effect on the first day of the second month  
34 next following the date of enactment.

35

36

37

#### STATEMENT

38

39 This bill, designated as the “Revised State Medical Examiner  
40 Act,” repeals the “State Medical Examiner Act” P.L.1967, c.234  
41 (N.J.S.A.52:17B-78 et seq.), and establishes the Office of the Chief  
42 State Medical Examiner in, but not of, the Department of Health to  
43 replace the Office of the State Medical Examiner in the Department  
44 of Law and Public Safety.

45 *Office of the Chief State Medical Examiner.* The bill establishes  
46 the Office of the Chief State Medical Examiner in the Executive  
47 Branch of State Government and allocates the office, in but not of,  
48 the Department of Health. The bill specifies that the office is to be

1 independent of any supervision or control by the department or by  
2 any board or officer of the department.

3 The bill abolishes the existing Office of the State Medical  
4 Examiner in the Department of Law and Public Safety and transfers  
5 all of its functions, powers, and duties to the newly established  
6 Office of the Chief State Medical Examiner. The bill specifies that  
7 this transfer will be conducted in accordance with all applicable  
8 State laws governing the transfer of State agencies.

9 The bill provides that the Office of the Chief State Medical  
10 Examiner is under the direct the supervision of a Chief State  
11 Medical Examiner, who (as with the current State Medical  
12 Examiner) is required to be a State-licensed physician and a  
13 qualified forensic pathologist. The bill specifies that the Chief State  
14 Medical Examiner will be appointed by the Governor, with the  
15 advice and consent of the Senate, for a term of five years, and may  
16 be removed from office by the Governor for certain enumerated  
17 causes.

18 The bill provides that the Chief State Medical Examiner is to  
19 report directly to the Commissioner of Health and is to function  
20 independently within the Department of Health with respect to the  
21 medical examiner system and the conducting of medicolegal death  
22 investigations.

23 The bill provides that the Chief State Medical Examiner is  
24 responsible for ensuring that the entire medical examiner system is  
25 adequately equipped and staffed to deliver medicolegal death  
26 investigation services throughout the State, including the  
27 establishment of advisory standards of funding for staff, equipment,  
28 and facilities for all medical examiner offices.

29 The bill empowers the Chief State Medical examiner to: appoint  
30 persons to the position of Deputy Chief State Medical Examiner and  
31 to appoint and to prescribe the duties of such other employees as  
32 may be necessary; provide advice to the governing body of a county  
33 or counties concerning the appointment of county or intercounty  
34 medical examiners; establish minimum training and experiential  
35 requirements of eligibility for those persons appointed as Deputy  
36 Chief State Medical Examiner or as a county or intercounty medical  
37 examiner or assistant county or intercounty medical examiner;  
38 retain supervisory power over personnel employed by the Office of  
39 the Chief State Medical Examiner; provide direct supervision and  
40 oversight of any county or intercounty medical examiner facility  
41 that the Chief State Medical Examiner reasonably determines is  
42 experiencing problems that preclude its effective functioning; and  
43 provide professional oversight concerning the operations of the  
44 county and intercounty medical examiner offices as they relate  
45 specifically to the conduct of medicolegal death investigations and  
46 the performance of autopsies.

47 The bill requires the Chief State Medical Examiner to adopt  
48 certain rules and regulations. Under the bill, these rules and

1 regulations include the establishment of uniform procedures for  
2 conducting medicolegal death investigations, and minimum  
3 performance and operating standards for, and standards of  
4 professional conduct for personnel of, the Office of the Chief State  
5 Medical Examiner and the office of each county or intercounty  
6 medical examiner.

7 The bill provides the Chief State Medical Examiner with direct  
8 supervision and oversight authority over any medical examiner  
9 facility operating under State jurisdiction.

10 The bill authorizes the Chief State Medical Examiner to  
11 intervene in, and to assume control over, any ongoing medicolegal  
12 death investigation in the State, regardless of whether the Chief  
13 State Medical Examiner has received permission from, or a request  
14 for intervention by, a county or an intercounty medical examiner  
15 performing the investigation.

16 *County / Intercounty Medical Examiner Offices.* The bill  
17 requires each county to establish and maintain an office of the  
18 county medical examiner, and permits the governing bodies of two  
19 or more counties to jointly establish and maintain an intercounty  
20 medical examiner office. The bill requires two or more counties  
21 seeking to jointly maintain an intercounty medical examiner office  
22 on a cooperative or regional basis to seek the advice of the Chief  
23 State Medical Examiner concerning such an arrangement before  
24 establishing and maintaining a joint office.

25 The bill provides that each county or intercounty medical  
26 examiner office will continue to be directed by a county or  
27 intercounty medical examiner, who (as with current county medical  
28 examiners) will be appointed by the governing body of the county  
29 or counties for a term of five years. The bill specifies that in  
30 appointing persons to the position of county or intercounty medical  
31 examiner, the governing body of a county or counties must seek the  
32 advice of the Chief State Medical Examiner regarding the  
33 appointment.

34 The bill provides that the Chief State Medical Examiner may  
35 remove a county or intercounty medical examiner from office for  
36 certain enumerated causes, in consultation with the governing body  
37 of the county or counties that appointed the county or intercounty  
38 medical examiner.

39 The bill requires the governing body of a county or counties that  
40 appointed a county or intercounty medical examiner to consult the  
41 advisory funding standards adopted by the Chief State Medical  
42 Examiner when establishing county budgets for medical examiner  
43 services. The bill specifies that the budgets for and spending by  
44 each county and intercounty medical examiner office are to be made  
45 available for review by the Chief State Medical Examiner, are  
46 required to be published and made available to the public as part of  
47 the county budget, and are required to detail certain costs associated  
48 with the operation of the office.

1       *Medicolegal Investigations of a Death.* The bill enumerates  
2 certain instances in which a medical examiner is required to  
3 conduct a medicolegal investigation of a death in this State. These  
4 instances include:

- 5       -- death where criminal violence appears to have taken place;
- 6       -- death by accident or unintentional injury;
- 7       -- death under suspicious or unusual circumstances;
- 8       -- death from causes that might constitute a threat to public  
9 health and safety;
- 10      -- death not caused by readily recognizable diseases, disability,  
11 or infirmity;
- 12      -- sudden death when the decedent was in apparent good health;
- 13      -- suicide;
- 14      -- death of a child under 18 years of age from any cause;
- 15      -- sudden or unexpected death of an infant or child under three  
16 years of age or a fetal death occurring without medical attendance;
- 17      -- death due to criminal abortion;
- 18      -- death where suspicion of abuse of a child, family or household  
19 member, or elderly or disabled person exists;
- 20      -- death within 24 hours of admission to a hospital or a nursing  
21 home;
- 22      -- death in custody, in a jail or correctional facility, or in a State  
23 or county psychiatric hospital, State developmental center, or other  
24 public or private institution or facility for persons with mental  
25 illness, developmental disabilities, or brain injury;
- 26      -- death related to occupational illness or injury;
- 27      -- death due to thermal, chemical, electrical, or radiation injury;
- 28      -- death due to toxins, poisons, medicinal or recreational drugs,  
29 or a combination thereof;
- 30      -- known or suspected non-natural death;
- 31      -- any person found dead under unexplained circumstances;
- 32      -- the discovery of skeletal remains; or
- 33      -- a death occurring under such other circumstances as may be  
34 prescribed by regulation of the Chief State Medical Examiner.

35       *Medical Examiner Review Team.* The bill establishes a Medical  
36 Examiner Review Team. The bill specifies that this team is  
37 responsible for reviewing and issuing recommendations regarding:  
38 disputed medicolegal death investigation findings that are the  
39 subject of a dispute between the Chief State Medical Examiner and  
40 any county or intercounty medical examiner; and any removal of  
41 the Chief State Medical Examiner or any county or intercounty  
42 medical examiner.

43       The bill specifies that the team is comprised of seven members,  
44 including: the Commissioner of Health, the Commissioner of  
45 Human Services, the Attorney General, and the Chief State Medical  
46 Examiner, or their designees, who shall serve *ex officio*, and three  
47 public members appointed by the Governor.

1 The bill specifies that the team must meet at least once annually  
2 and must meet within 45 days after receiving a report of a dispute  
3 or notification of a removal from office. The bill specifies that  
4 team members will not receive compensation, but will be  
5 reimbursed for expenses incurred, within the limits of funds  
6 appropriated or otherwise made available to the team for its  
7 purposes.

8 *Issuance of an Annual Report.* The bill requires the Office of the  
9 Chief State Medical Examiner, in conjunction with the Medical  
10 Examiner Review Team, to issue an annual report and to make that  
11 report available to the public.

12 The bill specifies that the annual report must, at a minimum,  
13 contain the following: the budget and expenditures for each  
14 medical examiner office in this State; the total number of cases  
15 received, reviewed, accepted, and investigated by each medical  
16 examiner office; statistics of determined causes of death; and an  
17 evaluation of the performance of each medical examiner office and  
18 the medical examiner system.

19 *New Jersey State Medical Examiner Toxicology Laboratory.*  
20 The bill requires the Office of the Chief State Medical Examiner to  
21 maintain and supervise a State toxicology laboratory. The bill  
22 specifies that the laboratory will provide necessary toxicology  
23 services to the Chief State Medical Examiner, Deputy Chief State  
24 Medical Examiner, each county or intercounty medical examiner,  
25 and each assistant county or assistant intercounty medical examiner  
26 in the performance of medicolegal death investigations in this State.

27 The bill specifies that the Chief State Medical Examiner, Deputy  
28 Chief State Medical Examiner, county or intercounty medical  
29 examiner, and assistant county or assistant intercounty medical  
30 examiner requiring the services of a toxicology laboratory must  
31 enlist the services of the State laboratory unless the Chief State  
32 Medical Examiner provides permission for use of another. The bill  
33 requires the Chief State Medical Examiner to adopt rules and  
34 regulations for the operations and use of the State laboratory.

35 *Appeal Process for Persons in Interest.* The bill establishes an  
36 appeal process for a “person in interest” (as defined by the bill) to  
37 request a correction of a medical examiner’s findings and  
38 conclusions on the cause and manner of death recorded on a death  
39 certificate. The bill specifies that such a request cannot be made in  
40 a case in which there is a finding of a homicide, and specifies that  
41 those requests that are made must be initiated by the person in  
42 interest within 60 days after the Chief State Medical Examiner,  
43 Deputy Chief State Medical Examiner, county or intercounty  
44 medical examiner, or assistant county or assistant intercounty  
45 medical examiner files the findings and conclusions on the cause  
46 and manner of death recorded on a death certificate.

47 *Repeals and Recodifications.* The bill repeals certain statutes and  
48 repeals and recodifies the provisions of certain others. In particular,

1 the bill repeals the following statutes, which are obviated by its  
2 provisions:

3 -- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the “State  
4 Medical Examiner Act,” concerning the establishment and  
5 operation of the Office of the State Medical Examiner; and

6 -- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et  
7 seq.), concerning a prior transfer of power, duties, and functions of  
8 the State Medical Examiner within the Department of Law and  
9 Public Safety.

10 The bill repeals the following statutes and recodifies their  
11 provisions in Title 26 of the Revised Statutes:

12 -- N.J.S.40A:9-50, concerning the disinterment of dead bodies;

13 -- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the  
14 performance of a dissection or autopsy by a medical examiner;

15 -- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning  
16 organ and tissue analysis and transplantation from a donor whose  
17 death is under investigation;

18 -- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10),  
19 concerning standardized protocols for sudden child death autopsies;

20 -- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11),  
21 concerning the participation of medical examiners in research  
22 activities with respect to children three years of age and younger;

23 -- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification  
24 to medical examiners of deaths occurring in certain facilities; and

25 -- P.L.2013, c.91 (N.J.S.A.52:17B-8.12 et seq.), concerning  
26 medicolegal death investigations involving seizure disorders.

27 *Effective Date.* The bill takes effect on the first day of the  
28 second month next following the date of enactment.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 976**

with committee amendments

**STATE OF NEW JERSEY**

DATED: FEBRUARY 15, 2018

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 976.

As amended by the committee, this bill, designated as the “Revised State Medical Examiner Act,” repeals the “State Medical Examiner Act” P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), and establishes the Office of the Chief State Medical Examiner in, but not of, the Department of Health to replace the Office of the State Medical Examiner in the Department of Law and Public Safety.

*Office of the Chief State Medical Examiner.* The bill establishes the Office of the Chief State Medical Examiner in the Executive Branch of State Government and allocates the office, in but not of, the Department of Health. The bill specifies that the office is to be independent of any supervision or control by the department or by any board or officer of the department.

The bill abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all of its functions, powers, and duties to the newly established Office of the Chief State Medical Examiner. The bill specifies that this transfer will be conducted in accordance with all applicable State laws governing the transfer of State agencies.

The bill provides that the Office of the Chief State Medical Examiner is under the direct the supervision of a Chief State Medical Examiner, who (as with the current State Medical Examiner) is required to be a State-licensed physician and a qualified forensic pathologist. The bill specifies that the Chief State Medical Examiner will be appointed by the Governor, with the advice and consent of the Senate, for a term of five years, and may be removed from office by the Governor for certain enumerated causes.

The bill provides that the Chief State Medical Examiner is to report directly to the Commissioner of Health and is to function independently within the Department of Health with respect to the medical examiner system and the conducting of medicolegal death investigations.

The bill provides that the Chief State Medical Examiner is responsible for ensuring that the entire medical examiner system is adequately equipped and staffed to deliver medicolegal death investigation services throughout the State, including the establishment of advisory standards of funding for staff, equipment, and facilities for all medical examiner offices.

The bill empowers the Chief State Medical examiner to: appoint persons to the position of Deputy Chief State Medical Examiner and to appoint and to prescribe the duties of such other employees as may be necessary; provide advice to the governing body of a county or counties concerning the appointment of county or intercounty medical examiners; establish minimum training and experiential requirements of eligibility for those persons appointed as Deputy Chief State Medical Examiner or as a county or intercounty medical examiner or assistant county or intercounty medical examiner; retain supervisory power over personnel employed by the Office of the Chief State Medical Examiner; provide direct supervision and oversight, in most cases, of a county or intercounty medical examiner facility that the Chief State Medical Examiner reasonably determines is experiencing problems that preclude its effective functioning; require county and intercounty medical examiners to timely enter case information into the State's Case Management System, and to complete any training offered on the proper use of the system; establish a forensic pathology fellowship program; and provide professional oversight concerning the operations of the county and intercounty medical examiner offices as they relate specifically to the conduct of medicolegal death investigations and the performance of autopsies.

The bill requires the Chief State Medical Examiner to adopt certain rules and regulations. Under the bill, these rules and regulations include the establishment of uniform procedures for conducting medicolegal death investigations, and minimum performance and operating standards for, and standards of professional conduct for personnel of, the Office of the Chief State Medical Examiner and the office of each county or intercounty medical examiner.

The bill provides the Chief State Medical Examiner with direct supervision and oversight authority over any medical examiner facility operating under State jurisdiction.

The bill authorizes the Chief State Medical Examiner to intervene in, and to assume control over, any ongoing medicolegal death investigation in the State, regardless of whether the Chief State Medical Examiner has received permission from, or a request for intervention by, a county or an intercounty medical examiner performing the investigation.

The bill further authorizes the Chief State Medical Examiner to enter into agreements with various entities to share facilities and equipment, and to make assistant medical examiners available to

educational institutions for the teaching of legal medicine and other closely related subjects.

*County / Intercounty Medical Examiner Offices.* The bill requires each county to establish and maintain an office of the county medical examiner, and permits the governing bodies of two or more counties to jointly establish and maintain an intercounty medical examiner office. The bill requires two or more counties seeking to jointly maintain an intercounty medical examiner office on a cooperative or regional basis to seek the advice of the Chief State Medical Examiner concerning such an arrangement before establishing and maintaining a joint office.

The bill provides that each county or intercounty medical examiner office will continue to be directed by a county or intercounty medical examiner, who (as with current county medical examiners) will be appointed by the governing body of the county or counties for a term of five years. The bill specifies that in appointing persons to the position of county or intercounty medical examiner, the governing body of a county or counties must seek the advice of the Chief State Medical Examiner regarding the appointment. The bill requires that each county or intercounty medical examiners' office is to have at least one licensed physician on staff who is certified in forensic pathology.

The bill provides that the Chief State Medical Examiner may remove a county or intercounty medical examiner from office for certain enumerated causes, in consultation with the governing body of the county or counties that appointed the county or intercounty medical examiner.

The bill requires the governing body of a county or counties that appointed a county or intercounty medical examiner to consult the advisory funding standards adopted by the Chief State Medical Examiner when establishing county budgets for medical examiner services. The bill specifies that the budgets for and spending by each county and intercounty medical examiner office are to be made available for review by the Chief State Medical Examiner, are required to be published and made available to the public as part of the county budget, and are required to detail certain costs associated with the operation of the office.

*Medicolegal Investigations of a Death.* The bill enumerates certain instances in which a medical examiner is required to conduct a medicolegal investigation of a death in this State. The investigation may be performed by a medical examiner, or by a certified medicolegal death investigator. The instances in which an investigation must be conducted include:

- death where criminal violence appears to have taken place;
- death by accident or unintentional injury;
- death under suspicious or unusual circumstances;
- death from causes that might constitute a threat to public health or safety;

- death not caused by readily recognizable diseases, disability, or infirmity;
- sudden death when the decedent was in apparent good health;
- suicide;
- death of a child under 18 years of age from any cause;
- sudden or unexpected death of an infant or child under three years of age or a fetal death occurring without medical attendance;
- death due to criminal abortion;
- death where suspicion of abuse of a child, family or household member, or elderly or disabled person exists;
- death within 24 hours of admission to a hospital or a nursing home;
- death in custody, in a jail or correctional facility, or in a State or county psychiatric hospital, State developmental center, or other public or private institution or facility for persons with mental illness, developmental disabilities, or brain injury;
- death related to occupational illness or injury;
- death due to thermal, chemical, electrical, or radiation injury;
- death due to toxins, poisons, medicinal or recreational drugs, or a combination thereof;
- known or suspected non-natural death;
- any person found dead under unexplained circumstances;
- the discovery of skeletal remains;
- death for which investigation is in the public interest; or
- a death occurring under such other circumstances as may be prescribed by regulation of the Chief State Medical Examiner.

*Medical Examiner Review Team.* The bill establishes a Medical Examiner Review Team. The bill specifies that this team is responsible for reviewing and issuing recommendations regarding: disputed medicolegal death investigation findings that are the subject of a dispute between the Chief State Medical Examiner and any county or intercounty medical examiner; and any removal of the Chief State Medical Examiner or any county or intercounty medical examiner.

The bill specifies that the team is comprised of nine members, including: the Commissioner of Health, the Commissioner of Human Services, the Attorney General, and the Chief State Medical Examiner, or their designees, who shall serve *ex officio*; a board certified pathologist; the Chair of Pathology from a medical school in the State; and three public members appointed by the Governor.

The bill specifies that the team must meet at least once annually and must meet within 45 days after receiving a report of a dispute or notification of a removal from office. The bill specifies that team members will not receive compensation, but will be reimbursed for expenses incurred, within the limits of funds appropriated or otherwise made available to the team for its purposes.

*Issuance of an Annual Report.* The bill requires the Office of the Chief State Medical Examiner, in conjunction with the Medical

Examiner Review Team, to issue an annual report and to make that report available to the public.

The bill specifies that the annual report must, at a minimum, contain the following: the budget and expenditures for each medical examiner office in this State; the total number of cases received, reviewed, accepted, and investigated by each medical examiner office; statistics of determined causes of death; and an evaluation of the performance of each medical examiner office and the medical examiner system.

*Sudden Child Death Autopsy Protocol Committee.* The bill requires the development of standardized protocols for autopsies performed in those cases in which the suspected cause of death is sudden infant death syndrome, and in which the death of a child under the age of three is sudden and unexpected. The bill establishes a Sudden Child Death Autopsy Protocol Committee, and provides certain guidance on the development of the protocol.

*Research Oversight Committee.* The bill requires the Chief State Medical Examiner to establish a Research Oversight Committee to assist in developing and reviewing research protocols to yield new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome, and sudden, unexpected death in epilepsy (SUDEP). It further requires the Chief State Medical Examiner to develop awareness programs to educate medical examiners about various causes of death.

*New Jersey State Medical Examiner Toxicology Laboratory.* The bill requires the Office of the Chief State Medical Examiner to maintain and supervise a State toxicology laboratory. The bill specifies that the laboratory will provide necessary toxicology services to the Chief State Medical Examiner, Deputy Chief State Medical Examiner, each county or intercounty medical examiner, and each assistant county or assistant intercounty medical examiner in the performance of medicolegal death investigations in this State.

The bill specifies that the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, and assistant county or assistant intercounty medical examiner requiring the services of a toxicology laboratory must enlist the services of the State laboratory unless the Chief State Medical Examiner provides permission for use of another. The bill requires the Chief State Medical Examiner to adopt rules and regulations for the operations and use of the State laboratory.

*Appeal Process for Persons in Interest.* The bill establishes an appeal process for a “person in interest” (as defined by the bill) to request a correction of a medical examiner’s findings and conclusions on the cause and manner of death recorded on a death certificate. The bill specifies that such a request cannot be made in a case in which there is a finding of a homicide, and specifies that those requests that are made must be initiated by the person in interest within 60 days

after the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, or assistant county or assistant intercounty medical examiner files the findings and conclusions on the cause and manner of death recorded on a death certificate.

*Immunity Provisions.* The bill specifies that the Chief State Medical Examiner, a Deputy Chief State Medical Examiner, an Assistant Medical Examiner, their employees, the members of any committees established pursuant to the bill, and any other persons who are authorized to undertake actions pursuant to the bill, will be immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith, in accordance with the bill's provisions.

*Repeals and Recodifications.* The bill repeals certain statutes and repeals and recodifies the provisions of certain others. In particular, the bill repeals the following statutes, which are obviated by its provisions:

-- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the "State Medical Examiner Act," concerning the establishment and operation of the Office of the State Medical Examiner; and

-- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et seq.), concerning a prior transfer of power, duties, and functions of the State Medical Examiner within the Department of Law and Public Safety.

The bill repeals the following statutes and recodifies their provisions in Title 26 of the Revised Statutes:

-- N.J.S.40A:9-50, concerning the disinterment of dead bodies;

-- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the performance of a dissection or autopsy by a medical examiner;

-- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning organ and tissue analysis and transplantation from a donor whose death is under investigation;

-- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10), concerning standardized protocols for sudden child death autopsies;

-- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11), concerning the participation of medical examiners in research activities with respect to children three years of age and younger;

-- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification to medical examiners of deaths occurring in certain facilities; and

-- P.L.2013, c.91 (N.J.S.A.52:17B-8.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

*Effective Date.* The bill takes effect on the first day of the second month next following the date of enactment.

The committee amended the bill to:

1) add a definition of "medicolegal death investigator," and authorize medicolegal death investigators to respond to the scene of a death for investigation purposes;

2) provide that existing contracts between the Office of the Attorney General and the Northern or Southern Regional Offices of the State Medical Examiner are to be transferred to the Office of the Chief State Medical Examiner in the Department of Health, and continued as if that office was the original party to the contract;

3) add references to “osteopathic medical school or college” in every place where the bill references “medical school or college,” and add references to the “American Osteopathic Board of Pathology” in every place where the bill references the “American Board of Pathology;”

4) clarify that the Chief State Medical Examiner may not take over direct supervision and oversight of a county or intercounty medical examiner facility in the event of subpar performance, if that facility is accredited by the National Association of Medical Examiners (NAME);

5) provide for county and intercounty medical examiners to timely input data into the State’s Case Management System, and complete associated training;

6) require the Chief State Medical Examiner to establish a forensic pathology fellowship program;

7) permit the Chief State Medical Examiner to enter into agreements with certain other entities and teach at certain educational institutions;

8) make certain requirements of the county, if the State assumes the duties of the county or intercounty medical examiners;

9) add “a death for which investigation is in the public interest” to the instances in which a medical examiner is required to conduct a medicolegal investigations;

10) require that the individual investigating the death is provided with an Originating Agency Identification Number and access to the State’s motor vehicle registries and fingerprint registries;

11) require the Chief State Medical Examiner to provide the legal representative or person in control of the funeral, upon request, with all available documentation related to the decedent’s autopsy and the medical investigation of the decedent’s death;

12) remove “other law enforcement official” from the list of individuals who may deem an autopsy necessary after a preliminary death investigation is performed;

13) require the Chief State Medical Examiner to establish and consult with the Sudden Child Death Autopsy Protocol Committee to develop standardized protocols for autopsies performed in those cases in which the suspected cause of death of a child under one year of age is sudden infant death syndrome and in which the child is between one and three years of age and the death is sudden and unexpected;

14) remove the section of the bill that specifically establishes requirements and protocols for sudden, unexpected death in epilepsy (SUDEP); and replace it with a section that establishes a Research

Oversight Committee to assist in developing and reviewing and expanding awareness to identify actual causes of death in cases of SUDEP, as well as in other various cases of death;

15) add two more members to the Medical Examiner Review Team, including the Chair of the Department of Pathology from one of the medical schools or colleges or osteopathic medical schools or colleges in New Jersey, to be appointed by the Governor; and one public member, to be appointed by the Governor, who is to be certified in forensic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology;

16) remove the section of the bill that concerned the disposition of unclaimed remains;

17) provide that toxicology laboratories, other than the State Toxicology Laboratory, may be used for a medical examiner's purposes, provided that such labs meet national accreditation standards; and

18) provide that the Chief State Medical Examiner, a Deputy Chief State Medical Examiner, an Assistant Medical Examiner, their employees, the members of any committees established pursuant to this bill, and any other persons who are authorized to undertake actions pursuant to this bill will be immune from criminal or civil liability, and from professional disciplinary action, for actions or omissions undertaken, in good faith, in accordance with the bill's provisions.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## SENATE, No. 976

with committee amendments

# STATE OF NEW JERSEY

DATED: MARCH 5, 2018

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 976 (1R), with committee amendments.

As amended, this bill designated as the “Revised State Medical Examiner Act,” repeals the “State Medical Examiner Act,” N.J.S.A.52:17B-78 et seq., and establishes the Office of the Chief State Medical Examiner in, but not of, the Department of Health, to replace the Office of the State Medical Examiner in the Department of Law and Public Safety.

*Office of the Chief State Medical Examiner.* The bill establishes the Office of the Chief State Medical Examiner, in but not of, the Department of Health; the office is independent of any supervision or control by the department. The bill abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all functions, powers, and duties to the newly established Office of the Chief State Medical Examiner.

The Office of the Chief State Medical Examiner is under the direct supervision of a Chief State Medical Examiner (“CSME”), who (as with the current State Medical Examiner) is required to be a State-licensed physician and a qualified forensic pathologist. The CSME is appointed by the Governor, with the advice and consent of the Senate, for a term of five years, and may be removed from office by the Governor for certain enumerated causes.

The CSME reports to the Commissioner of Health and functions independently within the Department of Health with respect to the medical examiner system and the conducting of medicolegal death investigations. Any existing contracts with the Northern or Southern Regional Offices of the State Medical Examiner are to be transferred to the Office of the CSME and continued as if that office was the original party to the contract.

The CSME is responsible for ensuring that the entire medical examiner system is adequately equipped and staffed to deliver medicolegal death investigation services throughout the State, including setting recommended standards of funding for staff, equipment, and facilities in medical examiner offices.

The CSME has direct supervision and oversight authority over any medical examiner facility operating under State jurisdiction. The CSME may intervene in, and assume control over, a medicolegal death investigation in the State, regardless of whether the CSME has received permission from, or a request for intervention by, a county or an intercounty medical examiner performing the investigation.

The CSME is empowered to: appoint the Deputy CSME and to appoint and prescribe the duties of other employees; provide advice to the governing body of a county concerning the appointment of county or intercounty medical examiners; establish minimum training and experiential requirements of eligibility for the Deputy CSME or a county or intercounty medical examiner or assistant county or intercounty medical examiner; retain supervisory power over personnel employed by the Office of the CSME; provide direct supervision and oversight, in certain cases, of a county or intercounty medical examiner facility that the CSME reasonably determines is experiencing problems that preclude its effective functioning; require county and intercounty medical examiners to timely enter case information into the State's Case Management System; establish a forensic pathology fellowship program; and provide professional oversight concerning the operations of county and intercounty medical examiner offices related specifically to the conduct of medicolegal death investigations and autopsies.

The CSME must adopt certain rules and regulations, including but not limited to the establishment of uniform procedures for conducting medicolegal death investigations, and minimum performance and operating standards for the Office of the CSME and the office of each county or intercounty medical examiner.

*County / Intercounty Medical Examiner Offices.* The bill requires each county to maintain an office of the county medical examiner, and permits the governing bodies of two or more counties to jointly establish and maintain an intercounty medical examiner office. However, the counties must first seek the advice of the CSME prior to establishing an intercounty office.

Each county or intercounty medical examiner office will continue to be directed by a county or intercounty medical examiner, who (as with current county medical examiners) will be appointed by the governing body of the county or counties for a term of five years. In appointing persons to the position of county or intercounty medical examiner, the governing body of a county must seek the advice of the CSME regarding the appointment. Each county or intercounty medical examiners' office must have at least one licensed physician on staff who is certified in forensic pathology.

The CSME may remove a county or intercounty medical examiner from office for certain enumerated causes, in consultation with the governing body of the county or counties that appointed the county or intercounty medical examiner.

The governing body of a county or counties that appointed a county or intercounty medical examiner must consult the recommended funding standards adopted by the CSME when establishing county budgets for medical examiner services. The budgets for and spending by each county and intercounty medical examiner office are to be made available for review by the CSME, must be published and made available to the public as part of the county budget, and must detail certain costs associated with the operation of the office.

*Medicolegal Investigations of a Death.* The bill enumerates certain instances in which a medical examiner must conduct a medicolegal investigation: death involving criminal; death by accident or injury; death under suspicious or unusual circumstances; death related to public health or safety; death not caused by readily recognizable diseases or disability; sudden death when the decedent was in apparent good health; suicide; death of a child under 18 years of age; sudden or unexpected death of an infant or child under three years of age or a fetal death occurring without medical attendance; criminal abortion; death where suspicion of abuse of a child, family, or household member, or elderly or disabled person, exists; death within 24 hours of admission to a hospital or nursing home; death in custody, in a jail or correctional facility, or in a State or county psychiatric hospital, State developmental center, and other public or private institutions; death related to occupational illness or injury; death due to thermal, chemical, electrical, or radiation injury; death due to toxins, poisons, medicinal, or recreational drugs; non-natural death or unexplained circumstances; discovery of skeletal remains; and public interest.

*Medical Examiner Review Team.* The bill establishes a Medical Examiner Review Team, which is responsible for reviewing and issuing recommendations regarding: disputed medicolegal death investigation findings that are the subject of a dispute between the CSME and any county or intercounty medical examiner; and any removal of the CSME or any county or intercounty medical examiner. The team is comprised of nine members, including: the Commissioner of Health, the Commissioner of Human Services, the Attorney General, and the CSME, or their designees, who shall serve ex officio; a board certified pathologist; the Chair of Pathology from a medical or osteopathic school in the State; and three public members appointed by the Governor. The team must meet at least once annually and must meet within 45 days after receiving a report of a dispute or notification of a removal from office. Members will not receive compensation, but will be reimbursed for expenses incurred, within the limits of funds appropriated or otherwise made available to the team for its purposes.

*Issuance of an Annual Report.* The bill requires the Office of the CSME, in conjunction with the Medical Examiner Review Team, to issue an annual report and to make that that, at a minimum, contains the following: the budget and expenditures for each medical examiner

office in this State; the total number of cases received, reviewed, accepted, and investigated by each medical examiner office; statistics of determined causes of death; and an evaluation of the performance of each medical examiner office and the medical examiner system.

*Sudden Child Death Protocol.* The bill mandates development of standardized protocol for autopsies in cases in which the suspected cause of death is sudden infant death syndrome, and the sudden and unexpected death of a child under the age of three. The bill establishes a Sudden Child Death Autopsy Protocol Committee, and provides certain guidance on the development of standardized autopsy protocol.

The bill also requires the CSME to establish a Research Oversight Committee to assist in developing and reviewing research protocols to yield new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome, and sudden, unexpected death in epilepsy.

*New Jersey State Medical Examiner Toxicology Laboratory.* The bill requires the Office of the CSME to maintain and supervise a State toxicology laboratory, which provides toxicology services to the CSME, Deputy CSME, each county or intercounty medical examiner, and each assistant county or assistant intercounty medical examiner in the performance of medicolegal death investigations in this State.

*Appeal Process for Persons in Interest.* The bill requires the CSME to provide the legal representative of a decedent, upon request, with all available documentation related to the decedent's autopsy and the medical investigation.

The bill also establishes an appeal process for a "person in interest" to request a correction of a medical examiner's findings and conclusions on the cause and manner of death recorded on a death certificate. A "person in interest" means spouse, civil union or domestic partner, adult child, sibling, grandparent, or guardian of the decedent. Such a request cannot be made in instances of a finding of a homicide, and requests must be initiated by the person in interest within 60 days after the filing of the findings and conclusions on the cause and manner of death recorded on a death certificate.

*Immunity Provisions.* The bill specifies that the CSME, Deputy CSME, Assistant Medical Examiner, their employees, the members of any committees established pursuant to the bill, are immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith.

*Repeals and Recodifications.* The bill repeals certain statutes and repeals and recodifies others. In particular, the bill repeals the following statutes, which are obviated by its provisions:

-- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the "State Medical Examiner Act," concerning the establishment and operation of the Office of the State Medical Examiner; and

-- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et seq.), concerning a prior transfer of power, duties, and functions of the

State Medical Examiner within the Department of Law and Public Safety.

The bill also repeals the following statutes and recodifies their provisions in Title 26 of the Revised Statutes:

- N.J.S.40A:9-50, concerning the disinterment of dead bodies;
- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the performance of a dissection or autopsy by a medical examiner;
- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning organ and tissue analysis and transplantation from a donor whose death is under investigation;
- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10), concerning standardized protocols for sudden child death autopsies;
- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11), concerning the participation of medical examiners in research activities with respect to children three years of age and younger;
- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification to medical examiners of deaths occurring in certain facilities; and
- P.L.2013, c.91 (N.J.S.A.52:17B-88.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

*Effective Date.* The bill takes effect on the first day of the second month next following the date of enactment.

#### COMMITTEE AMENDMENTS:

The committee amendments: (1) clarify that the Chief State Medical Examiner must issue recommended, as opposed to advisory, standards of funding for staff, equipment, and facilities; (2) clarify that a person who willfully touches, removes, or disturbs the body or clothing of a decedent is, consistent with current law, guilty of a crime of the fourth degree, as opposed to a disorderly persons offense; (3) update section 52 of the bill to incorporate a change in the law; and (4) correct an incomplete citation related to the repeal of P.L.2013, c.91.

#### FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies. The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof.

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**SENATE, No. 976**

## **STATE OF NEW JERSEY 218th LEGISLATURE**

DATED: APRIL 2, 2018

### SUMMARY

- Synopsis:** "Revised State Medical Examiner Act"; establishes Office of the Chief State Medical Examiner in DOH.
- Types of Impact:** Annual State and county expenditure increases.
- Agencies Affected:** Department of Health; Department of Law and Public Safety; Counties.

#### Office of Legislative Services Estimate

Fiscal Impact	Annual
State Expenditure Increase	Indeterminate
County Expenditure Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies.
- The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards, and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof.

### BILL DESCRIPTION

The bill, designated as the "Revised State Medical Examiner Act," reforms the State's medical examiner system.

The bill maintains the system's current organizational structure in that a State medical examiner office oversees several independently-operated county and intercounty medical examiner offices. The bill, however, abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all of its functions, powers, and duties to the new Office of the Chief State Medical Examiner in, but not of, the Department of Health.

The bill also makes numerous revisions to the responsibilities of State, county, and intercounty medical examiner offices; including modifications to standard operating protocols, an expansion of the categories of deaths that require a medicolegal investigation, the strengthening of the oversight function of the State office vis-à-vis the county and intercounty offices, the establishment of research and oversight boards within the State office, and the issuance of an annual report by the State office on the performance of the Statewide system.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies.

The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards, and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof. For instance, this bill expands the categories of deaths that require a medicolegal investigation, establishes research and oversight boards within the State office, and requires the State office to issue an annual report on the performance of the Statewide medical examiner system.

Currently, the State Medical Examiner oversees the Office of the State Medical Examiner and two regional medical examiner facilities. The State's two regional offices manage the medical examiner duties for seven of the State's 21 counties. However, nine additional county and intercounty medical examiner offices, which are generally independent of the Office of the State Medical Examiner, are responsible for the State's remaining 14 counties.

The Office of the State Medical Examiner operates with a \$438,000 State appropriation in FY 2018 as well as \$11.8 million in anticipated dedicated revenue collections. Seven counties currently use the office's State Toxicology Lab, which also performs law enforcement drug tests. According to performance evaluation data in the Governor's FY 2018 Budget Recommendation, 6,757 deaths were investigated and 1,773 autopsies were performed throughout the State's medical examiner system in FY 2016.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Associate Research Analyst*

*Approved: Frank W. Haines III  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

[Second Reprint]  
**SENATE, No. 976**

# STATE OF NEW JERSEY

DATED: APRIL 5, 2018

The Assembly Health and Senior Services Committee reports favorably Senate Bill No. 976.

This bill, which is designated as the “Revised State Medical Examiner Act,” repeals the “State Medical Examiner Act” P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), and establishes the Office of the Chief State Medical Examiner in, but not of, the Department of Health to replace the Office of the State Medical Examiner in the Department of Law and Public Safety.

*Office of the Chief State Medical Examiner.* The bill establishes the Office of the Chief State Medical Examiner in the Executive Branch of State Government and allocates the office, in but not of, the Department of Health. The bill specifies that the office is to be independent of any supervision or control by the department or by any board or officer of the department.

The bill abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all of its functions, powers, and duties to the newly established Office of the Chief State Medical Examiner. The bill specifies that this transfer will be conducted in accordance with all applicable State laws governing the transfer of State agencies.

The bill provides that the Office of the Chief State Medical Examiner is under the direct the supervision of a Chief State Medical Examiner, who (as with the current State Medical Examiner) is required to be a State-licensed physician and a qualified forensic pathologist. The bill specifies that the Chief State Medical Examiner will be appointed by the Governor, with the advice and consent of the Senate, for a term of five years, and may be removed from office by the Governor for certain enumerated causes.

The bill provides that the Chief State Medical Examiner is to report directly to the Commissioner of Health and is to function independently within the Department of Health with respect to the medical examiner system and the conducting of medicolegal death investigations.

The bill provides that the Chief State Medical Examiner is responsible for ensuring that the entire medical examiner system is adequately equipped and staffed to deliver medicolegal death

investigation services throughout the State, including the establishment of recommended standards of funding for staff, equipment, and facilities for all medical examiner offices.

The bill empowers the Chief State Medical examiner to: appoint persons to the position of Deputy Chief State Medical Examiner and to appoint and to prescribe the duties of such other employees as may be necessary; provide advice to the governing body of a county or counties concerning the appointment of county or intercounty medical examiners; establish minimum training and experiential requirements of eligibility for those persons appointed as Deputy Chief State Medical Examiner or as a county or intercounty medical examiner or assistant county or intercounty medical examiner; retain supervisory power over personnel employed by the Office of the Chief State Medical Examiner; provide direct supervision and oversight, in most cases, of a county or intercounty medical examiner facility that the Chief State Medical Examiner reasonably determines is experiencing problems that preclude its effective functioning; require county and intercounty medical examiners to timely enter case information into the State's Case Management System, and to complete any training offered on the proper use of the system; establish a forensic pathology fellowship program; and provide professional oversight concerning the operations of the county and intercounty medical examiner offices as they relate specifically to the conduct of medicolegal death investigations and the performance of autopsies.

The bill requires the Chief State Medical Examiner to adopt certain rules and regulations. Under the bill, these rules and regulations include the establishment of uniform procedures for conducting medicolegal death investigations, and minimum performance and operating standards for, and standards of professional conduct for personnel of, the Office of the Chief State Medical Examiner and the office of each county or intercounty medical examiner.

The bill provides the Chief State Medical Examiner with direct supervision and oversight authority over any medical examiner facility operating under State jurisdiction.

The bill authorizes the Chief State Medical Examiner to intervene in, and to assume control over, any ongoing medicolegal death investigation in the State, regardless of whether the Chief State Medical Examiner has received permission from, or a request for intervention by, a county or an intercounty medical examiner performing the investigation.

The bill further authorizes the Chief State Medical Examiner to enter into agreements with various entities to share facilities and equipment, and to make assistant medical examiners available to educational institutions for the teaching of legal medicine and other closely related subjects.

*County / Intercounty Medical Examiner Offices.* The bill requires each county to establish and maintain an office of the county medical

examiner, and permits the governing bodies of two or more counties to jointly establish and maintain an intercounty medical examiner office. The bill requires two or more counties seeking to jointly maintain an intercounty medical examiner office on a cooperative or regional basis to seek the advice of the Chief State Medical Examiner concerning such an arrangement before establishing and maintaining a joint office.

The bill provides that each county or intercounty medical examiner office will continue to be directed by a county or intercounty medical examiner, who (as with current county medical examiners) will be appointed by the governing body of the county or counties for a term of five years. The bill specifies that in appointing persons to the position of county or intercounty medical examiner, the governing body of a county or counties must seek the advice of the Chief State Medical Examiner regarding the appointment. The bill requires that each county or intercounty medical examiners' office is to have at least one licensed physician on staff who is certified in forensic pathology.

The bill provides that the Chief State Medical Examiner may remove a county or intercounty medical examiner from office for certain enumerated causes, in consultation with the governing body of the county or counties that appointed the county or intercounty medical examiner.

The bill requires the governing body of a county or counties that appointed a county or intercounty medical examiner to consult the recommended funding standards adopted by the Chief State Medical Examiner when establishing county budgets for medical examiner services. The bill specifies that the budgets for and spending by each county and intercounty medical examiner office are to be made available for review by the Chief State Medical Examiner, are required to be published and made available to the public as part of the county budget, and are required to detail certain costs associated with the operation of the office.

*Medicolegal Investigations of a Death.* The bill enumerates certain instances in which a medical examiner is required to conduct a medicolegal investigation of a death in this State. The investigation may be performed by a medical examiner, or by a certified medicolegal death investigator. The instances in which an investigation must be conducted include:

- death where criminal violence appears to have taken place;
- death by accident or unintentional injury;
- death under suspicious or unusual circumstances;
- death from causes that might constitute a threat to public health or safety;
- death not caused by readily recognizable diseases, disability, or infirmity;
- sudden death when the decedent was in apparent good health;
- suicide;

- death of a child under 18 years of age from any cause;
- sudden or unexpected death of an infant or child under three years of age or a fetal death occurring without medical attendance;
- death due to criminal abortion;
- death where suspicion of abuse of a child, family or household member, or elderly or disabled person exists;
- death within 24 hours of admission to a hospital or a nursing home;
- death in custody, in a jail or correctional facility, or in a State or county psychiatric hospital, State developmental center, or other public or private institution or facility for persons with mental illness, developmental disabilities, or brain injury;
- death related to occupational illness or injury;
- death due to thermal, chemical, electrical, or radiation injury;
- death due to toxins, poisons, medicinal or recreational drugs, or a combination thereof;
- known or suspected non-natural death;
- any person found dead under unexplained circumstances;
- the discovery of skeletal remains;
- death for which investigation is in the public interest; or
- a death occurring under such other circumstances as may be prescribed by regulation of the Chief State Medical Examiner.

*Medical Examiner Review Team.* The bill establishes a Medical Examiner Review Team. The bill specifies that this team is responsible for reviewing and issuing recommendations regarding: disputed medicolegal death investigation findings that are the subject of a dispute between the Chief State Medical Examiner and any county or intercounty medical examiner; and any removal of the Chief State Medical Examiner or any county or intercounty medical examiner.

The bill specifies that the team is comprised of nine members, including: the Commissioner of Health, the Commissioner of Human Services, the Attorney General, and the Chief State Medical Examiner, or their designees, who shall serve *ex officio*; a board certified pathologist; the Chair of Pathology from a medical school in the State; and three public members appointed by the Governor.

The bill specifies that the team must meet at least once annually and must meet within 45 days after receiving a report of a dispute or notification of a removal from office. The bill specifies that team members will not receive compensation, but will be reimbursed for expenses incurred, within the limits of funds appropriated or otherwise made available to the team for its purposes.

*Issuance of an Annual Report.* The bill requires the Office of the Chief State Medical Examiner, in conjunction with the Medical Examiner Review Team, to issue an annual report and to make that report available to the public.

The bill specifies that the annual report must, at a minimum, contain the following: the budget and expenditures for each medical

examiner office in this State; the total number of cases received, reviewed, accepted, and investigated by each medical examiner office; statistics of determined causes of death; and an evaluation of the performance of each medical examiner office and the medical examiner system.

*Sudden Child Death Autopsy Protocol Committee.* The bill requires the development of standardized protocols for autopsies performed in those cases in which the suspected cause of death is sudden infant death syndrome, and in which the death of a child under the age of three is sudden and unexpected. The bill establishes a Sudden Child Death Autopsy Protocol Committee, and provides certain guidance on the development of the protocol.

*Research Oversight Committee.* The bill requires the Chief State Medical Examiner to establish a Research Oversight Committee to assist in developing and reviewing research protocols to yield new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome, and sudden, unexpected death in epilepsy (SUDEP). It further requires the Chief State Medical Examiner to develop awareness programs to educate medical examiners about various causes of death.

*New Jersey State Medical Examiner Toxicology Laboratory.* The bill requires the Office of the Chief State Medical Examiner to maintain and supervise a State toxicology laboratory. The bill specifies that the laboratory will provide necessary toxicology services to the Chief State Medical Examiner, Deputy Chief State Medical Examiner, each county or intercounty medical examiner, and each assistant county or assistant intercounty medical examiner in the performance of medicolegal death investigations in this State.

The bill specifies that the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, and assistant county or assistant intercounty medical examiner requiring the services of a toxicology laboratory must enlist the services of the State laboratory unless the Chief State Medical Examiner provides permission for use of another. The bill requires the Chief State Medical Examiner to adopt rules and regulations for the operations and use of the State laboratory.

*Appeal Process for Persons in Interest.* The bill establishes an appeal process for a “person in interest” (as defined by the bill) to request a correction of a medical examiner’s findings and conclusions on the cause and manner of death recorded on a death certificate. The bill specifies that such a request cannot be made in a case in which there is a finding of a homicide, and specifies that those requests that are made must be initiated by the person in interest within 60 days after the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, or assistant county or assistant intercounty medical examiner files the findings and

conclusions on the cause and manner of death recorded on a death certificate.

*Immunity Provisions.* The bill specifies that the Chief State Medical Examiner, a Deputy Chief State Medical Examiner, an Assistant Medical Examiner, their employees, the members of any committees established pursuant to the bill, and any other persons who are authorized to undertake actions pursuant to the bill, will be immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith, in accordance with the bill's provisions.

*Repeals and Recodifications.* The bill repeals certain statutes and repeals and recodifies the provisions of certain others. In particular, the bill repeals the following statutes, which are obviated by its provisions:

-- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the "State Medical Examiner Act," concerning the establishment and operation of the Office of the State Medical Examiner; and

-- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et seq.), concerning a prior transfer of power, duties, and functions of the State Medical Examiner within the Department of Law and Public Safety.

The bill repeals the following statutes and recodifies their provisions in Title 26 of the Revised Statutes:

-- N.J.S.40A:9-50, concerning the disinterment of dead bodies;

-- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the performance of a dissection or autopsy by a medical examiner;

-- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning organ and tissue analysis and transplantation from a donor whose death is under investigation;

-- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10), concerning standardized protocols for sudden child death autopsies;

-- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11), concerning the participation of medical examiners in research activities with respect to children three years of age and younger;

-- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification to medical examiners of deaths occurring in certain facilities; and

-- P.L.2013, c.91 (N.J.S.A.52:17B-88.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

As reported by the committee, Senate Bill No. 976 (2R) is identical to Assembly Bill No. 1709 which was also reported by the committee on this date.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[Second Reprint]

**SENATE, No. 976**

# STATE OF NEW JERSEY

DATED: APRIL 5, 2018

The Assembly Appropriations Committee reports favorably Senate Bill No. 976 (2R).

This bill, designated as the “Revised State Medical Examiner Act,” repeals the “State Medical Examiner Act,” N.J.S.A.52:17B-78 et seq., and establishes the Office of the Chief State Medical Examiner in, but not of, the Department of Health, to replace the Office of the State Medical Examiner in the Department of Law and Public Safety.

*Office of the Chief State Medical Examiner.* The bill establishes the Office of the Chief State Medical Examiner, in but not of, the Department of Health; the office is independent of any supervision or control by the department. The bill abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all functions, powers, and duties to the newly established Office of the Chief State Medical Examiner.

The Office of the Chief State Medical Examiner is under the direct supervision of a Chief State Medical Examiner (“CSME”), who (as with the current State Medical Examiner) is required to be a State-licensed physician and a qualified forensic pathologist. The CSME is appointed by the Governor, with the advice and consent of the Senate, for a term of five years, and may be removed from office by the Governor for certain enumerated causes.

The CSME reports to the Commissioner of Health and functions independently within the Department of Health with respect to the medical examiner system and the conducting of medicolegal death investigations. Any existing contracts with the Northern or Southern Regional Offices of the State Medical Examiner are to be transferred to the Office of the CSME and continued as if that office was the original party to the contract.

The CSME is responsible for ensuring that the entire medical examiner system is adequately equipped and staffed to deliver medicolegal death investigation services throughout the State, including setting recommended standards of funding for staff, equipment, and facilities in medical examiner offices.

The CSME has direct supervision and oversight authority over any medical examiner facility operating under State jurisdiction. The CSME may intervene in, and assume control over, a medicolegal death

investigation in the State, regardless of whether the CSME has received permission from, or a request for intervention by, a county or an intercounty medical examiner performing the investigation.

The CSME is empowered to: appoint the Deputy CSME and to appoint and prescribe the duties of other employees; provide advice to the governing body of a county concerning the appointment of county or intercounty medical examiners; establish minimum training and experiential requirements of eligibility for the Deputy CSME or a county or intercounty medical examiner or assistant county or intercounty medical examiner; retain supervisory power over personnel employed by the Office of the CSME; provide direct supervision and oversight, in certain cases, of a county or intercounty medical examiner facility that the CSME reasonably determines is experiencing problems that preclude its effective functioning; require county and intercounty medical examiners to timely enter case information into the State's Case Management System; establish a forensic pathology fellowship program; and provide professional oversight concerning the operations of county and intercounty medical examiner offices related specifically to the conduct of medicolegal death investigations and autopsies.

The CSME must adopt certain rules and regulations, including but not limited to the establishment of uniform procedures for conducting medicolegal death investigations, and minimum performance and operating standards for the Office of the CSME and the office of each county or intercounty medical examiner.

*County / Intercounty Medical Examiner Offices.* The bill requires each county to maintain an office of the county medical examiner, and permits the governing bodies of two or more counties to jointly establish and maintain an intercounty medical examiner office. However, the counties must first seek the advice of the CSME prior to establishing an intercounty office.

Each county or intercounty medical examiner office will continue to be directed by a county or intercounty medical examiner, who (as with current county medical examiners) will be appointed by the governing body of the county or counties for a term of five years. In appointing persons to the position of county or intercounty medical examiner, the governing body of a county must seek the advice of the CSME regarding the appointment. Each county or intercounty medical examiners' office must have at least one licensed physician on staff who is certified in forensic pathology.

The CSME may remove a county or intercounty medical examiner from office for certain enumerated causes, in consultation with the governing body of the county or counties that appointed the county or intercounty medical examiner.

The governing body of a county or counties that appointed a county or intercounty medical examiner must consult the recommended funding standards adopted by the CSME when

establishing county budgets for medical examiner services. The budgets for and spending by each county and intercounty medical examiner office are to be made available for review by the CSME, must be published and made available to the public as part of the county budget, and must detail certain costs associated with the operation of the office.

*Medicolegal Investigations of a Death.* The bill enumerates certain instances in which a medical examiner must conduct a medicolegal investigation: death involving criminal violence; death by accident or injury; death under suspicious or unusual circumstances; death related to public health or safety; death not caused by readily recognizable diseases or disability; sudden death when the decedent was in apparent good health; suicide; death of a child under 18 years of age; sudden or unexpected death of an infant or child under three years of age or a fetal death occurring without medical attendance; criminal abortion; death where suspicion of abuse of a child, family, or household member, or elderly or disabled person, exists; death within 24 hours of admission to a hospital or nursing home; death in custody, in a jail or correctional facility, or in a State or county psychiatric hospital, State developmental center, and other public or private institutions; death related to occupational illness or injury; death due to thermal, chemical, electrical, or radiation injury; death due to toxins, poisons, medicinal, or recreational drugs; non-natural death or unexplained circumstances; discovery of skeletal remains; and public interest.

*Medical Examiner Review Team.* The bill establishes a Medical Examiner Review Team, which is responsible for reviewing and issuing recommendations regarding: disputed medicolegal death investigation findings that are the subject of a dispute between the CSME and any county or intercounty medical examiner; and any removal of the CSME or any county or intercounty medical examiner. The team is comprised of nine members, including: the Commissioner of Health, the Commissioner of Human Services, the Attorney General, and the CSME, or their designees, who shall serve ex officio; a board certified pathologist; the Chair of Pathology from a medical or osteopathic school in the State; and three public members appointed by the Governor. The team must meet at least once annually and must meet within 45 days after receiving a report of a dispute or notification of a removal from office. Members will not receive compensation, but will be reimbursed for expenses incurred, within the limits of funds appropriated or otherwise made available to the team for its purposes.

*Issuance of an Annual Report.* The bill requires the Office of the CSME, in conjunction with the Medical Examiner Review Team, to issue an annual report that, at a minimum, contains the following: the budget and expenditures for each medical examiner office in this State; the total number of cases received, reviewed, accepted, and investigated by each medical examiner office; statistics of determined

causes of death; and an evaluation of the performance of each medical examiner office and the medical examiner system.

*Sudden Child Death Protocol.* The bill mandates development of a standardized protocol for autopsies in cases in which the suspected cause of death is sudden infant death syndrome, and the sudden and unexpected death of a child under the age of three. The bill establishes a Sudden Child Death Autopsy Protocol Committee, and provides certain guidance on the development of a standardized autopsy protocol.

The bill also requires the CSME to establish a Research Oversight Committee to assist in developing and reviewing research protocols to yield new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome, and sudden, unexpected death in epilepsy.

*New Jersey State Medical Examiner Toxicology Laboratory.* The bill requires the Office of the CSME to maintain and supervise a State toxicology laboratory, which provides toxicology services to the CSME, Deputy CSME, each county or intercounty medical examiner, and each assistant county or assistant intercounty medical examiner in the performance of medicolegal death investigations in this State.

*Appeal Process for Persons in Interest.* The bill requires the CSME to provide the legal representative of a decedent, upon request, with all available documentation related to the decedent's autopsy and the medical investigation.

The bill also establishes an appeal process for a "person in interest" to request a correction of a medical examiner's findings and conclusions on the cause and manner of death recorded on a death certificate. A "person in interest" means spouse, civil union or domestic partner, adult child, sibling, grandparent, or guardian of the decedent. Such a request cannot be made in instances of a finding of a homicide, and requests must be initiated by the person in interest within 60 days after the filing of the findings and conclusions on the cause and manner of death recorded on a death certificate.

*Immunity Provisions.* The bill specifies that the CSME, Deputy CSME, Assistant Medical Examiner, their employees, the members of any committees established pursuant to the bill, are immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith.

*Repeals and Recodifications.* The bill repeals certain statutes and repeals and recodifies others. In particular, the bill repeals the following statutes, which are obviated by its provisions:

-- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the "State Medical Examiner Act," concerning the establishment and operation of the Office of the State Medical Examiner; and

-- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et seq.), concerning a prior transfer of power, duties, and functions of the

State Medical Examiner within the Department of Law and Public Safety.

The bill also repeals the following statutes and recodifies their provisions in Title 26 of the Revised Statutes:

- N.J.S.40A:9-50, concerning the disinterment of dead bodies;
- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the performance of a dissection or autopsy by a medical examiner;
- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning organ and tissue analysis and transplantation from a donor whose death is under investigation;
- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10), concerning standardized protocols for sudden child death autopsies;
- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11), concerning the participation of medical examiners in research activities with respect to children three years of age and younger;
- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification to medical examiners of deaths occurring in certain facilities; and
- P.L.2013, c.91 (N.J.S.A.52:17B-88.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

*Effective Date.* The bill takes effect on the first day of the second month next following the date of enactment.

As reported by the committee, Senate Bill No. 976 (2R) is identical to Assembly Bill No. 1709 (1R), also reported by the committee on this same date.

**FISCAL IMPACT:**

The Office of Legislative Services (OLS) estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies. The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof.

# LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

**SENATE, No. 976**

## **STATE OF NEW JERSEY 218th LEGISLATURE**

DATED: JUNE 26, 2018

### **SUMMARY**

- Synopsis:** "Revised State Medical Examiner Act"; establishes Office of the Chief State Medical Examiner in DOH.
- Types of Impact:** Annual State and county expenditure increases.
- Agencies Affected:** Department of Health; Department of Law and Public Safety; Counties.

#### **Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b>Annual</b>
<b>State Expenditure Increase</b>	Indeterminate
<b>County Expenditure Increase</b>	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies.
- The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards, and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof.

### **BILL DESCRIPTION**

The bill, designated as the "Revised State Medical Examiner Act," reforms the State's medical examiner system.

The bill maintains the system's current organizational structure in that a State medical examiner office oversees several independently-operated county and intercounty medical examiner offices. The bill, however, abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all of its functions, powers, and duties to the new Office of the Chief State Medical Examiner in, but not of, the Department of Health.

The bill also makes numerous revisions to the responsibilities of State, county, and intercounty medical examiner offices; including modifications to standard operating protocols, an expansion of the categories of deaths that require a medicolegal investigation, the strengthening of the oversight function of the State office vis-à-vis the county and intercounty offices, the establishment of research and oversight boards within the State office, and the issuance of an annual report by the State office on the performance of the Statewide system.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies.

The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards, and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof. For instance, this bill expands the categories of deaths that require a medicolegal investigation, establishes research and oversight boards within the State office, and requires the State office to issue an annual report on the performance of the Statewide medical examiner system.

Currently, the State Medical Examiner oversees the Office of the State Medical Examiner and two regional medical examiner facilities. The State's two regional offices manage the medical examiner duties for seven of the State's 21 counties. However, nine additional county and intercounty medical examiner offices, which are generally independent of the Office of the State Medical Examiner, are responsible for the State's remaining 14 counties.

The Office of the State Medical Examiner operates with a \$438,000 State appropriation in FY 2018 as well as \$11.8 million in anticipated dedicated revenue collections. Seven counties currently use the office's State Toxicology Lab, which also performs law enforcement drug tests. According to performance evaluation data in the Governor's FY 2018 Budget Recommendation, 6,757 deaths were investigated and 1,773 autopsies were performed throughout the State's medical examiner system in FY 2016.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Associate Research Analyst*

*Approved: Frank W. Haines III  
Legislative Budget and Finance Officer*

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# ASSEMBLY, No. 1709

## STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

**Sponsored by:**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblyman JOSEPH A. LAGANA**

**District 38 (Bergen and Passaic)**

**Assemblyman RAJ MUKHERJI**

**District 33 (Hudson)**

**SYNOPSIS**

“Revised State Medical Examiner Act”; establishes Office of the Chief State Medical Examiner in DOH.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 3/27/2018)**

1 AN ACT establishing the Office of the Chief State Medical  
2 Examiner in the Department of Health, supplementing Title 26 of  
3 the Revised States, and amending and repealing parts of the  
4 statutory law.

5

6 **BE IT ENACTED** by the Senate and General Assembly of the State  
7 of New Jersey:

8

9 1. (New section) This act shall be known and may be cited as  
10 the “Revised State Medical Examiner Act.”

11

12 2. (New section) The Legislature finds and declares that:

13 a. The enactment of a “Revised State Medical Examiner Act”  
14 is necessary in order to reform the current decentralized and  
15 fragmented medical examiner system in this State;

16 b. The linchpin of this reform is to be the establishment of a  
17 new Office of the Chief State Medical Examiner, to be led by a  
18 single officer known as the Chief State Medical Examiner, with  
19 significant statutory authority and operational oversight to ensure  
20 the effective and efficient operation of the entire medical examiner  
21 system in New Jersey;

22 c. This new office is to be established in, but not of, the  
23 Department of Health in order to ensure its independent status, and  
24 the Chief State Medical Examiner is to exercise explicit supervisory  
25 authority over the entire medical examiner system, with the power  
26 to intervene at his discretion in any medicolegal death investigation  
27 in this State;

28 d. The Chief State Medical Examiner is to be responsible for  
29 ensuring that the entire medical examiner system is adequately  
30 equipped to effectively deliver medicolegal death investigation  
31 services throughout the State, including appropriate funding for  
32 staff, equipment, and facilities for all medical examiner offices;

33 e. The Chief State Medical Examiner is to establish operating  
34 and performance standards for every medical examiner office in  
35 New Jersey, including uniform procedures for medicolegal death  
36 investigations; and

37 f. The reforms entailed in this act will result in a more efficient  
38 and effective medical examiner system that will better meet the  
39 needs of this State and thereby serve the public interest.

40

41 3. (New section) As used in this act:

42 “Commissioner” means the Commissioner of Health.

43 “Compelling public necessity” means one or more of the  
44 following:

45 a. that a dissection or autopsy is essential to the criminal  
46 investigation of a homicide of which the decedent is the victim;

**EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

1       b. that the discovery of the cause of death is necessary to meet  
2 an immediate and substantial threat to the public health, and that a  
3 dissection or autopsy is essential to ascertain the cause of death;

4       c. that the death was that of an inmate of a prison, jail, or other  
5 correctional facility;

6       d. that the death was that of a child under the age of 12 years  
7 suspected of having been abused or neglected or suspected of being  
8 a threat to public health, and the cause of whose death is not  
9 apparent after diligent investigation by the medical examiner; or

10      e. that the need for a dissection or autopsy is established  
11 pursuant to the provisions of this act.

12      “Department” means the Department of Health.

13      “Friend” means any person who, prior to the decedent's death,  
14 maintained close contact with the decedent sufficient to render that  
15 person knowledgeable of the decedent's activities, health, and  
16 religious beliefs, and who presents an affidavit stating the facts and  
17 circumstances upon which the claim that the person is a friend is  
18 based, and stating that the person will assume responsibility for the  
19 lawful disposition of the body of the deceased.

20      “Person in interest” means the spouse, civil union partner,  
21 domestic partner, adult child, parent, adult sibling, grandparent, or  
22 guardian of the person of the deceased at the time of the deceased's  
23 death.

24

25      4. (New section) There is established in the Executive Branch  
26 of the State Government the Office of the Chief State Medical  
27 Examiner. For the purpose of complying with the provisions of  
28 Article V, Section IV, paragraph 1 of the New Jersey Constitution,  
29 the Office of the Chief State Medical Examiner is allocated within  
30 the Department of Health; but, notwithstanding that allocation, the  
31 office shall be independent of any supervision or control by the  
32 department or by any board or officer thereof.

33

34      5. (New section) a. The Office of the State Medical Examiner  
35 in the Department of Law and Public Safety, established pursuant to  
36 section 2 of P.L.1967, c.234 (C.52:17B-79), is abolished; and all of  
37 its functions, powers, and duties are transferred to the Office of the  
38 Chief State Medical Examiner in the Department of Health  
39 established hereunder, subject to the provisions of this act and in  
40 accordance with the "State Agency Transfer Act," P.L.1971,  
41 c.375 (C.52:14D-1 et seq.).

42      b. All appropriations and other monies available, and to  
43 become available, to the Office of the State Medical Examiner in  
44 the Department of Law and Public Safety, established pursuant to  
45 section 2 of P.L.1967, c.234 (C.52:17B-79) and abolished pursuant  
46 to this act, are continued in the Office of the Chief State Medical  
47 Examiner in the Department of Health established hereunder and  
48 shall be available for the objects and purposes for which these  
49 monies are appropriated, subject to the provisions of this act and

1 any other terms, restrictions, limitations, or other requirements  
2 imposed by law.

3 c. Whenever the term “State Medical Examiner” occurs or any  
4 reference is made thereto in any law, rule, regulation, order,  
5 contract, document, judicial or administrative proceeding, or  
6 otherwise, the same shall be deemed to mean or refer to: the “Chief  
7 State Medical Examiner” designated as the head of the Office of the  
8 Chief State Medical Examiner in the Department of Health  
9 established hereunder; or any person appointed to the position of  
10 “Deputy Chief State Medical Examiner” and acting on behalf of the  
11 Chief State Medical Examiner.

12

13 6. (New section) a. The Office of the Chief State Medical  
14 Examiner shall be under the immediate and sole supervision and  
15 authority of the Chief State Medical Examiner, who shall direct,  
16 control, and oversee the medical examiner system in this State.

17 b. The Chief State Medical Examiner shall be a physician  
18 licensed and in good standing in the State of New Jersey, a graduate  
19 of a regularly chartered and legally constituted medical school or  
20 college, and certified in forensic pathology by the American Board  
21 of Pathology.

22 c. The Chief State Medical Examiner shall be appointed by the  
23 Governor, with the advice and consent of the Senate, and shall serve  
24 for a term of five years and until a successor is appointed and has  
25 qualified. In the case of the death, removal, resignation, or  
26 permanent incapacity of the Chief State Medical Examiner, the  
27 Governor shall appoint a new Chief State Medical Examiner, in the  
28 same manner as the original appointment, within six months.

29 d. The Chief State Medical Examiner shall receive a salary,  
30 which shall be within a salary range established by the Civil Service  
31 Commission with the approval of the Director of the Division of  
32 Budget and Accounting, as provided by section 2 of P.L.1974,  
33 c.55 (C.52:14-15.108), and as approved by the Governor.

34 e. The Chief State Medical Examiner shall report directly to  
35 the Commissioner of Health and shall function independently  
36 within the department with respect to the supervision of the medical  
37 examiner system and the conducting of medicolegal death  
38 investigations.

39 f. During the term of office set forth in this subsection, the  
40 Chief State Medical Examiner may be removed by the Governor  
41 only for cause as set forth in this act, upon notice and opportunity to  
42 be heard.

43

44 7. (New section) The Chief State Medical Examiner shall have  
45 the following general duties, functions, powers, and responsibilities:

46 a. The Chief State Medical Examiner shall have the authority  
47 to enforce the provisions of this act.

48 b. The Chief State Medical Examiner shall, to the best of his  
49 ability, ensure that the medical examiner system is adequately

1 equipped and staffed to effectively deliver medicolegal death  
2 investigation services throughout the State, for which purpose the  
3 Chief State Medical Examiner shall:

4 (1) establish standards of funding for the operations and staffing  
5 of the Office of the Chief State Medical Examiner;

6 (2) establish advisory standards of funding for the operations,  
7 staffing, capital equipment, laboratories, and facilities of the county  
8 and intercounty medical examiner offices;

9 (3) oversee the deployment of State funds designated for the  
10 medical examiner system;

11 (4) maintain and supervise the New Jersey State Medical  
12 Examiner Toxicology Laboratory as set forth in this act; and

13 (5) have the authority to apply for and accept funds, including  
14 grants and awarded federal appropriations, for the improvement of  
15 the system of medicolegal death investigation services.

16 c. The Chief State Medical Examiner shall:

17 (1) appoint such persons to the position of Deputy Chief State  
18 Medical Examiner, and such other employees, as may be needed for  
19 the Office of the Chief State Medical Examiner to meet its  
20 responsibilities, and prescribe their duties;

21 (2) pursuant to the provisions of this act, provide advice  
22 concerning the appointment, by the governing body of a county or  
23 the governing bodies of two or more counties, of county or  
24 intercounty medical examiners, as applicable, to conduct  
25 medicolegal death investigations within the jurisdiction in which  
26 they may be appointed to serve;

27 (3) provide advice to the governing bodies of two or more  
28 counties seeking to maintain an intercounty medical examiner  
29 office, in accordance with the provisions of this act;

30 (4) establish minimum training and experiential requirements of  
31 eligibility for those persons appointed as Deputy Chief State  
32 Medical Examiner or as a county or intercounty medical examiner,  
33 in addition to the other qualifications set forth in this act;

34 (5) retain direct supervisory power over all operations and  
35 personnel employed by the Office of the Chief State Medical  
36 Examiner;

37 (6) have direct supervision and oversight of any county or  
38 intercounty medical examiner facility that the Chief State Medical  
39 Examiner reasonably determines is experiencing problems that  
40 preclude its effective functioning; and

41 (7) provide professional oversight concerning the operations of  
42 the county and intercounty medical examiner offices as they relate  
43 specifically to the conduct of medicolegal death investigations and  
44 the performance of autopsies.

45 d. The Chief State Medical Examiner, pursuant to the  
46 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
47 seq.), shall adopt rules and regulations as necessary to effectuate the  
48 provisions of this act, including, but not limited to, establishing:

1 (1) uniform procedures for conducting medicolegal death  
2 investigations as determined to be necessary to determine identity,  
3 cause of death, and manner of death, and to resolve any issues or  
4 potential issues of public health and legal concern;

5 (2) minimum performance and operating standards for the  
6 Office of the Chief State Medical Examiner and each county or  
7 intercounty medical examiner office; and

8 (3) standards of professional conduct to be followed by the  
9 personnel of the Office of the Chief State Medical Examiner and the  
10 personnel of county and intercounty medical examiner offices.

11 e. The Chief State Medical Examiner shall have direct  
12 supervision and oversight of any medical examiner facility  
13 operating under the jurisdiction of this State.

14 f. The Chief State Medical Examiner is authorized to intervene  
15 in, and to assume control over, any ongoing medicolegal death  
16 investigation taking place in the State, at any time and at his  
17 discretion, regardless of whether the Chief State Medical Examiner  
18 has received permission from, or a request for intervention by, the  
19 county or intercounty medical examiner performing the  
20 investigation.

21

22 8. (New section) a. The position of Deputy Chief State  
23 Medical Examiner is created in the Office of the Chief State  
24 Medical Examiner.

25 b. The Chief State Medical Examiner may appoint one or more  
26 persons to the position of Deputy Chief State Medical Examiner, as  
27 he determines is needed to provide for appropriate supervision of  
28 the medical examiner system in this State. If the Chief State  
29 Medical Examiner appoints more than one person as Deputy Chief  
30 State Medical Examiner, the Chief State Medical Examiner shall  
31 name one Deputy Chief Medical Examiner as the "First Deputy  
32 Chief State Medical Examiner."

33 c. The Deputy Chief State Medical Examiner, or the First  
34 Deputy Chief State Medical Examiner if one has been named  
35 pursuant to subsection b. of this section, shall perform all of the  
36 duties of the Chief State Medical Examiner in the case of the  
37 incapacity, prolonged absence, permanent resignation, or removal  
38 of the Chief State Medical Examiner.

39 d. The Deputy Chief State Medical Examiner shall: be a  
40 physician licensed and in good standing in the State; be a graduate  
41 of a regularly chartered and legally constituted medical school or  
42 college, and certified in forensic pathology by the American Board  
43 of Pathology; and possess such minimum training and experiential  
44 requirements as are established by the Chief State Medical  
45 Examiner.

46 e. Nothing shall preclude an appointed county or intercounty  
47 medical examiner from also serving as Deputy Chief State Medical  
48 Examiner, provided that person meets the eligibility requirements  
49 set forth in this section.

1 f. The Deputy Chief State Medical Examiner shall ensure  
2 compliance with the rules and regulations adopted by the Chief  
3 State Medical Examiner, and shall perform such duties as are  
4 assigned by the Chief State Medical Examiner.

5 g. The Deputy Chief State Medical Examiner may be removed  
6 from office by the Chief State Medical Examiner with or without  
7 cause. The removal shall be independent of any position that the  
8 Deputy Chief State Medical Examiner holds as a county or  
9 intercounty medical examiner.

10

11 9. (New section) a. The governing body of a county shall  
12 establish and maintain an office of the county medical examiner,  
13 except as otherwise provided in this section.

14 b. (1) The governing body of a county or the governing bodies  
15 of two or more counties shall seek the advice of the Chief State  
16 Medical Examiner concerning the appointment of a county medical  
17 examiner or intercounty medical examiner, as applicable, by  
18 forwarding the nomination of the governing body for county  
19 medical examiner or the nomination of the governing bodies for  
20 intercounty medical examiner to the Chief State Medical Examiner  
21 for review.

22 (2) Two or more counties may jointly establish and maintain a  
23 medical examiner office on a cooperative or regional basis, to be  
24 designated as an intercounty medical examiner office, and shall  
25 seek the advice of the Chief State Medical Examiner concerning  
26 such an arrangement before doing so.

27 c. The office of the county medical examiner shall be directed  
28 by a county medical examiner or, in the instances when counties  
29 jointly maintain an office on a cooperative or regional basis, an  
30 intercounty medical examiner, who shall be appointed by the  
31 governing body of the county or the governing bodies of the  
32 counties maintaining such an office, as applicable, in accordance  
33 with the provisions of subsection b. of this section, for a term of  
34 five years and until a successor is appointed and has qualified;  
35 except that any person holding the office of county or intercounty  
36 medical examiner on the effective date of this act shall continue as  
37 county or intercounty medical examiner until the expiration of the  
38 term for which that person was appointed.

39 d. If the county governing body of a county fails, or the  
40 governing bodies of two or more counties fail, to appoint a county  
41 or intercounty medical examiner, as applicable, or if the office of  
42 the county or intercounty medical examiner becomes vacant, upon  
43 the written request of an assignment judge of the Superior Court, or  
44 of the governing body of the county or the governing bodies of two  
45 or more counties that made the original appointment or nomination,  
46 the Chief State Medical Examiner shall designate a qualified  
47 representative to perform the duties of the office until a new county  
48 or intercounty medical examiner is appointed. If the Chief State  
49 Medical Examiner assumes the duties of a county or intercounty

1 medical examiner, the Chief State Medical Examiner shall have all  
2 the authority conferred by law upon a county or intercounty medical  
3 examiner and may appoint such assistants, aides, investigators, or  
4 other personnel as the Chief State Medical Examiner deems  
5 necessary. In that event, the treasurer of the county or the  
6 treasurers of the counties, as the case may be, shall reimburse the  
7 Office of the Chief State Medical Examiner or its designated  
8 representative for all costs incurred in properly conducting death  
9 investigations on behalf of the county or counties and performing  
10 all other functions of the county or intercounty medical examiner.

11 e. The office of county or intercounty medical examiner shall  
12 have at least one New Jersey licensed physician certified in forensic  
13 pathology by the American Board of Pathology on staff, serving as  
14 either the county or intercounty medical examiner, or as the  
15 assistant county or assistant intercounty medical examiner. Any  
16 additional person appointed as a county or intercounty medical  
17 examiner or an assistant county or intercounty medical examiner  
18 shall not be required to be certified in forensic pathology by the  
19 American Board of Pathology.

20 f. Each county and intercounty medical examiner or assistant  
21 county and assistant intercounty medical examiner shall be: a  
22 licensed physician of recognized ability and in good standing in the  
23 State; be a graduate of a regularly chartered and legally constituted  
24 medical school or college; and possess such minimum training and  
25 experience requirements as are established by the Chief State  
26 Medical Examiner.

27 g. The county or intercounty medical examiner, subject to the  
28 approval of the governing body of the county or the governing  
29 bodies of the counties, as applicable, may appoint and prescribe the  
30 duties of any assistant county or intercounty medical examiners and  
31 other personnel as the county or intercounty medical examiner  
32 deems necessary for the proper performance of the duties of the  
33 office. An assistant county or assistant intercounty medical  
34 examiner shall meet the qualifications for that position as provided  
35 for in this section.

36 h. The salaries and expenses incurred by the office of the  
37 county or intercounty medical examiner shall be included in the  
38 annual budget of the county or counties served by that office, and  
39 the governing body of the county or the governing bodies of the  
40 counties shall fix the compensation to be paid to the county or  
41 intercounty medical examiner and assistant medical examiners and  
42 other personnel of the office. The governing body of the county or  
43 the governing bodies of the counties shall provide suitable quarters  
44 and equipment necessary for the performance of the duties of the  
45 county or intercounty medical examiner, and shall consult advisory  
46 standards adopted by the Chief State Medical Examiner with regard  
47 to funding for the staff, quarters, and equipment necessary for the  
48 performance of the duties of the office of the county or intercounty  
49 medical examiner. The budget for, and spending by, the office of

1 the county or intercounty medical examiner shall: be available for  
2 review by the Chief State Medical Examiner; be published and  
3 available to the public as part of the budget approved by the  
4 governing body of the county or the governing bodies of the  
5 counties; and include all direct and indirect costs associated with  
6 the operation of the medical examiner office.

7 i. Each county and intercounty medical examiner shall ensure  
8 compliance with the rules and regulations adopted by the Chief  
9 State Medical Examiner.

10 j. The Chief State Medical Examiner may remove a county or  
11 intercounty medical examiner from office for cause, as set forth in  
12 this act, pending a hearing and final resolution, and in consultation  
13 with the governing body of the county or the governing bodies of  
14 the counties that appointed the county or intercounty medical  
15 examiner, as applicable. The Chief State Medical Examiner shall  
16 provide written notice of the removal to the governing body of the  
17 county or the governing bodies of the counties that appointed the  
18 county or intercounty medical examiner, as applicable, and to the  
19 county or intercounty medical examiner, immediately after making  
20 the removal official. A county or intercounty medical examiner  
21 removed under this provision shall be provided with notice of the  
22 charges against that person and afforded an opportunity for a  
23 hearing before an administrative law judge to contest the removal,  
24 which shall conform with the provisions applicable to such  
25 contested cases in this State as set forth in statute and regulation.

26

27 10. (New section) a. A medical examiner shall conduct a  
28 medicolegal investigation of a death in this State, as determined to  
29 be necessary to establish identity and the cause and manner of  
30 death, and to resolve any issues or potential issues of public health  
31 and of legal concern, in accordance with rules and regulations  
32 adopted by the Chief State Medical Examiner, in any of the  
33 following instances:

34 (1) death where criminal violence appears to have taken place,  
35 regardless of the time interval between the incident and death, and  
36 regardless of whether the violence appears to have been the  
37 immediate cause of death, or a contributory factor thereto;

38 (2) death by accident or unintentional injury, regardless of the  
39 time interval between the incident and death, and regardless of  
40 whether the injury appears to have been the immediate cause of  
41 death, or a contributory factor thereto;

42 (3) death under suspicious or unusual circumstances;

43 (4) death from causes that might constitute a threat to public  
44 health and safety;

45 (5) death not caused by readily recognizable diseases, disability,  
46 or infirmity;

47 (6) sudden death when the decedent was in apparent good  
48 health;

49 (7) suicide;

- 1 (8) death of a child under 18 years of age from any cause;
- 2 (9) sudden or unexpected death of an infant or child under three
- 3 years of age or a fetal death occurring without medical attendance;
- 4 (10) death due to criminal abortion, whether apparently self-
- 5 induced or not;
- 6 (11) death where suspicion of abuse of a child, family or
- 7 household member, or elderly or disabled person exists;
- 8 (12) death within 24 hours of admission to a hospital or a nursing
- 9 home;
- 10 (13) death in custody, in a jail or correctional facility, or in a
- 11 State or county psychiatric hospital, State developmental center, or
- 12 other public or private institution or facility for persons with mental
- 13 illness, developmental disabilities, or brain injury;
- 14 (14) death related to occupational illness or injury;
- 15 (15) death due to thermal, chemical, electrical, or radiation
- 16 injury;
- 17 (16) death due to toxins, poisons, medicinal or recreational
- 18 drugs, or a combination thereof;
- 19 (17) known or suspected non-natural death;
- 20 (18) any person found dead under unexplained circumstances;
- 21 (19) the discovery of skeletal remains; or
- 22 (20) a death occurring under such other circumstances as
- 23 prescribed by regulation of the Chief State Medical Examiner.
- 24 b. For a death that occurs, or appears to have occurred, for any
- 25 of the reasons specified in subsection a. of this section:
- 26 (1) It shall be the duty of any member of the general public
- 27 having knowledge of the death to notify immediately the local law
- 28 enforcement agency of the known facts concerning the time, place,
- 29 manner, and circumstances of that death;
- 30 (2) It shall be the duty of any attending physician, licensed
- 31 nurse, hospital administrator, law enforcement officer, Department
- 32 of Children and Families staff member, or funeral director to notify
- 33 immediately the county or intercounty medical examiner of the
- 34 known facts concerning the time, place, manner, and circumstances
- 35 of that death; and
- 36 (3) A person who willfully neglects or refuses to report the
- 37 death, or who, without an order from the office of the county or
- 38 intercounty medical examiner or the Office of the Chief State
- 39 Medical Examiner, willfully touches, removes, or disturbs the
- 40 decedent's body or touches, removes, or disturbs the clothing upon
- 41 or near the body, is a disorderly person.
- 42 c. In addition to the rules and regulations adopted by the Chief
- 43 State Medical Examiner establishing uniform procedures for
- 44 conducting medicolegal death investigations, the procedures
- 45 concerning the death investigation process as set forth in this
- 46 subsection shall be followed by the persons specified herein.
- 47 (1) Upon the death of a person from any of the causes specified
- 48 in subsection a. of this section, it shall be the duty of the physician
- 49 in attendance, a law enforcement officer having knowledge of the

1 death, the funeral director, or any other person present, to  
2 immediately notify the county or intercounty medical examiner and  
3 the county prosecutor of the county in which the death occurred of  
4 the known facts concerning the time, place, manner, and  
5 circumstances of that death. Upon receipt of that notification, the  
6 county or intercounty medical examiner or assistant county or  
7 intercounty medical examiner shall immediately proceed to the  
8 place where the dead body is located and take charge of the body.

9 (2) In cases of apparent homicide or suicide, or of accidental  
10 death, the cause of which is obscure, the scene of the event shall not  
11 be disturbed until the medical examiner in charge provides  
12 authorization to do so.

13 (3) (a) The medical examiner shall: fully investigate the  
14 essential facts concerning the medical causes of death and take the  
15 names and addresses of as many witnesses thereto as may be  
16 practicable to obtain; before leaving the premises, reduce those  
17 facts, as the medical examiner may deem necessary, to writing; file  
18 those facts in the office of the county or intercounty medical  
19 examiner; and make the facts available to the county prosecutor and  
20 the Chief State Medical Examiner at their request.

21 (b) The law enforcement officer present at the investigation, or  
22 the medical examiner if no officer is present, shall, in the absence  
23 of the next-of-kin of the deceased person: take possession of all  
24 property of value found on the decedent; make an exact inventory  
25 thereof on his report; and deliver the property to the law  
26 enforcement agency for the municipality in which the death  
27 occurred, which shall surrender the property to the person entitled  
28 to its custody or possession.

29 (c) The medical examiner shall take possession of any objects or  
30 articles that, in his opinion, may be useful in establishing the cause  
31 or manner of death, or which constitute evidence of criminal  
32 behavior, and, after cataloging each item, deliver them to the county  
33 prosecutor.

34 (4) The Chief State Medical Examiner, Deputy Chief State  
35 Medical Examiner, county or intercounty medical examiner, or  
36 assistant county or intercounty medical examiner shall consult with  
37 law enforcement officers and agencies, county prosecutors, public  
38 health agencies, or other appropriate entities in matters within their  
39 expertise, when conducting a medicolegal death investigation.

40 (5) If the cause of death is established within a reasonable  
41 degree of medical certainty and no autopsy is deemed necessary, the  
42 county or intercounty medical examiner or assistant county or  
43 intercounty medical examiner shall reduce the findings to writing  
44 and promptly make a full report thereof to the Chief State Medical  
45 Examiner and to the county prosecutor in a format to be prescribed  
46 by the Chief State Medical Examiner for that purpose.

47 (6) If, in the opinion of the county or intercounty medical  
48 examiner, the Chief State Medical Examiner, an assignment judge  
49 of the Superior Court, the county prosecutor, or the Attorney

1 General, an autopsy is deemed necessary, the autopsy shall be  
2 performed by:

3 (a) the county or intercounty medical examiner or assistant  
4 county or intercounty medical examiner, provided the individual  
5 performing the autopsy is under the supervision of a pathologist  
6 certified by the American Board of Pathology;

7 (b) the Chief State Medical Examiner, at his discretion, or the  
8 Deputy Chief State Medical Examiner; or

9 (c) such competent forensic pathologists as may be authorized  
10 by the Chief State Medical Examiner.

11 (7) If, in any case in which the suspected cause of death of a  
12 child under one year of age is sudden infant death syndrome, or the  
13 child is between one and three years of age and the death is sudden  
14 and unexpected, and an investigation has been conducted in  
15 accordance with the provisions of this section, and a parent or legal  
16 guardian of the child requests an autopsy, an autopsy shall be  
17 performed by: the county or intercounty medical examiner or  
18 assistant county or intercounty medical examiner, provided the  
19 individual performing the autopsy is under the supervision of a  
20 pathologist certified by the American Board of Pathology; or the  
21 Chief State Medical Examiner, at his discretion, or the Deputy  
22 Chief State Medical Examiner.

23 (a) The medical examiner performing the autopsy shall file a  
24 detailed description of the findings and conclusions of the autopsy  
25 with the Office of the Chief State Medical Examiner, and with the  
26 appropriate county or intercounty medical examiner office and the  
27 county prosecutor.

28 (b) Upon the request of a parent or legal guardian of the child, a  
29 pediatric pathologist, if available, shall assist in the performance of  
30 the autopsy under the direction of a forensic pathologist. The Chief  
31 State Medical Examiner or county or intercounty medical examiner  
32 shall notify the parent or legal guardian of the child that they may  
33 request that a pediatric pathologist assist in the performance of the  
34 autopsy. The medical examiner shall include any findings and  
35 conclusions by the pathologist from the autopsy with the  
36 information filed with the Office of the Chief State Medical  
37 Examiner, and with the appropriate county or intercounty medical  
38 examiner office and the county prosecutor, pursuant to  
39 subparagraph (a) of this paragraph. The Chief State Medical  
40 Examiner or the county or intercounty medical examiner shall make  
41 available a copy of these findings and conclusions to the closest  
42 surviving relative of the decedent within 90 days of the receipt of a  
43 request therefor, unless the death is under active investigation by a  
44 law enforcement agency.

45 (c) The medical examiner with jurisdiction for the investigation  
46 shall make the preliminary findings and conclusions of the autopsy  
47 available to the child's parent or legal guardian and the department  
48 within 48 hours after the medical examiner is notified of the death  
49 of the child. The medical examiner shall provide his findings and

1 conclusions for each reported case to the department upon  
2 completion of the investigation.

3 (8) Notwithstanding the provisions of this act to the contrary, a  
4 county or intercounty medical examiner may request the Chief State  
5 Medical Examiner or Deputy Chief State Medical Examiner, or  
6 other person authorized and designated by the Chief State Medical  
7 Examiner, to conduct an examination or perform an autopsy  
8 whenever it is deemed necessary or desirable.

9 (9) In the case of the death of a resident of a long-term care  
10 facility licensed by the Department of Health pursuant to P.L.1971,  
11 c.136 (C.26:2H-1 et seq.), a State psychiatric hospital operated by  
12 the Department of Human Services and listed in R.S.30:1-7, a  
13 county psychiatric hospital, a facility for persons with  
14 developmental disabilities as defined in section 3 of P.L.1977,  
15 c.82 (C.30:6D-3), or a facility for persons with traumatic brain  
16 injury as defined in 42 U.S.C. s.280b-1c that is operated by or under  
17 contract with the Department of Human Services, the psychiatric  
18 hospital or facility, as the case may be, shall, in addition to  
19 notifying the next-of-kin of the resident's death, so notify the county  
20 or intercounty medical examiner and provide that individual with  
21 contact information for the resident's next-of-kin. The county or  
22 intercounty medical examiner, or assistant county or intercounty  
23 medical examiner on his behalf, shall make every practicable effort  
24 to contact the resident's next-of-kin to offer that person the  
25 opportunity to provide the medical examiner with information that  
26 the person deems relevant to: the circumstances of the resident's  
27 death; and whether there is a need to perform a dissection or  
28 autopsy of the decedent.

29  
30 11. (New section) a. The Chief State Medical Examiner, a  
31 county or intercounty medical examiner, an assignment judge of the  
32 Superior Court, a county prosecutor, the Attorney General or other  
33 law enforcement official, or the commissioner may deem an  
34 autopsy necessary after a preliminary death investigation is  
35 performed.

36 b. Notwithstanding any other provision of law to the contrary,  
37 no dissection or autopsy shall be performed, in the absence of a  
38 compelling public necessity, if a member of the decedent's  
39 immediate family or, in the absence thereof, a friend of the decedent  
40 objects to the procedure on the grounds that it is contrary to the  
41 religious belief of the decedent, or if there is an obvious reason to  
42 believe that a dissection or autopsy is contrary to the decedent's  
43 religious beliefs.

44 c. If, in the opinion of a medical examiner, there is a  
45 compelling public necessity to perform a dissection or autopsy, and  
46 a member of the decedent's immediate family or, in the absence  
47 thereof, a friend of the decedent objects to the procedure on the  
48 grounds that it is contrary to the religious beliefs of the decedent, or  
49 if there is an obvious reason to believe that the dissection or

1 autopsy is contrary to the religious beliefs of the decedent, no  
2 dissection or autopsy shall be performed until 48 hours after notice  
3 thereof is given by the medical examiner to the objecting party, or,  
4 if there is no objecting party, to such other party as the court may  
5 name. During that 48-hour period, the objecting party or the party  
6 named by the court may institute action in the Superior Court to  
7 determine the propriety of the dissection or autopsy; however, the  
8 court may dispense with the waiting period upon ex parte motion if  
9 it determines that the delay may prejudice the accuracy of the  
10 dissection or autopsy, or may precipitate or prolong an immediate  
11 and substantial threat to public health or safety.

12 d. (1) If, in the opinion of a medical examiner, there is a  
13 compelling public necessity to perform a dissection or autopsy for  
14 reasons not otherwise provided in this act, and a member of the  
15 decedent's immediate family or, in the absence thereof, a friend of  
16 the decedent objects that the dissection or autopsy is contrary to the  
17 religious beliefs of the decedent, or there is an obvious reason to  
18 believe that the dissection or autopsy is contrary to the religious  
19 beliefs of the decedent, the medical examiner may institute an  
20 action in the Superior Court for an order authorizing the dissection  
21 or autopsy. The action shall be instituted by an order to show cause  
22 on notice to the member of the decedent's immediate family or  
23 friend of the decedent, or, if no such individual is known, to such  
24 other party as the court may direct.

25 (2) An action brought pursuant to paragraph (1) of this  
26 subsection shall have preference over all other cases and shall be  
27 determined summarily upon the petition and oral or written proof, if  
28 any, offered by the parties. The court shall permit the dissection or  
29 autopsy to be performed if it finds that the medical examiner  
30 established a compelling public necessity, for reasons not otherwise  
31 provided for in this act, for the autopsy or dissection under all of the  
32 circumstances of the case, or if the objecting party or party named  
33 by the court fails to swear or affirm that an autopsy or dissection  
34 would be contrary to the decedent's religious beliefs. If permission  
35 to perform a dissection or autopsy is denied and no stay is granted  
36 by the court or by the appellate division, the decedent's body shall  
37 be immediately released for burial.

38 e. A dissection or autopsy performed pursuant to this act shall  
39 be the least intrusive procedure consistent with the compelling  
40 public necessity.

41

42 12. (New section) a. Notwithstanding any other provision of  
43 law to the contrary, if a decedent, whose death is under  
44 investigation pursuant to this act, is a donor of all or part of his  
45 body as evidenced by an advance directive for health care, will,  
46 card, or other document, or as otherwise provided in the "Revised  
47 Uniform Anatomical Gift Act," P.L.2008, c.50 (C.26:6-77 et seq.),  
48 the Chief State Medical Examiner, Deputy Chief State Medical  
49 Examiner, county or intercounty medical examiner, or assistant

1 county or intercounty medical examiner, who has notice of the  
2 donation shall perform an examination, autopsy, or analysis of  
3 tissues or organs only in a manner and within a time period  
4 compatible with their preservation for the purposes of  
5 transplantation.

6 b. A health care professional, who is authorized to remove an  
7 anatomical gift from a donor whose death is under investigation  
8 pursuant to this act, may remove the donated part from the donor's  
9 body for acceptance by a person authorized to become a donee,  
10 after giving notice to the Chief State Medical Examiner, Deputy  
11 Chief State Medical Examiner, county or intercounty medical  
12 examiner, or assistant county or intercounty medical examiner, as  
13 applicable, if the examination, autopsy, or analysis has not been  
14 undertaken in the manner and within the time provided for in this  
15 act. The Chief State Medical Examiner, Deputy Chief State  
16 Medical Examiner, county or intercounty medical examiner, or  
17 assistant county or intercounty medical examiner, as applicable,  
18 shall be present during removal of the anatomical gift if, in that  
19 medical examiner's judgment, those tissues or organs may be  
20 involved in the cause of death. In that case, the applicable medical  
21 examiner may request a biopsy of those tissues or organs or deny  
22 removal of the anatomical gift. The applicable medical examiner  
23 shall explain in writing the reasons for determining that those  
24 tissues or organs may be involved in the cause of death, and shall  
25 include that explanation in the records maintained pursuant to this  
26 act.

27 c. A health care professional, who is performing a transplant  
28 from a donor whose death is under investigation pursuant to this  
29 act, shall file with the Chief State Medical Examiner a report  
30 detailing the condition of the part of the body that is the anatomical  
31 gift and its relationship to the cause of death. If appropriate, the  
32 report shall include a biopsy or medically approved sample from the  
33 anatomical gift. The health care professional's report shall become  
34 part of the Chief State Medical Examiner's report.

35  
36 13. (New section) a. (1) The Chief State Medical Examiner, in  
37 consultation with the commissioner, shall develop standardized  
38 protocols for autopsies performed in those cases in which the  
39 suspected cause of death of a child under one year of age is sudden  
40 infant death syndrome and in which the child is between one and  
41 three years of age and the death is sudden and unexpected.

42 (2) The Chief State Medical Examiner shall establish a Sudden  
43 Child Death Autopsy Protocol Committee to assist in developing  
44 and reviewing the protocols. The committee shall include, but not  
45 be limited to: the Chief State Medical Examiner, the Assistant  
46 Commissioner of the Division of Family Health Services in the  
47 Department of Health, and the Director of the Division of Child  
48 Protection and Permanency in the Department of Children and  
49 Families, or their designees; the director of the SIDS Resource

1 Center established pursuant to section 4 of P.L.1987,  
2 c.331 (C.26:5D-4); an epidemiologist; a forensic pathologist; a  
3 pediatric pathologist, a county or intercounty medical examiner; a  
4 pediatrician who is knowledgeable about sudden infant death  
5 syndrome and child abuse; a law enforcement officer; an emergency  
6 medical technician or paramedic; a family member of a sudden  
7 infant death syndrome victim; and a family member of a sudden  
8 unexpected death victim who was between one and three years of  
9 age at the time of death. The committee shall annually review the  
10 protocol and make recommendations to the Chief State Medical  
11 Examiner to revise the protocol, as appropriate.

12 (3) The protocols shall include requirements and standards for  
13 scene investigation, criteria for ascertaining the cause of death  
14 based on autopsy, criteria for specific tissue sampling, and such  
15 other requirements as the committee deems appropriate. The  
16 protocols shall take into account nationally recognized standards for  
17 pediatric autopsies.

18 (4) The Chief State Medical Examiner shall be responsible for  
19 ensuring that the protocols are followed by all medical examiners  
20 and other persons authorized to conduct autopsies in those cases in  
21 which the suspected cause of death is sudden infant death syndrome  
22 or in which the child is between one and three years of age and the  
23 death is sudden and unexpected.

24 (5) The protocols shall authorize the medical examiner or other  
25 authorized person to take tissue samples for research purposes if the  
26 parent or legal guardian of the deceased child provides written  
27 consent for the taking of tissue samples for research purposes  
28 pursuant to subsection b. of this section.

29 (6) The sudden infant death syndrome autopsy protocol shall  
30 provide that if the findings in the autopsy are consistent with the  
31 definition of sudden infant death syndrome specified in the  
32 protocol, the person who conducts the autopsy shall state on the  
33 death certificate that sudden infant death syndrome is the cause of  
34 death.

35 b. (1) The Legislature finds and declares that: advances in  
36 genetics, biochemistry, and other areas of medical research have  
37 yielded new information about the specific causes of sudden death  
38 in infancy and early childhood; these findings are of great  
39 importance because the largest subgroup of these deaths, sudden  
40 infant death syndrome, remains a “rule-out” diagnosis for which the  
41 family learns what did not, rather than what did, cause the death of  
42 their child; without knowing the actual cause, families are not able  
43 to determine if there is a genetic basis that places their other  
44 children at risk, and physicians are not able to prevent a death by  
45 prospectively diagnosing and treating a potentially fatal medical  
46 problem; and, if the State is to meet its public health goal of  
47 reducing infant mortality, it is in the public interest to accelerate  
48 efforts to identify actual causes of death in infants and young  
49 children.

1       (2) The Chief State Medical Examiner, in consultation with the  
2 commissioner and the Sudden Child Death Autopsy Protocol  
3 Committee established pursuant to this section, shall establish, and  
4 periodically revise as necessary, a protocol for participation by  
5 medical examiners in research activities concerning deaths of  
6 children three years of age and younger. The research shall include  
7 all autopsies in which the suspected cause of death of a child under  
8 one year of age is sudden infant death syndrome and the suspected  
9 cause of death of a child three years of age and younger is not  
10 considered a violent death that is subject to the provisions of  
11 subsection a. of section 10 of this act.

12       (a) The protocol shall authorize the Chief State Medical  
13 Examiner, Deputy Chief State Medical Examiner, county or  
14 intercounty medical examiner, or other authorized person to take  
15 and transfer tissue samples to an approved research project prior to  
16 obtaining the consent of the parent or legal guardian of the deceased  
17 infant or young child, but the research project shall not be permitted  
18 to use the tissue prior to its obtaining consent as provided in this  
19 subsection.

20       (b) Notwithstanding the provisions of this section to the  
21 contrary, the protocol shall provide that no tissue sample shall be  
22 taken from a deceased infant or young child whose parent or legal  
23 guardian has objected to an autopsy because it is contrary to the  
24 religious beliefs of the decedent in accordance with the provisions  
25 of this act.

26       (c) The protocol shall stipulate, at a minimum, that:

27       (i) the research project first be approved by the institutional  
28 review board of the facility at which the research is to be  
29 conducted, then by the Sudden Child Death Autopsy Protocol  
30 Committee, and finally by the Institutional Review Board of the  
31 department; and that if a research project is submitted by the  
32 department, the final review of the project be conducted by an  
33 independent review board;

34       (ii) the research project delineate the information, other than the  
35 tissue sample, that will be required from the investigation of the  
36 death of the infant or young child;

37       (iii) the research project develop a plan for the release by the  
38 Chief State Medical Examiner or county or intercounty medical  
39 examiner, as applicable, of a decedent's tissue, as well as obtaining  
40 written consent for the use of the tissue and other identifying  
41 information from the parent or legal guardian of the deceased infant  
42 or young child;

43       (iv) the research project develop a plan for the disposal of a  
44 decedent's tissue in the event that the parent or guardian does not  
45 give consent for use of the tissue, and for disposal of the decedent's  
46 tissue upon completion of the research in those cases in which  
47 consent is given; and that the plan incorporate accepted procedures  
48 for disposal of surgical biopsies and biohazardous materials, and

- 1 procedures to inform the parent or guardian and the Sudden Child  
2 Death Autopsy Protocol Committee of the disposal plan;
- 3 (v) the research project reimburse the Chief State Medical  
4 Examiner, Deputy Chief State Medical Examiner, county or  
5 intercounty medical examiner, or other authorized person  
6 participating in the research for reasonable costs incurred in taking,  
7 storing, and providing tissue samples for the project; and that the  
8 estimated costs subject to reimbursement be reviewed and approved  
9 by the Chief State Medical Examiner;
- 10 (vi) the research project provide the Chief State Medical  
11 Examiner and the Sudden Child Death Autopsy Protocol Committee  
12 with periodic updates on the status of the project; and
- 13 (vii) the Sudden Child Death Autopsy Protocol Committee may  
14 terminate a research project that is not in compliance with the  
15 provisions of this subsection or the proposal for that research  
16 project that was approved pursuant thereto.
- 17 (3) Upon receiving notification from the research project that  
18 the research project has obtained written consent from the parent or  
19 legal guardian of the deceased infant or young child for the use of  
20 tissue samples and identifying information, the Chief State Medical  
21 Examiner, Deputy Chief State Medical Examiner, county or  
22 intercounty medical examiner, or other authorized person, as  
23 applicable, shall provide the research project with copies of the  
24 autopsy reports and any reports generated by the Chief State  
25 Medical Examiner, Deputy Chief State Medical Examiner, or  
26 county or intercounty medical examiner concerning the subject of  
27 the research.
- 28 (4) The information and tissue samples provided to the research  
29 project by the Chief State Medical Examiner, Deputy Chief State  
30 Medical Examiner, county or intercounty medical examiner, or  
31 other authorized person, shall be used by the research project only  
32 for the purposes approved by the Sudden Child Death Autopsy  
33 Protocol Committee and as specified in the protocol, and shall not  
34 otherwise be divulged or made public so as to disclose the identity  
35 of any person to whom they relate. The information provided to the  
36 research project shall not be considered a public or government  
37 record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001,  
38 c.404 (C.47:1A-5 et al.).
- 39 (5) The Sudden Child Death Autopsy Protocol Committee shall  
40 oversee each research project approved pursuant to this subsection.
- 41 (6) The Chief State Medical Examiner, Deputy Chief State  
42 Medical Examiner, county or intercounty medical examiner, their  
43 employees, and other persons authorized by the Chief State Medical  
44 Examiner to provide tissue samples and identifying information to  
45 the research project, and the members of the Sudden Child Death  
46 Autopsy Protocol Committee, shall not be liable for civil damages  
47 as the result of any actions or omissions performed in good faith  
48 and in accordance with the provisions of this act.

1       14. (New section) a. All law enforcement officers, State and  
2 county prosecutors, and other officials and members of the public  
3 shall cooperate fully with the Office of the Chief State Medical  
4 Examiner and county and intercounty medical examiners in making  
5 the investigations and conducting the autopsies provided for under  
6 this act. These officials and all physicians, funeral directors, and  
7 other persons shall assist in making dead bodies and related  
8 evidence available to such medical examiners for investigations and  
9 autopsies.

10       b. It shall be the duty of each county or intercounty medical  
11 examiner to fully cooperate with the Chief State Medical Examiner  
12 when the latter chooses to intervene in an ongoing medicolegal  
13 death investigation.

14

15       15. (New section) a. (1) The Chief State Medical Examiner  
16 may order a disinterment of a dead body, following the receipt of  
17 approval by the Superior Court, when an investigation of the cause  
18 of death is authorized. The disinterment shall be performed under  
19 the supervision and direction of the Chief State Medical Examiner  
20 or his designee. The court shall direct the giving of or dispensing  
21 with notice.

22       (2) The Superior Court, upon the application of a proper party,  
23 may order the disinterment of a dead body, when an investigation of  
24 the cause of death is authorized, under the supervision and direction  
25 of the Chief State Medical Examiner or his designee, and authorize  
26 the Chief State Medical Examiner or his designee to remove the  
27 body to a public morgue for the purpose of examination or autopsy.  
28 The court shall direct the giving of or dispensing with notice.

29       b. The Chief State Medical Examiner and a county or  
30 intercounty medical examiner may order, at his discretion, an  
31 inquest in any case under his jurisdiction for the purpose of vetting  
32 an unclear or controversial case or issue.

33       c. The Chief State Medical Examiner, Deputy Chief State  
34 Medical Examiner, county and intercounty medical examiner, and  
35 assistant county and intercounty medical examiner shall have the  
36 power to administer oaths and affirmations, and take affidavits and  
37 make examinations, as to any matter within the jurisdiction of their  
38 respective offices.

39       d. (1) The Chief State Medical Examiner and a county or  
40 intercounty medical examiner shall be authorized to, and shall,  
41 issue a subpoena to compel the attendance of any witness that the  
42 medical examiner deems necessary to interrogate in a death under  
43 investigation, returnable forthwith or at such place and time as is  
44 directed by the medical examiner.

45       (2) The Chief State Medical Examiner and a county or  
46 intercounty medical examiner shall be authorized to, and shall,  
47 issue a subpoena duces tecum to require a witness to bring any  
48 books, records, documents, files, or things under the control of the

1 person served as the medical examiner deems necessary for the  
2 purpose of a medicolegal death investigation.

3 (3) The Chief State Medical Examiner and a county or  
4 intercounty medical examiner shall be authorized to, and shall,  
5 issue a subpoena for the production of confidential medical records,  
6 mental health records, drug and alcohol abuse records, and other  
7 relevant information from a physician, health care facility, or other  
8 health care provider as the medical examiner deems necessary for  
9 the purpose of a medicolegal death investigation.

10 (4) A subpoena issued pursuant to this subsection may be  
11 enforced by order of a court of competent jurisdiction under threat  
12 of contempt of court.

13

14 16. (New section) a. It shall be the duty of the Office of the  
15 Chief State Medical Examiner and the office of each county or  
16 intercounty medical examiner to maintain full and complete  
17 records, properly indexed, for all medicolegal death investigations  
18 that they have conducted, including the name, if known, of every  
19 such person, the place where the body was found, date and cause of  
20 death, and all other available information relating thereto.

21 b. The original reports of the Chief State Medical Examiner,  
22 Deputy Chief State Medical Examiner, county or intercounty  
23 medical examiner, and assistant county or intercounty medical  
24 examiner, and the detailed findings of the autopsy, if any, along  
25 with the records of death notification, postmortem inspections and  
26 examinations, personal effects taken into possession, and any other  
27 information deemed necessary by the Chief State Medical  
28 Examiner, shall be attached to the case record for each medicolegal  
29 death investigation.

30 c. The Office of the Chief State Medical Examiner and the  
31 office of each county or intercounty medical examiner shall  
32 promptly deliver to the county prosecutor of the county in which the  
33 death occurred, copies of all records relating to every death in  
34 which, in the applicable medical examiner's judgment, further  
35 investigation may be deemed advisable. The county prosecutor  
36 may obtain copies of such records or other information from those  
37 offices as the county prosecutor deems necessary for his  
38 investigation.

39 d. The records maintained by the Office of the Chief State  
40 Medical Examiner and the office of each county or intercounty  
41 medical examiner, including those made by the applicable medical  
42 examiner or anyone under his direction or supervision, or  
43 transcripts thereof certified by the medical examiner, shall be  
44 received as competent evidence in any court in this State of the  
45 matters and facts therein contained.

46 e. The Office of the Chief State Medical Examiner and the  
47 office of each county or intercounty medical examiner may charge a  
48 reasonable fee to private persons for copies of such records and  
49 upon such conditions as may be prescribed by the Chief State

1 Medical Examiner; provided, however, that no person with a proper  
2 interest in such records shall be denied access thereto. All such fees  
3 collected by the Office of the Chief State Medical Examiner and by  
4 the office of each county or intercounty medical examiner shall be  
5 paid into the State Treasury or county treasury, as applicable, on or  
6 before the 10th day of each month.

7

8 17. (New section) a. The Medical Examiner Review Team shall  
9 be established as a mechanism for peer review and collaboration  
10 and to provide recourse in the event of a dispute between medical  
11 examiners.

12 b. The Medical Examiner Review Team shall include seven  
13 members, as follows:

14 (1) the commissioner, the Commissioner of Human Services, the  
15 Attorney General, and the Chief State Medical Examiner, or their  
16 designees, who shall serve ex officio; and

17 (2) three public members, to be appointed by the Governor, who  
18 shall be representatives of the public health, hospital, and medical  
19 communities, respectively.

20 c. The Medical Examiner Review Team shall review the  
21 following matters, and shall issue a recommendation for further  
22 action or resolution in each case upon completion of its review:

23 (1) disputed medicolegal death investigation findings that are  
24 the subject of a dispute between the Chief State Medical Examiner  
25 and any county or intercounty medical examiner, when referred by  
26 any such medical examiner to the commissioner with a complete  
27 statement as to the basis of the referral; and

28 (2) any removal of the Chief State Medical Examiner by the  
29 Governor, as well as any removal of a county or intercounty  
30 medical examiner by the Chief State Medical Examiner, except that  
31 the Chief State Medical Examiner shall be required to recuse  
32 himself from any deliberations or other actions by the Medical  
33 Examiner Review Team concerning any removal of him by the  
34 Governor.

35 d. The Medical Examiner Review Team shall meet at least  
36 once annually and shall meet within 45 days after receiving a report  
37 of a dispute, or after receiving notification of a removal from office,  
38 as provided in this section.

39 e. The Medical Examiner Review Team shall elect one of its  
40 members as chairman, who shall serve for a term of two years.

41 f. Of the public members of the Medical Examiner Review  
42 Team first appointed, two shall be appointed for a term of three  
43 years and one for a term of two years. Thereafter, members shall be  
44 appointed for terms of three years. The public members shall be  
45 eligible for reappointment and shall serve until the appointment and  
46 qualification of their successors.

47 g. Vacancies in the Medical Examiner Review Team shall be  
48 filled for the unexpired terms in the same manner as the original  
49 appointments were made.

1 h. The members of the Medical Examiner Review Team shall  
2 not receive any compensation, but shall be reimbursed for expenses  
3 incurred in the performance of their duties, within the limits of  
4 funds appropriated or otherwise made available to the team for its  
5 purpose.

6 i. The department shall provide such staff and other support as  
7 the Medical Examiner Review Team deems necessary to perform its  
8 duties.

9

10 18. (New section) a. The Office of the Chief State Medical  
11 Examiner, in conjunction with the Medical Examiner Review Team,  
12 shall issue an annual report, which shall be made publicly available.

13 b. The annual report shall contain, at a minimum:

14 (1) the budget and expenditures for each medical examiner  
15 office in this State, including its direct and indirect expenses,  
16 including a summary of the terms and conditions of each contract  
17 for the professional services of the Office of the Chief State  
18 Medical Examiner and the office of each county or intercounty  
19 medical examiner;

20 (2) the total number of cases received, reviewed, accepted, and  
21 investigated by each medical examiner office;

22 (3) statistics of determined causes of death; and

23 (4) an evaluation of the overall performance of each medical  
24 examiner office and the medical examiner system as a whole.

25

26 19. (New section) The Governor shall be authorized to remove  
27 the Chief State Medical Examiner from office, and the Chief State  
28 Medical Examiner shall be authorized to remove any county or  
29 intercounty medical examiner from office, for any of the following  
30 causes:

31 a. engaging in illegal activity;

32 b. intentional substantive noncompliance with rules and  
33 regulations;

34 c. willful misconduct;

35 d. professional incompetence and neglect of duty;

36 e. insubordination; or

37 f. excessive inefficiency in the performance of his duties.

38

39 20. (New section) After making a diligent effort to ascertain the  
40 identity of remains in its possession, and to contact relatives or  
41 friends to take control of remains in its possession, the Office of the  
42 Chief State Medical Examiner, and the office of each county or  
43 intercounty medical examiner, shall offer any such unidentified or  
44 unclaimed remains to any qualified mortuary science program  
45 within the State consistent with the provisions of R.S.26:6-9.

46

47 21. (New section) a. The Office of the Chief State Medical  
48 Examiner shall maintain and supervise a toxicology laboratory, to

1 be designated as the New Jersey State Medical Examiner  
2 Toxicology Laboratory, in order to provide necessary toxicology  
3 services to the Chief State Medical Examiner, Deputy Chief State  
4 Medical Examiner, each county or intercounty medical examiner,  
5 and each assistant county or assistant intercounty medical examiner  
6 in the performance of medicolegal death investigations in this State.

7 b. The Chief State Medical Examiner, Deputy Chief State  
8 Medical Examiner, county or intercounty medical examiner, and  
9 assistant county or assistant intercounty medical examiner requiring  
10 the services of a toxicology laboratory shall enlist the services of  
11 the New Jersey State Medical Examiner Toxicology Laboratory  
12 unless the Chief State Medical Examiner provides express  
13 permission for their use of another laboratory.

14 c. The Chief State Medical Examiner shall adopt such rules  
15 and regulations as may be necessary concerning the operations and  
16 use of the New Jersey State Medical Examiner Toxicology  
17 Laboratory.

18

19 22. (New section) a. Except in a case in which there is a  
20 finding of homicide, a person in interest may request the Office of  
21 the Chief State Medical Examiner to correct the findings and  
22 conclusions on the cause and manner of death recorded on a death  
23 certificate within 60 days after the Chief State Medical Examiner,  
24 Deputy Chief State Medical Examiner, county or intercounty  
25 medical examiner, or assistant county or assistant intercounty  
26 medical examiner files those findings and conclusions.

27 b. The request to correct the findings and conclusions on a  
28 death certificate shall:

29 (1) be made in writing to the Chief State Medical Examiner,  
30 regardless of which medical examiner made the initial filing;

31 (2) describe the requested change precisely; and

32 (3) state the reasons for the change.

33 c. Within 60 days after receiving the request, the Chief State  
34 Medical Examiner shall notify the person in interest in writing of  
35 the action taken.

36 d. If the Chief State Medical Examiner denies the request to  
37 change findings and conclusions on the cause of death, the person  
38 in interest may appeal the denial in writing within 15 days of the  
39 denial to the commissioner; and the commissioner, within 15 days  
40 of receipt of the appeal, shall refer the matter to the Office of  
41 Administrative Law.

42 e. An administrative law judge shall conduct a hearing both on  
43 the denial and the establishment of the findings and conclusions on  
44 the cause of death. Upon reviewing the findings of fact submitted  
45 by an administrative law judge, the commissioner, or the  
46 commissioner's designee, shall issue an order within 60 days to:

47 (1) adopt the findings of the administrative law judge; or

48 (2) reject the findings of the administrative law judge and affirm  
49 the findings of the medical examiner.

1 f. If the commissioner, or the commissioner's designee, rejects  
2 the findings of an administrative law judge, the person in interest  
3 may appeal that rejection to a court of competent jurisdiction under  
4 State law.

5 g. If the final decision of the commissioner, or the  
6 commissioner's designee, or of a court of competent jurisdiction on  
7 appeal, establishes findings or conclusions on the cause or manner  
8 of death of a decedent other than that recorded on the certificate of  
9 death, the medical examiner responsible for the initial filing, or if  
10 unavailable, another medical examiner with jurisdiction in this  
11 State, shall amend the certificate to reflect the different findings or  
12 conclusions.

13 h. The Chief State Medical Examiner shall send a change letter  
14 to the Bureau of Vital Statistics and Registration in the department  
15 to amend the certificate of death, to reflect the final decision of the  
16 commissioner, or the commissioner's designee, or a court of  
17 competent jurisdiction.

18 i. The final decision of the commissioner, or the  
19 commissioner's designee, or of a court in an appeal under this  
20 section, shall not give rise to any presumption concerning the  
21 application of any provision, or the resolution, of any claim  
22 concerning an insurance policy or contract relating to the decedent.

23 j. If the findings of the medical examiner are upheld by the  
24 commissioner, or the commissioner's designee, the appellant shall  
25 be responsible for the cost of the contested case hearing, based on  
26 the billing rate established by the Office of Administrative Law.  
27 Otherwise, the department shall be responsible for the costs.

28

29 23. R.S.26:6-1 is amended to read as follows:

30 26:6-1. As used in this chapter: "Local registrar" or  
31 "registrar" means the local registrar of vital statistics. "State  
32 registrar" means the State Registrar of Vital Statistics.

33 "Registration district" or "district" means the district established  
34 by law for the registration of vital events.

35 "Fetal death" or "stillbirth" means death prior to the complete  
36 expulsion or extraction from its mother of a product of conception,  
37 irrespective of the duration of pregnancy; the death is indicated by  
38 the fact that after such separation, the fetus does not breathe or  
39 show any other evidence of life such as beating of the heart,  
40 pulsation of the umbilical cord, or definite movement of voluntary  
41 muscles.

42 "Dead body" means the dead body of a human being.

43 The definition of the term "communicable disease" as contained  
44 in R.S.26:4-1 shall also apply to this chapter.

45 "Authentication" means the entry by the Chief State Medical  
46 Examiner, Deputy Chief State Medical Examiner, or a county or  
47 intercounty medical examiner or assistant county or intercounty  
48 medical examiner, funeral director or physician into the New Jersey  
49 Electronic Death Registration System of a personal identification

1 code, digital signature or other identifier unique to that user, by  
2 which the information entered into the system by the user is  
3 authenticated by the user who assumes responsibility for its  
4 accuracy. "Authentication" also means the process by which the  
5 State registrar or a local registrar, deputy registrar, alternate deputy  
6 registrar or subregistrar indicates that person's review and approval  
7 of information entered into the system by the Chief State Medical  
8 Examiner, Deputy Chief State Medical Examiner, or a county or  
9 intercounty medical examiner or assistant county or intercounty  
10 medical examiner, funeral director or physician.

11 "Electronic registration system" means any electronic method,  
12 including, but not limited to, one based on Internet technology, of  
13 collecting, transmitting, recording and authenticating information  
14 from one or more responsible parties, which is necessary to  
15 complete a vital record, and is designed to replace a manual, paper-  
16 based data collection, recordation and signature system.

17 "New Jersey Electronic Death Registration System" or "NJ-  
18 EDRS" is an electronic registration system for completing a  
19 certification of death or fetal death record that is authorized,  
20 designed and maintained by the State registrar.

21 (cf: P.L.2003, c.221, s.1)

22

23 24. R.S.26:6-8 is amended to read as follows:

24 26:6-8. In the execution of a death certificate, the personal  
25 particulars shall be obtained by the funeral director from the person  
26 best qualified to supply them. The death and last sickness  
27 particulars shall be supplied by the attending, covering, or resident  
28 physician; or if there is no attending, covering, or resident  
29 physician, by an attending registered professional nurse licensed by  
30 the New Jersey Board of Nursing under P.L.1947, c.262 (C.45:11-  
31 23 et seq.); or if there is no attending, covering, or resident  
32 physician or attending registered professional nurse, by the county  
33 or intercounty medical examiner or assistant county or intercounty  
34 medical examiner.

35 Within a reasonable time, not to exceed 24 hours after the  
36 pronouncement of death, the attending, covering, or resident  
37 physician, the attending advanced practice nurse pursuant to section  
38 10 of P.L.1991, c.377 (C.45:11-49), or the county or intercounty  
39 medical examiner or assistant county or intercounty medical  
40 examiner shall execute the death certification. The burial  
41 particulars shall be supplied by the funeral director. The attending,  
42 covering, or resident physician, the attending advanced practice  
43 nurse, the attending registered professional nurse, or the county or  
44 intercounty medical examiner or assistant county or intercounty  
45 medical examiner and the funeral director shall certify to the  
46 particulars supplied by them by signing their names below the list  
47 of items furnished, or by otherwise authenticating their identities  
48 and the information that they have provided through the NJ-EDRS.  
49 If a person acting under the direct supervision of the Chief State

1 Medical Examiner, Deputy Chief State Medical Examiner, a county  
2 or intercounty medical examiner or assistant county or intercounty  
3 medical examiner, funeral director, attending, covering, or resident  
4 physician, attending advanced practice nurse, or licensed health  
5 care facility or other public or private institution providing medical  
6 care, treatment, or confinement to persons, which is registered with  
7 the NJ-EDRS, is not authorized to authenticate the information  
8 required on a certificate of death or fetal death, that person may  
9 enter that information into the NJ-EDRS in anticipation of its  
10 authentication by the Chief State Medical Examiner **【or】**, Deputy  
11 Chief State Medical Examiner, a county or intercounty medical  
12 examiner, or assistant county or intercounty medical examiner,  
13 funeral director, attending, covering, or resident physician,  
14 attending advanced practice nurse, local registrar, deputy registrar,  
15 alternate deputy registrar or subregistrar, as applicable.  
16 (cf: P.L.2015, c.38, s.1)

17

18 25. Section 1 of P.L.1988, c.125 (C.26:6-8.2) is amended to read  
19 as follows:

20 1. If the attending physician, registered professional nurse, or  
21 the Chief State Medical Examiner, Deputy Chief State Medical  
22 Examiner, or county or intercounty medical examiner or assistant  
23 county or intercounty medical examiner who makes the actual  
24 determination and pronouncement of death determines or has  
25 knowledge that the deceased person was **【infected with human**  
26 **immunodeficiency virus (HIV)】** HIV positive or infected with  
27 hepatitis B virus or that the deceased person suffered from  
28 **【acquired immune deficiency syndrome (AIDS), AIDS related**  
29 **complex (ARC)】** AIDS or any of the contagious, infectious or  
30 communicable diseases as shall be determined by the Commissioner  
31 of **【the Department of】** Health **【and Senior Services】**, the attending  
32 physician, registered professional nurse or the Chief State Medical  
33 Examiner, Deputy Chief State Medical Examiner, or county or  
34 intercounty medical examiner or assistant county or intercounty  
35 medical examiner shall immediately place with the remains written  
36 notification of the condition and shall provide written notification  
37 of the condition to the funeral director who is responsible for the  
38 handling and the disposition of the body.  
39 (cf: P.L.1988, c.125, s.1)

40

41 26. R.S.26:6-9 is amended to read as follows:

42 26:6-9. In case of any death occurring without medical  
43 attendance, the funeral director shall notify the Office of the Chief  
44 State Medical Examiner or the office of the county or intercounty  
45 medical examiner, or the local registrar. In case the local registrar  
46 shall be notified, he shall immediately inform the county or  
47 intercounty medical examiner and refer the case to him for  
48 investigation. The county or intercounty medical examiner or

1 assistant county or intercounty medical examiner shall furnish the  
2 funeral director with the necessary data and last sickness particulars  
3 to make the death certificate, or shall enter the information directly  
4 into the NJ-EDRS.

5 (cf: P.L.2003, c.221, s.7)

6

7 27. Section 2 of P.L.2008, c.50 (C.26:6-78) is amended to read  
8 as follows:

9 2. As used in this act:

10 "Adult" means a person who is at least 18 years of age.

11 "Advance directive for health care" means an advance directive  
12 for health care that is executed pursuant to P.L.1991,  
13 c.201 (C.26:2H-53 et seq.).

14 "Agent" means a person who is authorized to act as a health care  
15 representative by an advance directive for health care or is  
16 expressly authorized to make an anatomical gift on a donor's behalf  
17 by any other record signed by the donor.

18 "Anatomical gift" means a donation of all or part of a human  
19 body to take effect after the donor's death for the purpose of  
20 transplantation, therapy, research, or education.

21 "Civil union partner" means one partner in a civil union couple  
22 as defined in section 2 of P.L.2006, c.103 (C.37:1-29).

23 "Decedent" means a deceased person whose body or part is or  
24 may be the source of an anatomical gift, and includes a stillborn  
25 infant or fetus.

26 "Designated requester" means a hospital employee who has  
27 completed a course offered or approved by an organ procurement  
28 organization.

29 "Disinterested witness" means a witness other than: the spouse,  
30 civil union partner, domestic partner, child, parent, sibling,  
31 grandchild, grandparent, or guardian of the person who makes,  
32 amends, revokes, or refuses to make an anatomical gift; another  
33 adult who exhibited special care and concern for the decedent; or a  
34 person to whom an anatomical gift may pass pursuant to section 10  
35 of this act.

36 "Document of gift" means a donor card or other record used to  
37 make an anatomical gift, and includes a statement or symbol on a  
38 driver's license, identification card, or donor registry.

39 "Domestic partner" means a domestic partner as defined in  
40 section 3 of P.L.2003, c.246 (C.26:8A-3).

41 "Donor" means a person whose body or part is the subject of an  
42 anatomical gift.

43 "Donor registry" means a database that contains records of  
44 anatomical gifts.

45 "Driver's license" means a license or permit issued by the New  
46 Jersey Motor Vehicle Commission to operate a vehicle, whether or  
47 not conditions are attached to the license or permit.

48 "Eye bank" means an entity that is licensed, accredited, or  
49 regulated under federal or State law to engage in the recovery,

1 screening, testing, processing, storage, or distribution of human  
2 eyes or portions of human eyes.

3 "Guardian" means a person appointed by a court to make  
4 decisions regarding the support, care, education, health, or welfare  
5 of another individual, but does not include a guardian ad litem.

6 "Hospital" means an institution, whether operated for profit or  
7 not, whether maintained, supervised or controlled by an agency of  
8 State government or a county or municipality or not, which  
9 maintains and operates facilities for the diagnosis, treatment, or care  
10 of two or more non-related individuals suffering from illness,  
11 injury, or deformity, and where emergency, outpatient, surgical,  
12 obstetrical, convalescent, or other medical and nursing care is  
13 rendered for periods exceeding 24 hours.

14 "Identification card" means an identification card issued by the  
15 New Jersey Motor Vehicle Commission.

16 "Medical examiner" means the Chief State Medical Examiner,  
17 Deputy Chief State Medical Examiner, a county or intercounty  
18 medical examiner or assistant county or intercounty medical  
19 examiner, [or another person] performing [the] their duties [of a  
20 medical examiner] pursuant to [P.L.1967, c.234 (C.52:17B-78 et  
21 seq.)] P.L. , c. (C. ) (pending before the Legislature as this  
22 bill).

23 "Minor" means a person who is under 18 years of age.

24 "Organ procurement organization" means an entity designated by  
25 the United States Secretary of Health and Human Services as an  
26 organ procurement organization.

27 "Parent" means a parent whose parental rights have not been  
28 terminated.

29 "Part" means an organ, eye, or tissue of a human being, but does  
30 not include the whole body.

31 "Physician" means a person authorized to practice medicine or  
32 osteopathy under the laws of any state.

33 "Procurement organization" means an eye bank, organ  
34 procurement organization, or tissue bank.

35 "Prospective donor" means a person who is dead or whose death  
36 is imminent and has been determined by a procurement organization  
37 to have a part that could be medically suitable for transplantation,  
38 therapy, research, or education, but does not include an individual  
39 who has made a refusal.

40 "Reasonably available" means able to be contacted by a  
41 procurement organization without undue effort and willing and able  
42 to act in a timely manner consistent with existing medical criteria  
43 necessary for the making of an anatomical gift.

44 "Recipient" means a person into whose body a decedent's part  
45 has been or is intended to be transplanted.

46 "Record" means information that is inscribed on a tangible  
47 medium or stored in an electronic or other medium and is  
48 retrievable in perceivable form.

1 "Refusal" means a record created pursuant to this act that  
2 expressly states an intent to bar other persons from making an  
3 anatomical gift of a person's body or part.

4 "Sign" means, with the present intent to authenticate or adopt a  
5 record, to execute or adopt a tangible symbol, or to attach to or  
6 logically associate with the record an electronic symbol, sound, or  
7 process.

8 "State" means a state of the United States, the District of  
9 Columbia, Puerto Rico, the United States Virgin Islands, or any  
10 territory or insular possession subject to the jurisdiction of the  
11 United States.

12 "Technician" means a person who is determined to be qualified  
13 to remove or process parts by an appropriate organization that is  
14 licensed, accredited, or regulated under federal or State law, and  
15 includes an enucleator.

16 "Tissue" means a portion of the human body other than an organ  
17 or an eye, but does not include blood unless it is needed to facilitate  
18 the use of other parts or is donated for the purpose of research or  
19 education.

20 "Tissue bank" means an entity that is licensed, accredited, or  
21 regulated under federal or State law to engage in the recovery,  
22 screening, testing, processing, storage, or distribution of tissue.

23 "Transplant hospital" means a hospital that furnishes organ  
24 transplants and other medical and surgical specialty services  
25 required for the care of transplant patients.

26 (cf: P.L.2008, c.50, s.2)

27

28 28. Section 18 of P.L.2008, c.50 (C.26:6-94) is amended to read  
29 as follows:

30 18. a. Each medical examiner shall cooperate with any  
31 procurement organization to maximize the opportunity to recover  
32 anatomical gifts for the purpose of transplantation, therapy,  
33 research, or education.

34 b. A part shall not be removed from the body of a decedent  
35 under a medical examiner's jurisdiction for transplantation, therapy,  
36 research, or education, nor delivered to a person for research or  
37 education, unless the part is the subject of an anatomical gift. The  
38 provisions of this section shall not be construed to preclude a  
39 medical examiner from performing an investigation as provided in  
40 **[P.L.1967, c.234 (C.52:17B-78 et seq.)]** P.L. \_\_\_\_\_,  
41 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill) of a  
42 decedent under the medical examiner's jurisdiction.

43 c. Upon the request of a procurement organization, the medical  
44 examiner shall release to the procurement organization the name,  
45 contact information, and available medical and social history of a  
46 decedent whose body is under the medical examiner's jurisdiction.  
47 If the decedent's body or part is medically suitable for  
48 transplantation, therapy, research, or education, the medical  
49 examiner shall release the post-mortem examination results to the

1 procurement organization. The procurement organization shall  
2 make a subsequent disclosure of the post-mortem examination  
3 results or other information received from the medical examiner  
4 only if relevant to transplantation, therapy, research, or education.

5 (cf: P.L.2008, c.50, s.18)

6  
7 29. R.S.26:8-1 is amended to read as follows:

8 26:8-1. As used in this chapter:

9 "Vital statistics" means statistics concerning births, deaths, fetal  
10 deaths, marriages, civil unions and domestic partnerships  
11 established pursuant to P.L.2003, c.246 (C.26:8A-1 et al.).

12 "Vital records" means the birth, death, fetal death, marriage, civil  
13 union and domestic partnership records from which vital statistics  
14 are produced.

15 "State registrar" means the State registrar of vital statistics;  
16 "Local registrar" or "registrar" means the local registrar of vital  
17 statistics of any district; and "registration district" or "district"  
18 means a registration district as constituted by this article.

19 "Live birth" or "birth" means the complete expulsion or  
20 extraction from its mother of a product of conception, irrespective  
21 of the duration of pregnancy, which, after such separation, breathes  
22 or shows any other evidence of life such as beating of the heart,  
23 pulsation of the umbilical cord, or definite movement of voluntary  
24 muscles, whether or not the umbilical cord has been cut or the  
25 placenta attached.

26 "Authentication" means the entry by the Chief State Medical  
27 Examiner, Deputy Chief State Medical Examiner, or a county or  
28 intercounty medical examiner or assistant county or intercounty  
29 medical examiner, funeral director or physician into the New Jersey  
30 Electronic Death Registration System of a personal identification  
31 code, digital signature or other identifier unique to that user, by  
32 which the information entered into the system by the user is  
33 authenticated by the user who assumes responsibility for its  
34 accuracy. "Authentication" also means the process by which the  
35 State registrar or a local registrar, deputy registrar, alternate deputy  
36 registrar or subregistrar indicates that person's review and approval  
37 of information entered into the system by the Chief State Medical  
38 Examiner, Deputy Chief State Medical Examiner, or a county or  
39 intercounty medical examiner or assistant county or intercounty  
40 medical examiner, funeral director or physician.

41 "Electronic registration system" means any electronic method,  
42 including, but not limited to, one based on Internet technology, of  
43 collecting, transmitting, recording and authenticating information  
44 from one or more responsible parties, which is necessary to  
45 complete a vital record, and is designed to replace a manual, paper-  
46 based data collection, recordation and signature system.

47 "New Jersey Electronic Death Registration System" or "NJ-  
48 EDRS" is an electronic registration system for completing a

1 certification of death or fetal death record that is authorized,  
2 designed and maintained by the State registrar.

3 (cf: P.L.2006, c.103, c.37)

4

5 30. Section 16 of P.L.2003, c.221 (C.26:8-24.1) is amended to  
6 read as follows:

7 16. a. The State registrar shall establish and maintain the New  
8 Jersey Electronic Death Registration System or NJ-EDRS.

9 (1) The system shall be fully implemented no later than 18  
10 months after the date of enactment of P.L.2003, c.221, and shall be  
11 the required means of death registration and certification for any  
12 death or fetal death occurring in this State, subject to any exception  
13 that may be approved by the State registrar in the case of a specific  
14 death or fetal death. All participants in the death registration  
15 process, including, but not limited to, the State registrar, local  
16 registrars, deputy registrars, alternate deputy registrars,  
17 subregistrars, the Chief State medical examiner, Deputy Chief State  
18 Medical Examiner, county or intercounty medical examiners,  
19 assistant county or intercounty medical examiners, funeral  
20 directors, attending physicians and resident physicians, licensed  
21 health care facilities, and other public or private institutions  
22 providing medical care, treatment or confinement to persons, shall  
23 be required to utilize the NJ-EDRS to provide the information that  
24 is required of them by statute or regulation.

25 (2) The State registrar may provide for a phased implementation  
26 of the system, beginning seven months after the date of enactment  
27 of P.L.2003, c.221, by requiring certain users, who are designated  
28 by the State registrar on a geographic or other basis for this  
29 purpose, to commence utilization of the system.

30 (3) Beginning no later than six months after the date of  
31 enactment of P.L.2003, c.221, the State registrar shall authorize and  
32 provide material support, in the form of system access, curriculum  
33 guidelines and user registration capability and authority, to the  
34 principal trade associations or professional organizations  
35 representing persons affected by implementation of the NJ-EDRS,  
36 for the purposes of providing training and education with regard to  
37 the NJ-EDRS. The State registrar may conduct such education and  
38 training, or authorize other entities to do so on his behalf; however,  
39 these activities shall not be construed as restricting the training and  
40 education activities of any affected trade association or professional  
41 organization, including the location, manner, fees or other means of  
42 conducting those activities on the part of the association or  
43 organization.

44 b. The NJ-EDRS shall, at a minimum, provide for:

45 (1) the direct transmission of burial permit documentation to the  
46 originating funeral home in an electronic form capable of output to  
47 a local printer;

48 (2) an overnight mail system for the delivery of NJ-EDRS-  
49 generated death certificates by the State registrar and local

1 registrars, the cost of which shall be chargeable to the funeral  
2 director of record;

3 (3) an automated notification system to alert other responsible  
4 parties to pending cases, including notification to or from alternate  
5 local registrars;

6 (4) a systematic electronic payment method by which all fees  
7 are taken from accounts for which funeral homes are financially  
8 responsible and distributed, as appropriate, to the State registrar or  
9 local registrars as payment for the issuance of permits, the  
10 recording of records, the making of certified copies of death  
11 certificates, or for other charges that may be incurred;

12 (5) a legally binding system of digital authentication in lieu of  
13 signatures for the responsible parties and a means of assuring  
14 database security that permits users to enter the system from  
15 multiple sites and includes contemporaneous and remote data  
16 security methods to protect the system from catastrophic loss or  
17 intrusions, as well as a method of data encryption for transmission;

18 (6) the capacity for authorized users to retrieve data comprising  
19 the death certification record;

20 (7) the capacity to electronically amend and correct death  
21 records;

22 (8) electronic notification, upon completion of the death record  
23 and issuance of a burial permit, of the decedent's name, Social  
24 Security number and last known address and the informant to: the  
25 federal Social Security Administration, the U.S. Citizenship and  
26 Immigration Services, the Division of Medical Assistance and  
27 Health Services in the Department of Human Services, the  
28 Department of Labor and Workforce Development and such other  
29 governmental agencies as the State registrar determines will  
30 substantially contribute to safeguarding public benefit programs and  
31 diminish the criminal use of a decedent's name and other identifying  
32 information; and the New Jersey State Funeral Directors  
33 Association, in the case of a decedent participating in one of its  
34 funeral expense payment programs, in such a manner as to enable it  
35 to fulfill its fiduciary obligations for the payment of the decedent's  
36 final funeral and burial expenses;

37 (9) sufficient data documentation to meet contemporary and  
38 emerging standards and expectations of vital record archiving; and

39 (10) continuous 24-hour-a-day technical support for all  
40 authorized users of the system.

41 c. A provider of information that is required to complete a  
42 death certificate, or who is subject to the provisions of law  
43 governing the NJ-EDRS, shall not be deemed to be acting as a local  
44 registrar, deputy registrar, alternate deputy registrar or subregistrar  
45 solely by virtue of permitting other providers of information to gain  
46 access to the NJ-EDRS by using those other providers' identifying  
47 information.

48 (cf: P.L.2013, c.274, s.2)

1       31. Section 18 of P.L.2003, c.221 (C.26:8-24.3) is amended to  
2 read as follows:

3       18. The Chief State Medical Examiner, the Commissioner of  
4 Labor and Workforce Development or his designee, county or  
5 intercounty medical examiners, licensed health care facilities, other  
6 public or private institutions providing medical care, treatment or  
7 confinement to persons, funeral homes and physicians' private  
8 practice offices, as defined by the State registrar, shall acquire the  
9 electronic means prescribed by the State registrar to access the NJ-  
10 EDRS, or make such other arrangements as are necessary for that  
11 purpose, no later than six months after the date of enactment of  
12 P.L.2003, c.221.

13       The Chief State Medical Examiner, the Commissioner of Labor  
14 and Workforce Development or his designee, and each county or  
15 intercounty medical examiner, health care facility, institution,  
16 funeral home or physician's office shall employ at least one person  
17 who is qualified to use the NJ-EDRS, and is registered with the  
18 State registrar as an authorized user of the system, by virtue of  
19 completing a course of instruction on the NJ-EDRS provided by the  
20 State registrar or an authorized agent thereof, or satisfying such  
21 other requirements as may be established by the State registrar for  
22 this purpose.

23 (cf: P.L.2013, c.274, s.3)

24

25       32. R.S.26:8-52 is amended to read as follows:

26       26:8-52. Corrections to death certificates shall be signed by  
27 the physician, registered professional nurse, county or intercounty  
28 medical examiner or assistant county or intercounty medical  
29 examiner, Chief State Medical Examiner, Deputy Chief State  
30 Medical Examiner, funeral director or informant, whose name  
31 appears upon the certificate, or shall be otherwise recorded and  
32 authenticated on the NJ-EDRS as prescribed by the State registrar;  
33 however, any individual having personal knowledge and  
34 substantiating documentary proof of the matters sought to be  
35 corrected may apply under oath to the county or intercounty  
36 medical examiner or the Chief State Medical Examiner in a case in  
37 which the certificate was signed by the Chief State Medical  
38 Examiner or Deputy Chief State Medical Examiner, to have the  
39 certificate corrected. The authority to sign or otherwise  
40 authenticate corrections or amendments to causes or duration of  
41 causes of death is restricted to the physician, Chief State Medical  
42 Examiner, Deputy Chief State Medical Examiner, or county or  
43 intercounty medical examiner or assistant county or intercounty  
44 medical examiner. Upon denial of an application for correction or  
45 amendment of a death certificate, a person who has applied to a  
46 county or intercounty medical examiner may apply to the Chief  
47 State Medical Examiner, who shall exercise discretion to review the  
48 matter and amend the certificate or to defer to the decision of the  
49 county or intercounty medical examiner. The decision of the

1 county or intercounty medical examiner shall be deemed the final  
2 decision by a public officer in the matter unless the Chief State  
3 Medical Examiner amends or corrects the death certificate.  
4 (cf: P.L.2003, c.221, s.22)

5  
6 33. Section 7 of P.L.2005, c.222 (C.26:13-7) is amended to read  
7 as follows:

8 7. During a state of public health emergency or in response to a  
9 public health emergency:

10 a. The commissioner, Chief State Medical Examiner, and  
11 Commissioner of Environmental Protection shall coordinate and  
12 consult with each other on the performance of their respective  
13 functions regarding the safe disposition of human remains, to devise  
14 and implement measures which may include, but are not limited to,  
15 the following:

16 (1) To take actions or issue and enforce orders to provide for the  
17 safe disposition of human remains as may be reasonable and  
18 necessary to respond to the public health emergency. Such  
19 measures may include, but are not limited to, the temporary mass  
20 burial or other interment, cremation, disinterment, transportation,  
21 and disposition of human remains. To the extent possible,  
22 religious, cultural, family, and individual beliefs of the deceased  
23 person or his family shall be considered when determining  
24 disposition of any human remains;

25 (2) To determine whether there is a need to investigate any  
26 human deaths related to the public health emergency, and take such  
27 steps as may be appropriate to enable the Chief State Medical  
28 Examiner, or his designee, to take possession or control of any  
29 human remains and perform an autopsy of the body under protocols  
30 of the Chief State Medical Examiner consistent with safety as the  
31 public health emergency may dictate;

32 (3) To direct or issue and enforce orders requiring any business  
33 or facility, including, but not limited to, a mortuary or funeral  
34 director, authorized to hold, embalm, bury, cremate, inter, disinter,  
35 transport, and dispose of human remains under the laws of this State  
36 to accept any human remains or provide the use of its business or  
37 facility if such actions are reasonable and necessary to respond to  
38 the public health emergency and are within the safety precaution  
39 capabilities of the business or facility; and

40 (4) To direct or issue and enforce orders requiring that every  
41 human remains prior to disposition be clearly labeled with all  
42 available information to identify the decedent, which shall include  
43 the requirement that any human remains of a deceased person with  
44 a contagious disease shall have an external, clearly visible tag  
45 indicating that the human remains are infected and, if known, the  
46 contagious disease.

47 b. The person in charge of disposition of any human remains  
48 shall maintain a written or electronic record of each human remains  
49 and all available information to identify the decedent and the

1 circumstances of death and disposition. If human remains cannot  
2 be identified prior to disposition, a person authorized by the Chief  
3 State Medical Examiner shall, to the extent possible, take  
4 fingerprints and photographs of the human remains, obtain  
5 identifying dental information, and collect a DNA specimen, under  
6 protocols of the Chief State Medical Examiner consistent with  
7 safety as the public health emergency may dictate. All information  
8 gathered under this subsection shall be promptly forwarded to the  
9 Chief State Medical Examiner, who shall forward relevant  
10 information to the commissioner.

11 c. The commissioner and Chief State Medical Examiner shall  
12 coordinate with the appropriate law enforcement agencies in any  
13 case where human remains may constitute evidence in a criminal  
14 investigation.

15 (cf: P.L.2005, c.222, s.7)

16

17 34. Section 18 of P.L.2005, c.222 (C.26:13-18) is amended to  
18 read as follows:

19 18. During a state of public health emergency, the commissioner  
20 may exercise, for such period as the state of public health  
21 emergency exists, the following emergency powers regarding health  
22 care personnel:

23 a. To require in-State health care providers to assist in the  
24 performance of vaccination, treatment, examination or testing of  
25 any individual;

26 b. To appoint and prescribe the duties of such out-of-State  
27 emergency health care providers as may be reasonable and  
28 necessary to respond to the public health emergency, as provided in  
29 this subsection.

30 (1) The appointment of out-of-State emergency health care  
31 providers may be for such period of time as the commissioner  
32 deems appropriate, but shall not exceed the duration of the public  
33 health emergency. The commissioner may terminate the out-of-  
34 State appointments at any time or for any reason if the termination  
35 will not jeopardize the health, safety and welfare of the people of  
36 this State.

37 (2) The commissioner may waive any State licensing  
38 requirements, permits, fees, applicable orders, rules, and regulations  
39 concerning professional practice in this State by health care  
40 providers from other jurisdictions; and

41 c. To authorize the Chief State Medical Examiner, during the  
42 public health emergency, to appoint and prescribe the duties of  
43 county or intercounty medical examiners and assistant county or  
44 intercounty medical examiners, **[regional medical examiners,]**  
45 designated forensic pathologists, their assistants, out-of-State  
46 medical examiners, and others as may be required for the proper  
47 performance of the duties of the office.

48 (1) The appointment of persons pursuant to this subsection may  
49 be for a limited or unlimited time, but shall not exceed the duration

1 of the public health emergency. The Chief State Medical Examiner  
2 may terminate the out-of-State appointments at any time or for any  
3 reason.

4 (2) The Chief State Medical Examiner may waive any licensing  
5 requirements, permits or fees otherwise required for the  
6 performance of these duties, so long as the appointed emergency  
7 assistant medical examiner is competent to properly perform the  
8 duties of the office. In addition, if from another jurisdiction, the  
9 appointee shall possess the licensing, permit or fee requirement for  
10 medical examiners or assistant medical examiners in that  
11 jurisdiction.

12 d. (1) An in-State health care provider required to assist  
13 pursuant to subsection a. of this section and an out-of-State  
14 emergency health care provider appointed pursuant to subsection b.  
15 of this section shall not be liable for any civil damages as a result of  
16 the provider's acts or omissions in providing medical care or  
17 treatment related to the public health emergency in good faith and  
18 in accordance with the provisions of this act.

19 (2) An in-State health care provider required to assist pursuant  
20 to subsection a. of this section and an out-of-State emergency health  
21 care provider appointed pursuant to subsection b. of this section  
22 shall not be liable for any civil damages as a result of the provider's  
23 acts or omissions in undertaking public health preparedness  
24 activities, which activities shall include but not be limited to pre-  
25 event planning, drills and other public health preparedness efforts,  
26 in good faith and in accordance with the provisions of this act.

27 (cf: P.L.2005, c.222, s.18)

28

29 35. Section 29 of P.L.2005, c.222 (C.26:13-29) is amended to  
30 read as follows:

31 29. The powers granted in the act are in addition to, and not in  
32 derogation of, powers otherwise granted by law to the Chief State  
33 Medical Examiner.

34 (cf: P.L.2005, c.222, s.29)

35

36 36. N.J.S.40A:9-46 is amended to read as follows:

37 40A:9-46. In every county, the board of chosen freeholders shall  
38 appoint a county medical examiner, or join in the appointment of an  
39 intercounty medical examiner, in **【**the manner and for the term  
40 provided by law. He shall be a licensed physician, a resident of the  
41 county, of recognized ability and good standing in his community,  
42 with such training or experience as may be prescribed by standards  
43 promulgated**】** accordance with the provisions of P.L. \_\_\_\_\_,  
44 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill), who shall  
45 meet the qualifications for appointment as provided in that act and  
46 prescribed by regulation of the Chief State Medical Examiner **【**by  
47 rule or regulation**】**.

48 (cf: N.J.S.40A:9-46)

1 37. N.J.S.40A:9-47 is amended to read as follows:

2 40A:9-47. The county medical examiner of any county or an  
3 intercounty medical examiner may, subject to the approval of the  
4 board or boards of chosen freeholders, as applicable, appoint  
5 **[such]** one or more assistant county or intercounty medical  
6 examiners **[of the county, toxicologists, scientific experts, clerical**  
7 **assistants and other personnel as shall be deemed necessary and**  
8 **required, fix their compensation and prescribe their powers, duties**  
9 **and functions. The assistant medical examiners of the county shall**  
10 **have the same qualifications as the county medical examiner. The**  
11 **said personnel shall be under the direction and supervision of the**  
12 **county medical examiner]** to operate under their direction and  
13 supervision in accordance with the provisions of P.L. \_\_\_\_\_,  
14 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill), and as  
15 prescribed by regulation of the Chief State Medical Examiner.

16 (cf: N.J.S.40A:9-47)

17

18 38. N.J.S.40A:9-48 is amended to read as follows:

19 40A:9-48. If the county or intercounty medical examiner is  
20 unable to perform any duty imposed upon him as such medical  
21 examiner, by law, he may appoint a resident licensed physician to  
22 act for and in his behalf. The physician so appointed shall have all  
23 the powers of the county or intercounty medical examiner and shall  
24 receive compensation for his services to be paid by the county or  
25 counties, as applicable.

26 (cf: N.J.S.40A:9-48)

27

28 39. N.J.S.40A:9-49 is amended to read as follows:

29 40A:9-49. The county or intercounty medical examiner or  
30 assistant county or intercounty medical examiner, upon taking  
31 charge of unidentified or unclaimed dead bodies, shall make burial  
32 arrangements. If the decedent left an ascertainable estate able to  
33 pay for the burial, the cost thereof certified by the official in charge  
34 shall be payable out of such estate. If the decedent left no  
35 ascertainable estate able to pay for the burial, the cost of burial shall  
36 be borne:

37 a. if the decedent was an adult or emancipated child with  
38 surviving spouse, by the surviving spouse,

39 b. if the decedent was an unemancipated child with a surviving  
40 parent, by the surviving parent, or

41 c. if there is no surviving spouse or parent, as applicable, by  
42 the county.

43 (cf: P.L.1985, c.438, s.1)

44

45 40. N.J.S.40A:9-51 is amended to read as follows:

46 40A:9-51. The board of chosen freeholders of any county, by  
47 resolution, may designate not more than 6 places to be used as  
48 county public morgues and provide for their maintenance and  
49 operation. The said board may appoint the morgue keepers for

1 terms of 5 years from the date of their appointments. The morgue  
2 keepers shall be under the supervision and direction of the county  
3 or intercounty medical examiner.

4 (cf: N.J.S.40A:9-51)

5

6 41. N.J.S.40A:9-52 is amended to read as follows:

7 40A:9-52. The morgue keepers shall be required to provide  
8 suitable rooms for the holding of necessary examinations or  
9 autopsies. They shall dispose of the dead bodies as directed by the  
10 county or intercounty medical examiner. The said county or  
11 intercounty medical examiner shall grant burial certificates for the  
12 unknown or unclaimed dead only to the morgue keepers. The board  
13 of chosen freeholders shall fix and pay the fees and expenses  
14 incurred by the morgue keepers in the performance of their duties as  
15 such.

16 (cf: N.J.S.40A:9-52)

17

18 42. N.J.S.40A:9-54 is amended to read as follows:

19 40A:9-54. Unidentified or unclaimed dead bodies shall be  
20 viewed by the county or intercounty medical examiner or by the  
21 assistant county or intercounty medical examiner, or a regularly  
22 licensed and practicing physician deputized for that purpose by the  
23 county or intercounty medical examiner. Thereafter, the body shall  
24 be **【buried by the morgue keeper at the expense of the county】**  
25 treated in the manner prescribed in section 20 of P.L. \_\_\_\_\_,  
26 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill).

27 (cf: P.L.2002, c.121, s.3)

28

29 43. N.J.S.40A:9-55 is amended to read as follows:

30 40A:9-55. If any dead body in a morgue received as being  
31 unidentified shall thereafter be identified, the morgue keeper, upon  
32 the order of the county or intercounty medical examiner, shall  
33 deliver such body to any proper person willing to accept the  
34 responsibility therefor. Said person shall state the name and last  
35 known residence of the deceased and acknowledge receipt of the  
36 body by signing for it in a book to be kept by the morgue keeper for  
37 that purpose.

38 The morgue keeper shall make and keep a record of all bodies  
39 received and their disposition.

40 (cf: N.J.S.40A:9-55)

41

42 44. N.J.S.40A:9-56 is amended to read as follows:

43 40A:9-56. In any county where there is no morgue keeper, the  
44 procedure as to the disposition of unidentified or unclaimed dead  
45 bodies shall be as nearly similar as in counties having a morgue  
46 keeper, and the duties which would have been performed by the

1 morgue keeper, if there were one, shall be performed by the county  
2 or intercounty medical examiner or the assistant county or  
3 intercounty medical examiner.

4 (cf: P.L.2002, c.121, s.4)

5

6 45. N.J.S.40A:9-57 is amended to read as follows:

7 40A:9-57. Where in any municipality the police ascertain the  
8 finding or discovery of an unidentified dead body, the chief of  
9 police or other police officer on duty shall forthwith notify the  
10 county or intercounty medical examiner of such finding or  
11 discovery.

12 (cf: N.J.S.40A:9-57)

13

14 46. N.J.S.40A:9-58 is amended to read as follows:

15 40A:9-58. The county or intercounty medical examiner or the  
16 assistant county or intercounty medical examiner shall take charge  
17 of the personal property found on or pertaining to an unknown  
18 decedent~~].~~ ~~The said county medical examiner~~, and shall make an  
19 inventory of all such personal property and file a copy thereof with  
20 the clerk of the board of chosen freeholders. Within 20 days after  
21 the death, the said personal property with a copy of the inventory  
22 shall be delivered to the county treasurer. After 20 days following  
23 such delivery the county treasurer, in his discretion, may sell said  
24 property at public or private sale. If the proceeds of any such sale  
25 shall not be claimed by a personal representative of the decedent or  
26 person entitled thereto within 2 years after the sale, the said  
27 proceeds shall become the property of the county.

28 (cf: N.J.S.40A:9-58)

29

30 47. Section 2 of P.L.1974, c.55 (C.52:14-15.108) is amended to  
31 read as follows:

32 2. The salary ranges for the following positions shall be as  
33 established by the Civil Service Commission with the approval of  
34 the Director, Division of Budget and Accounting. The salary rate  
35 for any such position shall be the salary step in such range next  
36 above the salary currently being paid; provided, however, that any  
37 sums appropriated for salaries may be made available for salary  
38 adjustments therein arising from various exigencies of the State  
39 service and for normal merit salary increments as the Civil Service  
40 Commission, the State Treasurer and the Director of the Division of  
41 Budget and Accounting shall determine; and provided, further, that  
42 nothing in this act shall reduce the salary rate for any such position  
43 below that which is being paid on the effective date of this act:

44 Community Affairs Department

45 Assistant Commissioner of Community Affairs

46 Director, Division of State and Regional Planning

47 Director, Division of Local Government Services

48 Director, Division of Housing and Urban Renewal

49 Director, Office of Aging Programs

1 Director, Office on Women  
2 Environmental Protection Department  
3 Director, Division of Water Resources  
4 Director, Division of Parks and Forestry  
5 Director of Fish, Game and Shell Fisheries  
6 Director, Division of Marine Services  
7 Director, Division of Environmental Quality  
8 Health **and Senior Services** Department  
9 Director, Division of Narcotic and Drug Abuse Control  
10 Chief State Medical Examiner  
11 Corrections Department  
12 Chairman, State Parole Board  
13 Associate Member, State Parole Board  
14 Public Defender  
15 Labor and Workforce Development Department  
16 Director, Workplace Standards  
17 Law and Public Safety Department  
18 Colonel and Superintendent, State Police  
19 **State Medical Examiner**  
20 Director, Division of Alcoholic Beverage Control  
21 State Superintendent of Weights and Measures  
22 Public Utilities Department  
23 Director, Office of Cable Television  
24 Executive Director, Public Broadcasting  
25 State Department  
26 Transportation Department  
27 Assistant Commissioner for Highways  
28 Assistant Commissioner for Public Transportation  
29 Chief Administrator, New Jersey Motor Vehicle  
30 Commission  
31 Treasury Department  
32 Director, Division of Budget and Accounting  
33 Director, Division of Taxation  
34 Director, Division of Purchase and Property  
35 Director, Division of Pensions and Benefits  
36 Director, Division of State Lottery.

37 (cf: P.L.2008, c.29, s.107)

38

39 48. Section 8 of P.L.2007, c.279 (C.52:17B-219) is amended to  
40 read as follows:

41 8. a. After performing any death scene investigation, as deemed  
42 appropriate under the circumstances, the official with custody of the  
43 human remains shall ensure that the human remains are delivered to  
44 the appropriate county or intercounty medical examiner.

45 b. Any county or intercounty medical examiner with custody of  
46 human remains that are not identified within 24 hours of discovery  
47 shall promptly notify the Missing Persons Unit of the location of  
48 those remains.

1 c. If the county or intercounty medical examiner with custody  
2 of remains cannot determine whether or not the remains found are  
3 human, the medical examiner shall so notify the Missing Persons  
4 Unit.

5 (cf: P.L.2007, c.279, s.8)

6

7 49. Section 9 of P.L.2007, c.279 (C.52:17B-220) is amended to  
8 read as follows:

9 9. a. If the official with custody of the human remains is not a  
10 medical examiner, the official shall promptly transfer the  
11 unidentified remains to the appropriate county or intercounty  
12 medical examiner.

13 b. The county or intercounty medical examiner shall make  
14 reasonable attempts to promptly identify human remains. These  
15 actions may include, but are not limited to, obtaining:

- 16 (1) photographs of the human remains;
- 17 (2) dental or skeletal X-rays;
- 18 (3) photographs of items found with the human remains;
- 19 (4) fingerprints from the remains, if possible;
- 20 (5) samples of tissue suitable for DNA typing, if possible;
- 21 (6) samples of whole bone or hair suitable for DNA typing; and
- 22 (7) any other information that may support identification efforts.

23 c. No medical examiner or any other person shall dispose of, or  
24 engage in actions that will materially affect, the unidentified human  
25 remains before the county medical examiner obtains:

- 26 (1) samples suitable for DNA identification archiving;
- 27 (2) photographs of the unidentified human remains; and
- 28 (3) all other appropriate steps for identification have been  
29 exhausted.

30 d. Unidentified human remains shall not be cremated.

31 e. The county or intercounty medical examiner shall make  
32 reasonable efforts to obtain prompt DNA analysis of biological  
33 samples if the human remains have not been identified by other  
34 means within 30 days.

35 f. The medical examiner shall seek support from appropriate  
36 State and federal agencies to assist in the identification of  
37 unidentified human remains. Such assistance may include, but not  
38 be limited to, available mitochondrial or nuclear DNA testing,  
39 federal grants for DNA testing, or federal grants for crime  
40 laboratory or medical examiner office improvement.

41 g. The county or intercounty medical examiner shall seek  
42 support from appropriate federal and State agency representatives to  
43 have information promptly entered in federal and State databases by  
44 those representatives that can aid in the identification of a missing  
45 person. Information shall be entered into federal databases as  
46 follows:

- 47 (1) information for the National Crime Information Center  
48 within 24 hours;

1 (2) DNA profiles and information shall be entered into the  
2 National DNA Index System (NDIS) within five business days after  
3 the completion of the DNA analysis and procedures necessary for  
4 the entry of the DNA profile; and

5 (3) information sought by the Violent Criminal Apprehension  
6 Program database as soon as practicable.

7 h. Nothing in this act shall be construed to preclude any  
8 medical examiner office, the State Police, or any local law  
9 enforcement agency from other actions to facilitate the  
10 identification of unidentified human remains, including efforts to  
11 publicize information, descriptions, or photographs that may aid in  
12 the identification of the unidentified remains, including allowing  
13 family members to identify a missing person; provided that in  
14 taking these actions, all due consideration is given to protect the  
15 dignity and well-being of the missing person and the family of the  
16 missing person.

17 i. Agencies handling the remains of a missing person who is  
18 deceased shall notify the law enforcement agency handling the  
19 missing person's case. Documented efforts shall be made to locate  
20 family members of the deceased person to inform them of the death  
21 and location of the remains of their family member.

22 (cf: P.L.2007, c.279, s.9)

23

24 50. Section 3 of P.L.2003, c.225 (52:27D-43.17c) is amended to  
25 read as follows:

26 3. a. The board shall consist of 20 members as follows:

27 (1) the Commissioners of Community Affairs, Human Services,  
28 Children and Families, and Health **and Senior Services**, the  
29 Attorney General, the Public Defender, the Superintendent of the  
30 State Police, the Director of the Division of Child Protection and  
31 Permanency in the Department of Children and Families, the Chief  
32 State Medical Examiner, and the chairperson of the Child Fatality  
33 and Near Fatality Review Board, or their designees, who shall serve  
34 ex officio;

35 (2) eight public members appointed by the Governor who shall  
36 include a representative of the County Prosecutors Association of  
37 New Jersey with expertise in prosecuting domestic violence cases, a  
38 representative of the New Jersey Coalition for Battered Women, a  
39 representative of a program for battered women that provides  
40 intervention services to perpetrators of acts of domestic violence, a  
41 representative of the law enforcement community with expertise in  
42 the area of domestic violence, a psychologist with expertise in the  
43 area of domestic violence or other related fields, a licensed social  
44 worker with expertise in the area of domestic violence, a licensed  
45 health care professional knowledgeable in the screening and  
46 identification of domestic violence cases and a county probation  
47 officer; and

48 (3) two retired judges appointed by the Administrative Director  
49 of the Administrative Office of the Courts, one with expertise in

1 family law and one with expertise in municipal law as it relates to  
2 domestic violence.

3 b. The public members of the board shall serve for three-year  
4 terms, except that of the public members first appointed, four shall  
5 serve for a period of one year, three shall serve for a period of two  
6 years and two shall serve for a period of three years. The members  
7 shall serve without compensation, but shall be eligible for  
8 reimbursement for necessary and reasonable expenses incurred in  
9 the performance of their official duties and within the limits of  
10 funds appropriated for this purpose. Vacancies in the membership  
11 of the board shall be filled in the same manner as the original  
12 appointments were made.

13 c. The board shall select a chairperson from among its  
14 members who shall be responsible for the coordination of all  
15 activities of the board.

16 d. The board is entitled to call to its assistance and avail itself  
17 of the services of employees of any State, county, or municipal  
18 department, board, bureau, commission, or agency as it may require  
19 and as may be available for the purposes of reviewing a case  
20 pursuant to the provisions of P.L.2003, c.225 (C.52:27D-43.17a et  
21 seq.).

22 e. The board may seek the advice of experts, such as persons  
23 specializing in the fields of psychiatric and forensic medicine,  
24 nursing, psychology, social work, education, law enforcement,  
25 family law, academia, military affairs, or other related fields, if the  
26 facts of a case warrant additional expertise.

27 (cf: P.L.2012, c.16, s.150)

28

29 51. Section 8 of P.L.2001, c.246 (C.App.A:9-71) is amended to  
30 read as follows:

31 8. a. There is established in the Department of Law and Public  
32 Safety the Domestic Security Preparedness Planning Group, which  
33 shall assist the task force in performing its duties under this act. In  
34 cooperation with the task force, the planning group shall develop  
35 and provide to the task force, for consideration, a coordinated plan  
36 to be included in the State Emergency Operations Plan to prepare  
37 for, respond to, mitigate and recover from incidents of terrorism.

38 b. The members of the planning group shall include the  
39 Director of the New Jersey Office of Emergency Management, the  
40 Adjutant General of Military and Veterans' Affairs or his designee,  
41 the Commissioner of Agriculture or his designee, the Commissioner  
42 of Community Affairs or his designee, the Commissioner of  
43 Corrections or his designee, the Commissioner of Environmental  
44 Protection or his designee, the Commissioner of Health **and Senior**  
45 **Services** or his designee, the Commissioner of Human Services, or  
46 his designee, the Commissioner of Transportation or his designee,  
47 the Executive Director of the New Jersey Transit Corporation or his  
48 designee, the State Treasurer or his designee, the **[New Jersey]**  
49 **Chief State Medical Examiner** or his designee, the President of the

1 Board of Public Utilities or his designee, a representative of the  
2 New Jersey County Emergency Management Coordinators  
3 Association, a representative of the New Jersey State Fire Chiefs  
4 Association, and a representative of the New Jersey State Police  
5 Chiefs Association. The planning group may include, to the extent  
6 such individuals may be made available for such purpose, a  
7 representative of the Federal Emergency Management Agency, a  
8 representative of the Federal Bureau of Investigation, a  
9 representative of the American Red Cross, and a representative of  
10 such other charitable groups as may be appropriate. The chairperson  
11 of the task force shall appoint the chair and vice chair of the  
12 planning group.  
13 (cf: P.L.2012, c.45, s.137)  
14

15 52. The following are repealed:  
16 N.J.S.40A:9-50;  
17 P.L.1967, c.234 (C.52:17B-78 et seq.);  
18 Sections 2 and 3 of P.L.1972, c.13 (C.52:17B-79.1 et seq.);  
19 P.L.1983, c.535 (C.52:17B-88.1 et seq.);  
20 P.L.1993, c.276 (C.52:17B-88.7 et seq.);  
21 Section 2 of P.L.2000, c.24 (C.52:17B-88.10);  
22 Section 2 of P.L.2005, c.227 (C.52:17B-88.11); and  
23 P.L.2009, c.151 (C.52:17B-88a).  
24

25 53. This act shall take effect on the first day of the second month  
26 next following the date of enactment.  
27  
28

#### 29 STATEMENT

30  
31 This bill, designated as the “Revised State Medical Examiner  
32 Act,” repeals the “State Medical Examiner Act” P.L.1967,  
33 c.234 (N.J.S.A.52:17B-78 et seq.), and establishes the Office of the  
34 Chief State Medical Examiner in, but not of, the Department of  
35 Health to replace the Office of the State Medical Examiner in the  
36 Department of Law and Public Safety.

37 *Office of the Chief State Medical Examiner.* The bill establishes  
38 the Office of the Chief State Medical Examiner in the Executive  
39 Branch of State Government and allocates the office, in but not of,  
40 the Department of Health. The bill specifies that the office is to be  
41 independent of any supervision or control by the department or by  
42 any board or officer of the department.

43 The bill abolishes the existing Office of the State Medical  
44 Examiner in the Department of Law and Public Safety and transfers  
45 all of its functions, powers, and duties to the newly established  
46 Office of the Chief State Medical Examiner. The bill specifies that  
47 this transfer will be conducted in accordance with all applicable  
48 State laws governing the transfer of State agencies.

1 The bill provides that the Office of the Chief State Medical  
2 Examiner is under the direct the supervision of a Chief State  
3 Medical Examiner, who (as with the current State Medical  
4 Examiner) is required to be a State-licensed physician and a  
5 qualified forensic pathologist. The bill specifies that the Chief State  
6 Medical Examiner will be appointed by the Governor, with the  
7 advice and consent of the Senate, for a term of five years, and may  
8 be removed from office by the Governor for certain enumerated  
9 causes.

10 The bill provides that the Chief State Medical Examiner is to  
11 report directly to the Commissioner of Health and is to function  
12 independently within the Department of Health with respect to the  
13 medical examiner system and the conducting of medicolegal death  
14 investigations.

15 The bill provides that the Chief State Medical Examiner is  
16 responsible for ensuring that the entire medical examiner system is  
17 adequately equipped and staffed to deliver medicolegal death  
18 investigation services throughout the State, including the  
19 establishment of advisory standards of funding for staff, equipment,  
20 and facilities for all medical examiner offices.

21 The bill empowers the Chief State Medical examiner to: appoint  
22 persons to the position of Deputy Chief State Medical Examiner and  
23 to appoint and to prescribe the duties of such other employees as  
24 may be necessary; provide advice to the governing body of a county  
25 or counties concerning the appointment of county or intercounty  
26 medical examiners; establish minimum training and experiential  
27 requirements of eligibility for those persons appointed as Deputy  
28 Chief State Medical Examiner or as a county or intercounty medical  
29 examiner or assistant county or intercounty medical examiner;  
30 retain supervisory power over personnel employed by the Office of  
31 the Chief State Medical Examiner; provide direct supervision and  
32 oversight of any county or intercounty medical examiner facility  
33 that the Chief State Medical Examiner reasonably determines is  
34 experiencing problems that preclude its effective functioning; and  
35 provide professional oversight concerning the operations of the  
36 county and intercounty medical examiner offices as they relate  
37 specifically to the conduct of medicolegal death investigations and  
38 the performance of autopsies.

39 The bill requires the Chief State Medical Examiner to adopt  
40 certain rules and regulations. Under the bill, these rules and  
41 regulations include the establishment of uniform procedures for  
42 conducting medicolegal death investigations, and minimum  
43 performance and operating standards for, and standards of  
44 professional conduct for personnel of, the Office of the Chief State  
45 Medical Examiner and the office of each county or intercounty  
46 medical examiner.

47 The bill provides the Chief State Medical Examiner with direct  
48 supervision and oversight authority over any medical examiner  
49 facility operating under State jurisdiction.

1 The bill authorizes the Chief State Medical Examiner to  
2 intervene in, and to assume control over, any ongoing medicolegal  
3 death investigation in the State, regardless of whether the Chief  
4 State Medical Examiner has received permission from, or a request  
5 for intervention by, a county or an intercounty medical examiner  
6 performing the investigation.

7 *County / Intercounty Medical Examiner Offices.* The bill  
8 requires each county to establish and maintain an office of the  
9 county medical examiner, and permits the governing bodies of two  
10 or more counties to jointly establish and maintain an intercounty  
11 medical examiner office. The bill requires two or more counties  
12 seeking to jointly maintain an intercounty medical examiner office  
13 on a cooperative or regional basis to seek the advice of the Chief  
14 State Medical Examiner concerning such an arrangement before  
15 establishing and maintaining a joint office.

16 The bill provides that each county or intercounty medical  
17 examiner office will continue to be directed by a county or  
18 intercounty medical examiner, who (as with current county medical  
19 examiners) will be appointed by the governing body of the county  
20 or counties for a term of five years. The bill specifies that in  
21 appointing persons to the position of county or intercounty medical  
22 examiner, the governing body of a county or counties must seek the  
23 advice of the Chief State Medical Examiner regarding the  
24 appointment.

25 The bill provides that the Chief State Medical Examiner may  
26 remove a county or intercounty medical examiner from office for  
27 certain enumerated causes, in consultation with the governing body  
28 of the county or counties that appointed the county or intercounty  
29 medical examiner.

30 The bill requires the governing body of a county or counties that  
31 appointed a county or intercounty medical examiner to consult the  
32 advisory funding standards adopted by the Chief State Medical  
33 Examiner when establishing county budgets for medical examiner  
34 services. The bill specifies that the budgets for and spending by  
35 each county and intercounty medical examiner office are to be made  
36 available for review by the Chief State Medical Examiner, are  
37 required to be published and made available to the public as part of  
38 the county budget, and are required to detail certain costs associated  
39 with the operation of the office.

40 *Medicolegal Investigations of a Death.* The bill enumerates  
41 certain instances in which a medical examiner is required to  
42 conduct a medicolegal investigation of a death in this State. These  
43 instances include:

- 44 -- death where criminal violence appears to have taken place;
- 45 -- death by accident or unintentional injury;
- 46 -- death under suspicious or unusual circumstances;
- 47 -- death from causes that might constitute a threat to public  
48 health and safety;

- 1 -- death not caused by readily recognizable diseases, disability,  
2 or infirmity;  
3 -- sudden death when the decedent was in apparent good health;  
4 -- suicide;  
5 -- death of a child under 18 years of age from any cause;  
6 -- sudden or unexpected death of an infant or child under three  
7 years of age or a fetal death occurring without medical attendance;  
8 -- death due to criminal abortion;  
9 -- death where suspicion of abuse of a child, family or household  
10 member, or elderly or disabled person exists;  
11 -- death within 24 hours of admission to a hospital or a nursing  
12 home;  
13 -- death in custody, in a jail or correctional facility, or in a State  
14 or county psychiatric hospital, State developmental center, or other  
15 public or private institution or facility for persons with mental  
16 illness, developmental disabilities, or brain injury;  
17 -- death related to occupational illness or injury;  
18 -- death due to thermal, chemical, electrical, or radiation injury;  
19 -- death due to toxins, poisons, medicinal or recreational drugs,  
20 or a combination thereof;  
21 -- known or suspected non-natural death;  
22 -- any person found dead under unexplained circumstances;  
23 -- the discovery of skeletal remains; or  
24 -- a death occurring under such other circumstances as may be  
25 prescribed by regulation of the Chief State Medical Examiner.
- 26 *Medical Examiner Review Team.* The bill establishes a Medical  
27 Examiner Review Team. The bill specifies that this team is  
28 responsible for reviewing and issuing recommendations regarding:  
29 disputed medicolegal death investigation findings that are the  
30 subject of a dispute between the Chief State Medical Examiner and  
31 any county or intercounty medical examiner; and any removal of  
32 the Chief State Medical Examiner or any county or intercounty  
33 medical examiner.
- 34 The bill specifies that the team is comprised of seven members,  
35 including: the Commissioner of Health, the Commissioner of  
36 Human Services, the Attorney General, and the Chief State Medical  
37 Examiner, or their designees, who shall serve ex officio, and three  
38 public members appointed by the Governor.
- 39 The bill specifies that the team must meet at least once annually  
40 and must meet within 45 days after receiving a report of a dispute  
41 or notification of a removal from office. The bill specifies that  
42 team members will not receive compensation, but will be  
43 reimbursed for expenses incurred, within the limits of funds  
44 appropriated or otherwise made available to the team for its  
45 purposes.
- 46 *Issuance of an Annual Report.* The bill requires the Office of the  
47 Chief State Medical Examiner, in conjunction with the Medical  
48 Examiner Review Team, to issue an annual report and to make that  
49 report available to the public.

1       The bill specifies that the annual report must, at a minimum,  
2 contain the following: the budget and expenditures for each  
3 medical examiner office in this State; the total number of cases  
4 received, reviewed, accepted, and investigated by each medical  
5 examiner office; statistics of determined causes of death; and an  
6 evaluation of the performance of each medical examiner office and  
7 the medical examiner system.

8       *New Jersey State Medical Examiner Toxicology Laboratory.*  
9 The bill requires the Office of the Chief State Medical Examiner to  
10 maintain and supervise a State toxicology laboratory. The bill  
11 specifies that the laboratory will provide necessary toxicology  
12 services to the Chief State Medical Examiner, Deputy Chief State  
13 Medical Examiner, each county or intercounty medical examiner,  
14 and each assistant county or assistant intercounty medical examiner  
15 in the performance of medicolegal death investigations in this State.

16       The bill specifies that the Chief State Medical Examiner, Deputy  
17 Chief State Medical Examiner, county or intercounty medical  
18 examiner, and assistant county or assistant intercounty medical  
19 examiner requiring the services of a toxicology laboratory must  
20 enlist the services of the State laboratory unless the Chief State  
21 Medical Examiner provides permission for use of another. The bill  
22 requires the Chief State Medical Examiner to adopt rules and  
23 regulations for the operations and use of the State laboratory.

24       *Appeal Process for Persons in Interest.* The bill establishes an  
25 appeal process for a “person in interest” (as defined by the bill) to  
26 request a correction of a medical examiner’s findings and  
27 conclusions on the cause and manner of death recorded on a death  
28 certificate. The bill specifies that such a request cannot be made in  
29 a case in which there is a finding of a homicide, and specifies that  
30 those requests that are made must be initiated by the person in  
31 interest within 60 days after the Chief State Medical Examiner,  
32 Deputy Chief State Medical Examiner, county or intercounty  
33 medical examiner, or assistant county or assistant intercounty  
34 medical examiner files the findings and conclusions on the cause  
35 and manner of death recorded on a death certificate.

36       *Repeals and Recodifications.* The bill repeals certain statutes and  
37 repeals and recodifies the provisions of certain others. In particular,  
38 the bill repeals the following statutes, which are obviated by its  
39 provisions:

40       -- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the “State  
41 Medical Examiner Act,” concerning the establishment and  
42 operation of the Office of the State Medical Examiner; and

43       -- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et  
44 seq.), concerning a prior transfer of power, duties, and functions of  
45 the State Medical Examiner within the Department of Law and  
46 Public Safety.

47       The bill repeals the following statutes and recodifies their  
48 provisions in Title 26 of the Revised Statutes:

49       -- N.J.S.40A:9-50, concerning the disinterment of dead bodies;

- 1       -- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the  
2 performance of a dissection or autopsy by a medical examiner;  
3       -- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning  
4 organ and tissue analysis and transplantation from a donor whose  
5 death is under investigation;  
6       -- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10),  
7 concerning standardized protocols for sudden child death autopsies;  
8       -- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11),  
9 concerning the participation of medical examiners in research  
10 activities with respect to children three years of age and younger;  
11 and  
12       -- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification  
13 to medical examiners of deaths occurring in certain facilities.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 1709

with committee amendments

# STATE OF NEW JERSEY

DATED: APRIL 5, 2018

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 1709.

As amended by the committee, this bill, designated as the “Revised State Medical Examiner Act,” repeals the “State Medical Examiner Act” P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), and establishes the Office of the Chief State Medical Examiner in, but not of, the Department of Health to replace the Office of the State Medical Examiner in the Department of Law and Public Safety.

*Office of the Chief State Medical Examiner.* The bill establishes the Office of the Chief State Medical Examiner in the Executive Branch of State Government and allocates the office, in but not of, the Department of Health. The bill specifies that the office is to be independent of any supervision or control by the department or by any board or officer of the department.

The bill abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all of its functions, powers, and duties to the newly established Office of the Chief State Medical Examiner. The bill specifies that this transfer will be conducted in accordance with all applicable State laws governing the transfer of State agencies.

The bill provides that the Office of the Chief State Medical Examiner is under the direct the supervision of a Chief State Medical Examiner, who (as with the current State Medical Examiner) is required to be a State-licensed physician and a qualified forensic pathologist. The bill specifies that the Chief State Medical Examiner will be appointed by the Governor, with the advice and consent of the Senate, for a term of five years, and may be removed from office by the Governor for certain enumerated causes.

The bill provides that the Chief State Medical Examiner is to report directly to the Commissioner of Health and is to function independently within the Department of Health with respect to the medical examiner system and the conducting of medicolegal death investigations.

The bill provides that the Chief State Medical Examiner is responsible for ensuring that the entire medical examiner system is adequately equipped and staffed to deliver medicolegal death

investigation services throughout the State, including the establishment of recommended standards of funding for staff, equipment, and facilities for all medical examiner offices.

The bill empowers the Chief State Medical examiner to: appoint persons to the position of Deputy Chief State Medical Examiner and to appoint and to prescribe the duties of such other employees as may be necessary; provide advice to the governing body of a county or counties concerning the appointment of county or intercounty medical examiners; establish minimum training and experiential requirements of eligibility for those persons appointed as Deputy Chief State Medical Examiner or as a county or intercounty medical examiner or assistant county or intercounty medical examiner; retain supervisory power over personnel employed by the Office of the Chief State Medical Examiner; provide direct supervision and oversight, in most cases, of a county or intercounty medical examiner facility that the Chief State Medical Examiner reasonably determines is experiencing problems that preclude its effective functioning; require county and intercounty medical examiners to timely enter case information into the State's Case Management System, and to complete any training offered on the proper use of the system; establish a forensic pathology fellowship program; and provide professional oversight concerning the operations of the county and intercounty medical examiner offices as they relate specifically to the conduct of medicolegal death investigations and the performance of autopsies.

The bill requires the Chief State Medical Examiner to adopt certain rules and regulations. Under the bill, these rules and regulations include the establishment of uniform procedures for conducting medicolegal death investigations, and minimum performance and operating standards for, and standards of professional conduct for personnel of, the Office of the Chief State Medical Examiner and the office of each county or intercounty medical examiner.

The bill provides the Chief State Medical Examiner with direct supervision and oversight authority over any medical examiner facility operating under State jurisdiction.

The bill authorizes the Chief State Medical Examiner to intervene in, and to assume control over, any ongoing medicolegal death investigation in the State, regardless of whether the Chief State Medical Examiner has received permission from, or a request for intervention by, a county or an intercounty medical examiner performing the investigation.

The bill further authorizes the Chief State Medical Examiner to enter into agreements with various entities to share facilities and equipment, and to make assistant medical examiners available to educational institutions for the teaching of legal medicine and other closely related subjects.

*County / Intercounty Medical Examiner Offices.* The bill requires each county to establish and maintain an office of the county medical

examiner, and permits the governing bodies of two or more counties to jointly establish and maintain an intercounty medical examiner office. The bill requires two or more counties seeking to jointly maintain an intercounty medical examiner office on a cooperative or regional basis to seek the advice of the Chief State Medical Examiner concerning such an arrangement before establishing and maintaining a joint office.

The bill provides that each county or intercounty medical examiner office will continue to be directed by a county or intercounty medical examiner, who (as with current county medical examiners) will be appointed by the governing body of the county or counties for a term of five years. The bill specifies that in appointing persons to the position of county or intercounty medical examiner, the governing body of a county or counties must seek the advice of the Chief State Medical Examiner regarding the appointment. The bill requires that each county or intercounty medical examiners' office is to have at least one licensed physician on staff who is certified in forensic pathology.

The bill provides that the Chief State Medical Examiner may remove a county or intercounty medical examiner from office for certain enumerated causes, in consultation with the governing body of the county or counties that appointed the county or intercounty medical examiner.

The bill requires the governing body of a county or counties that appointed a county or intercounty medical examiner to consult the recommended funding standards adopted by the Chief State Medical Examiner when establishing county budgets for medical examiner services. The bill specifies that the budgets for and spending by each county and intercounty medical examiner office are to be made available for review by the Chief State Medical Examiner, are required to be published and made available to the public as part of the county budget, and are required to detail certain costs associated with the operation of the office.

*Medicolegal Investigations of a Death.* The bill enumerates certain instances in which a medical examiner is required to conduct a medicolegal investigation of a death in this State. The investigation may be performed by a medical examiner, or by a certified medicolegal death investigator. The instances in which an investigation must be conducted include:

- death where criminal violence appears to have taken place;
- death by accident or unintentional injury;
- death under suspicious or unusual circumstances;
- death from causes that might constitute a threat to public health or safety;
- death not caused by readily recognizable diseases, disability, or infirmity;
- sudden death when the decedent was in apparent good health;
- suicide;

- death of a child under 18 years of age from any cause;
- sudden or unexpected death of an infant or child under three years of age or a fetal death occurring without medical attendance;
- death due to criminal abortion;
- death where suspicion of abuse of a child, family or household member, or elderly or disabled person exists;
- death within 24 hours of admission to a hospital or a nursing home;
- death in custody, in a jail or correctional facility, or in a State or county psychiatric hospital, State developmental center, or other public or private institution or facility for persons with mental illness, developmental disabilities, or brain injury;
- death related to occupational illness or injury;
- death due to thermal, chemical, electrical, or radiation injury;
- death due to toxins, poisons, medicinal or recreational drugs, or a combination thereof;
- known or suspected non-natural death;
- any person found dead under unexplained circumstances;
- the discovery of skeletal remains;
- death for which investigation is in the public interest; or
- a death occurring under such other circumstances as may be prescribed by regulation of the Chief State Medical Examiner.

*Medical Examiner Review Team.* The bill establishes a Medical Examiner Review Team. The bill specifies that this team is responsible for reviewing and issuing recommendations regarding: disputed medicolegal death investigation findings that are the subject of a dispute between the Chief State Medical Examiner and any county or intercounty medical examiner; and any removal of the Chief State Medical Examiner or any county or intercounty medical examiner.

The bill specifies that the team is comprised of nine members, including: the Commissioner of Health, the Commissioner of Human Services, the Attorney General, and the Chief State Medical Examiner, or their designees, who shall serve *ex officio*; a board certified pathologist; the Chair of Pathology from a medical school in the State; and three public members appointed by the Governor.

The bill specifies that the team must meet at least once annually and must meet within 45 days after receiving a report of a dispute or notification of a removal from office. The bill specifies that team members will not receive compensation, but will be reimbursed for expenses incurred, within the limits of funds appropriated or otherwise made available to the team for its purposes.

*Issuance of an Annual Report.* The bill requires the Office of the Chief State Medical Examiner, in conjunction with the Medical Examiner Review Team, to issue an annual report and to make that report available to the public.

The bill specifies that the annual report must, at a minimum, contain the following: the budget and expenditures for each medical

examiner office in this State; the total number of cases received, reviewed, accepted, and investigated by each medical examiner office; statistics of determined causes of death; and an evaluation of the performance of each medical examiner office and the medical examiner system.

*Sudden Child Death Autopsy Protocol Committee.* The bill requires the development of standardized protocols for autopsies performed in those cases in which the suspected cause of death is sudden infant death syndrome, and in which the death of a child under the age of three is sudden and unexpected. The bill establishes a Sudden Child Death Autopsy Protocol Committee, and provides certain guidance on the development of the protocol.

*Research Oversight Committee.* The bill requires the Chief State Medical Examiner to establish a Research Oversight Committee to assist in developing and reviewing research protocols to yield new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome, and sudden, unexpected death in epilepsy (SUDEP). It further requires the Chief State Medical Examiner to develop awareness programs to educate medical examiners about various causes of death.

*New Jersey State Medical Examiner Toxicology Laboratory.* The bill requires the Office of the Chief State Medical Examiner to maintain and supervise a State toxicology laboratory. The bill specifies that the laboratory will provide necessary toxicology services to the Chief State Medical Examiner, Deputy Chief State Medical Examiner, each county or intercounty medical examiner, and each assistant county or assistant intercounty medical examiner in the performance of medicolegal death investigations in this State.

The bill specifies that the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, and assistant county or assistant intercounty medical examiner requiring the services of a toxicology laboratory must enlist the services of the State laboratory unless the Chief State Medical Examiner provides permission for use of another. The bill requires the Chief State Medical Examiner to adopt rules and regulations for the operations and use of the State laboratory.

*Appeal Process for Persons in Interest.* The bill establishes an appeal process for a “person in interest” (as defined by the bill) to request a correction of a medical examiner’s findings and conclusions on the cause and manner of death recorded on a death certificate. The bill specifies that such a request cannot be made in a case in which there is a finding of a homicide, and specifies that those requests that are made must be initiated by the person in interest within 60 days after the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, or assistant county or assistant intercounty medical examiner files the findings and

conclusions on the cause and manner of death recorded on a death certificate.

*Immunity Provisions.* The bill specifies that the Chief State Medical Examiner, a Deputy Chief State Medical Examiner, an Assistant Medical Examiner, their employees, the members of any committees established pursuant to the bill, and any other persons who are authorized to undertake actions pursuant to the bill, will be immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith, in accordance with the bill's provisions.

*Repeals and Recodifications.* The bill repeals certain statutes and repeals and recodifies the provisions of certain others. In particular, the bill repeals the following statutes, which are obviated by its provisions:

-- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the "State Medical Examiner Act," concerning the establishment and operation of the Office of the State Medical Examiner; and

-- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et seq.), concerning a prior transfer of power, duties, and functions of the State Medical Examiner within the Department of Law and Public Safety.

The bill repeals the following statutes and recodifies their provisions in Title 26 of the Revised Statutes:

-- N.J.S.40A:9-50, concerning the disinterment of dead bodies;

-- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the performance of a dissection or autopsy by a medical examiner;

-- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning organ and tissue analysis and transplantation from a donor whose death is under investigation;

-- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10), concerning standardized protocols for sudden child death autopsies;

-- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11), concerning the participation of medical examiners in research activities with respect to children three years of age and younger;

-- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification to medical examiners of deaths occurring in certain facilities; and

-- P.L.2013, c.91 (N.J.S.A.52:17B-88.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

This bill was pre-filed for introduction in the 2018-2019 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

As reported by the committee, Assembly Bill No. 1709 is identical to Senate Bill No. 976 (2R), which was also reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments add a definition of “medicolegal death investigator,” and authorize medicolegal death investigators to respond to the scene of a death for investigation purposes.

The committee amendments clarify that the Chief State Medical Examiner is to issue recommended, as opposed to advisory, standards for staff, equipment, and facilities.

The committee amendments provide that existing contracts between the Office of the Attorney General and the Northern or Southern Regional Offices of the State Medical Examiner are to be transferred to the Office of the Chief State Medical Examiner in the Department of Health, and continued as if that office was the original party to the contract.

The committee amendments add references to “osteopathic medical school or college” in every place where the bill references “medical school or college,” and add references to the “American Osteopathic Board of Pathology” in every place where the bill references the “American Board of Pathology.”

The committee amendments clarify that the Chief State Medical Examiner may not take over direct supervision and oversight of a county or intercounty medical examiner facility in the event of subpar performance, if that facility is accredited by the National Association of Medical Examiners (NAME).

The committee amendments provide for county and intercounty medical examiners to timely input data into the State’s Case Management System, and complete associated training.

The committee amendments require the Chief State Medical Examiner to establish a forensic pathology fellowship program.

The committee amendments permit the Chief State Medical Examiner to enter into agreements with certain other entities and teach at certain educational institutions.

The committee amendments make certain requirements of the county, if the State assumes the duties of the county or intercounty medical examiners.

The committee amendments add “a death for which investigation is in the public interest” to the instances in which a medical examiner is required to conduct a medicolegal investigations.

The committee amendments clarify that a person who willfully touches, removes, or disturbs the body or clothing of a decedent is, consistent with current law, guilty of a crime of the fourth degree.

The committee amendments require that the individual investigating the death is provided with an Originating Agency Identification Number and access to the State’s motor vehicle registries and fingerprint registries.

The committee amendments require the Chief State Medical Examiner to provide the legal representative or person in control of the funeral, upon request, with all available documentation related to the

decedent's autopsy and the medical investigation of the decedent's death.

The committee amendments remove "other law enforcement official" from the list of individuals who may deem an autopsy necessary after a preliminary death investigation is performed.

The committee amendments remove the section of the bill that specifically establishes requirements and protocols for sudden, unexpected death in epilepsy (SUDEP); and replace it with a section that establishes a Research Oversight Committee to assist in developing and reviewing and expanding awareness to identify actual causes of death in cases of SUDEP, as well as in other various cases of death.

The committee amendments add two more members to the Medical Examiner Review Team, including the Chair of the Department of Pathology from one of the medical schools or colleges or osteopathic medical schools or colleges in New Jersey, to be appointed by the Governor; and one public member, to be appointed by the Governor, who is to be certified in forensic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

The committee amendments remove the section of the bill that concerned the disposition of unclaimed remains.

The committee amendments provide that toxicology laboratories, other than the State Toxicology Laboratory, may be used for a medical examiner's purposes, provided that such labs meet national accreditation standards.

The committee amendments provide that the Chief State Medical Examiner, a Deputy Chief State Medical Examiner, an Assistant Medical Examiner, their employees, the members of any committees established pursuant to this bill, and any other persons who are authorized to undertake actions pursuant to this bill will be immune from criminal or civil liability, and from professional disciplinary action, for actions or omissions undertaken, in good faith, in accordance with the bill's provisions.

The committee amendments repeal P.L.2013, c.91 (N.J.S.A.52:17B-88.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

The committee amendments incorporate certain statutory updates to the amendatory sections of the bill.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 1709**

# **STATE OF NEW JERSEY**

DATED: APRIL 5, 2018

The Assembly Appropriations Committee reports favorably Assembly Bill No. 1709 (1R).

This bill, designated as the “Revised State Medical Examiner Act,” repeals the “State Medical Examiner Act,” N.J.S.A.52:17B-78 et seq., and establishes the Office of the Chief State Medical Examiner in, but not of, the Department of Health, to replace the Office of the State Medical Examiner in the Department of Law and Public Safety.

*Office of the Chief State Medical Examiner.* The bill establishes the Office of the Chief State Medical Examiner, in but not of, the Department of Health; the office is independent of any supervision or control by the department. The bill abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all functions, powers, and duties to the newly established Office of the Chief State Medical Examiner.

The Office of the Chief State Medical Examiner is under the direct supervision of a Chief State Medical Examiner (“CSME”), who (as with the current State Medical Examiner) is required to be a State-licensed physician and a qualified forensic pathologist. The CSME is appointed by the Governor, with the advice and consent of the Senate, for a term of five years, and may be removed from office by the Governor for certain enumerated causes.

The CSME reports to the Commissioner of Health and functions independently within the Department of Health with respect to the medical examiner system and the conducting of medicolegal death investigations. Any existing contracts with the Northern or Southern Regional Offices of the State Medical Examiner are to be transferred to the Office of the CSME and continued as if that office was the original party to the contract.

The CSME is responsible for ensuring that the entire medical examiner system is adequately equipped and staffed to deliver medicolegal death investigation services throughout the State, including setting recommended standards of funding for staff, equipment, and facilities in medical examiner offices.

The CSME has direct supervision and oversight authority over any medical examiner facility operating under State jurisdiction. The CSME may intervene in, and assume control over, a medicolegal death

investigation in the State, regardless of whether the CSME has received permission from, or a request for intervention by, a county or an intercounty medical examiner performing the investigation.

The CSME is empowered to: appoint the Deputy CSME and to appoint and prescribe the duties of other employees; provide advice to the governing body of a county concerning the appointment of county or intercounty medical examiners; establish minimum training and experiential requirements of eligibility for the Deputy CSME or a county or intercounty medical examiner or assistant county or intercounty medical examiner; retain supervisory power over personnel employed by the Office of the CSME; provide direct supervision and oversight, in certain cases, of a county or intercounty medical examiner facility that the CSME reasonably determines is experiencing problems that preclude its effective functioning; require county and intercounty medical examiners to timely enter case information into the State's Case Management System; establish a forensic pathology fellowship program; and provide professional oversight concerning the operations of county and intercounty medical examiner offices related specifically to the conduct of medicolegal death investigations and autopsies.

The CSME must adopt certain rules and regulations, including but not limited to the establishment of uniform procedures for conducting medicolegal death investigations, and minimum performance and operating standards for the Office of the CSME and the office of each county or intercounty medical examiner.

*County / Intercounty Medical Examiner Offices.* The bill requires each county to maintain an office of the county medical examiner, and permits the governing bodies of two or more counties to jointly establish and maintain an intercounty medical examiner office. However, the counties must first seek the advice of the CSME prior to establishing an intercounty office.

Each county or intercounty medical examiner office will continue to be directed by a county or intercounty medical examiner, who (as with current county medical examiners) will be appointed by the governing body of the county or counties for a term of five years. In appointing persons to the position of county or intercounty medical examiner, the governing body of a county must seek the advice of the CSME regarding the appointment. Each county or intercounty medical examiners' office must have at least one licensed physician on staff who is certified in forensic pathology.

The CSME may remove a county or intercounty medical examiner from office for certain enumerated causes, in consultation with the governing body of the county or counties that appointed the county or intercounty medical examiner.

The governing body of a county or counties that appointed a county or intercounty medical examiner must consult the recommended funding standards adopted by the CSME when

establishing county budgets for medical examiner services. The budgets for and spending by each county and intercounty medical examiner office are to be made available for review by the CSME, must be published and made available to the public as part of the county budget, and must detail certain costs associated with the operation of the office.

*Medicolegal Investigations of a Death.* The bill enumerates certain instances in which a medical examiner must conduct a medicolegal investigation: death involving criminal violence; death by accident or injury; death under suspicious or unusual circumstances; death related to public health or safety; death not caused by readily recognizable diseases or disability; sudden death when the decedent was in apparent good health; suicide; death of a child under 18 years of age; sudden or unexpected death of an infant or child under three years of age or a fetal death occurring without medical attendance; criminal abortion; death where suspicion of abuse of a child, family, or household member, or elderly or disabled person, exists; death within 24 hours of admission to a hospital or nursing home; death in custody, in a jail or correctional facility, or in a State or county psychiatric hospital, State developmental center, and other public or private institutions; death related to occupational illness or injury; death due to thermal, chemical, electrical, or radiation injury; death due to toxins, poisons, medicinal, or recreational drugs; non-natural death or unexplained circumstances; discovery of skeletal remains; and public interest.

*Medical Examiner Review Team.* The bill establishes a Medical Examiner Review Team, which is responsible for reviewing and issuing recommendations regarding: disputed medicolegal death investigation findings that are the subject of a dispute between the CSME and any county or intercounty medical examiner; and any removal of the CSME or any county or intercounty medical examiner. The team is comprised of nine members, including: the Commissioner of Health, the Commissioner of Human Services, the Attorney General, and the CSME, or their designees, who shall serve ex officio; a board certified pathologist; the Chair of Pathology from a medical or osteopathic school in the State; and three public members appointed by the Governor. The team must meet at least once annually and must meet within 45 days after receiving a report of a dispute or notification of a removal from office. Members will not receive compensation, but will be reimbursed for expenses incurred, within the limits of funds appropriated or otherwise made available to the team for its purposes.

*Issuance of an Annual Report.* The bill requires the Office of the CSME, in conjunction with the Medical Examiner Review Team, to issue an annual report that, at a minimum, contains the following: the budget and expenditures for each medical examiner office in this State; the total number of cases received, reviewed, accepted, and investigated by each medical examiner office; statistics of determined

causes of death; and an evaluation of the performance of each medical examiner office and the medical examiner system.

*Sudden Child Death Protocol.* The bill mandates development of a standardized protocol for autopsies in cases in which the suspected cause of death is sudden infant death syndrome, and the sudden and unexpected death of a child under the age of three. The bill establishes a Sudden Child Death Autopsy Protocol Committee, and provides certain guidance on the development of a standardized autopsy protocol.

The bill also requires the CSME to establish a Research Oversight Committee to assist in developing and reviewing research protocols to yield new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome, and sudden, unexpected death in epilepsy.

*New Jersey State Medical Examiner Toxicology Laboratory.* The bill requires the Office of the CSME to maintain and supervise a State toxicology laboratory, which provides toxicology services to the CSME, Deputy CSME, each county or intercounty medical examiner, and each assistant county or assistant intercounty medical examiner in the performance of medicolegal death investigations in this State.

*Appeal Process for Persons in Interest.* The bill requires the CSME to provide the legal representative of a decedent, upon request, with all available documentation related to the decedent's autopsy and the medical investigation.

The bill also establishes an appeal process for a "person in interest" to request a correction of a medical examiner's findings and conclusions on the cause and manner of death recorded on a death certificate. A "person in interest" means spouse, civil union or domestic partner, adult child, sibling, grandparent, or guardian of the decedent. Such a request cannot be made in instances of a finding of a homicide, and requests must be initiated by the person in interest within 60 days after the filing of the findings and conclusions on the cause and manner of death recorded on a death certificate.

*Immunity Provisions.* The bill specifies that the CSME, Deputy CSME, Assistant Medical Examiner, their employees, the members of any committees established pursuant to the bill, are immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith.

*Repeals and Recodifications.* The bill repeals certain statutes and repeals and recodifies others. In particular, the bill repeals the following statutes, which are obviated by its provisions:

-- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the "State Medical Examiner Act," concerning the establishment and operation of the Office of the State Medical Examiner; and

-- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et seq.), concerning a prior transfer of power, duties, and functions of the

State Medical Examiner within the Department of Law and Public Safety.

The bill also repeals the following statutes and recodifies their provisions in Title 26 of the Revised Statutes:

- N.J.S.40A:9-50, concerning the disinterment of dead bodies;
- P.L.1983, c.535 (N.J.S.A.52:17B-88.1 et seq.), concerning the performance of a dissection or autopsy by a medical examiner;
- P.L.1993, c.276 (N.J.S.A.52:17B-88.7 et seq.), concerning organ and tissue analysis and transplantation from a donor whose death is under investigation;
- Section 2 of P.L.2000, c.24 (N.J.S.A.52:17B-88.10), concerning standardized protocols for sudden child death autopsies;
- Section 2 of P.L.2005, c.227 (N.J.S.A.52:17B-88.11), concerning the participation of medical examiners in research activities with respect to children three years of age and younger;
- P.L.2009, c.151 (N.J.S.A.52:17B-88a), concerning notification to medical examiners of deaths occurring in certain facilities; and
- P.L.2013, c.91 (N.J.S.A.52:17B-88.12 et seq.), concerning medicolegal death investigations involving seizure disorders.

*Effective Date.* The bill takes effect on the first day of the second month next following the date of enactment.

As reported by the committee, Assembly Bill No. 1709 (1R) is identical to Senate Bill No. 976 (2R), also reported by the committee on this same date.

**FISCAL IMPACT:**

The Office of Legislative Services (OLS) estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies. The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 1709

### STATE OF NEW JERSEY 218th LEGISLATURE

DATED: APRIL 16, 2018

#### SUMMARY

- Synopsis:** "Revised State Medical Examiner Act"; establishes Office of the Chief State Medical Examiner in DOH.
- Types of Impact:** Annual State and county expenditure increases.
- Agencies Affected:** Department of Health; Department of Law and Public Safety; Counties.

#### Office of Legislative Services Estimate

Fiscal Impact	Annual
State Expenditure Increase	Indeterminate
County Expenditure Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies.
- The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards, and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof.

#### BILL DESCRIPTION

The bill, designated as the "Revised State Medical Examiner Act," reforms the State's medical examiner system.

The bill maintains the system's current organizational structure in that a State medical examiner office oversees several independently-operated county and intercounty medical examiner offices. The bill, however, abolishes the existing Office of the State Medical Examiner in the Department of Law and Public Safety and transfers all of its functions, powers, and duties to the new Office of the Chief State Medical Examiner in, but not of, the Department of Health.

The bill also makes numerous revisions to the responsibilities of State, county, and intercounty medical examiner offices; including modifications to standard operating protocols, an expansion of the categories of deaths that require a medicolegal investigation, the strengthening of the oversight function of the State office vis-à-vis the county and intercounty offices, the establishment of research and oversight boards within the State office, and the issuance of an annual report by the State office on the performance of the Statewide system.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that this bill will increase the annual State and county operating expenditures for the Statewide medical examiner system. The magnitude of the expenditure increases will depend on operating and regulatory decisions by the Office of the Chief State Medical Examiner and operating decisions by county and intercounty medical examiner offices, all of which the OLS cannot anticipate without information from concerned agencies.

The expenditure increases will result from the bill's expansion of the responsibilities of the Office of the Chief State Medical Examiner and the compliance by the entire Statewide medical examiner system with new requirements, standards, and guidelines established by either the bill or the Office of the Chief State Medical Examiner in the implementation thereof. For instance, this bill expands the categories of deaths that require a medicolegal investigation, establishes research and oversight boards within the State office, and requires the State office to issue an annual report on the performance of the Statewide medical examiner system.

Currently, the State Medical Examiner oversees the Office of the State Medical Examiner and two regional medical examiner facilities. The State's two regional offices manage the medical examiner duties for seven of the State's 21 counties. However, nine additional county and intercounty medical examiner offices, which are generally independent of the Office of the State Medical Examiner, are responsible for the State's remaining 14 counties.

The Office of the State Medical Examiner operates with a \$438,000 State appropriation in FY 2018 as well as \$11.8 million in anticipated dedicated revenue collections. Seven counties currently use the office's State Toxicology Lab, which also performs law enforcement drug tests. According to performance evaluation data in the Governor's FY 2018 Budget Recommendation, 6,757 deaths were investigated and 1,773 autopsies were performed throughout the State's medical examiner system in FY 2016.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Associate Research Analyst*

*Approved: Frank W. Haines III  
Legislative Budget and Finance Officer*

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

**SENATE BILL NO. 976**  
**(Second Reprint)**

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 976 (Second Reprint) with my recommendations for reconsideration.

I commend the sponsors of this legislation for responding to the critical need for comprehensive reforms to the State's medical examiner system, including establishing a new Office of the Chief State Medical Examiner in the Department of Health. I fully support the bill's revisions, which, among other things, centralize operations and oversight within the new office and implement the National Association of Medical Examiners' recommendation that medical examiners operate independently of law enforcement. These reforms will ensure that medicolegal death investigations are conducted effectively and consistently throughout the State.

In support of this endeavor, I am recommending minor revisions to delete an outdated statutory reference and further clarify the relationship between the Office of the Chief State Medical Examiner and the Department of Law and Public Safety. These clarifications will assist in the effective transition of the medical examiner system from the Department of Law and Public Safety to the Department of Health.

Therefore, I herewith return Senate Bill No. 976 (Second Reprint) and recommend that it be amended as follows:

- |  |   |
|--|---|
| <u>Page 7, Section 7, Lines 12-13:</u>   | Delete ", in the discretion of the Attorney General, as provided by section 4 of P.L. 1967, c.234 (C.52:17B-81)," |
| <u>Page 11, Section 10, Lines 30-31:</u> | Delete in their entirety  |
| <u>Page 11, Section 10, Line 32:</u>     | Delete "(11)" and insert "(10)"   |
| <u>Page 11, Section 10, Line 34:</u>     | Delete "(12)" and insert "(11)"   |
| <u>Page 11, Section 10, Line 36:</u>     | Delete "(13)" and insert "(12)"   |
| <u>Page 11, Section 10, Line 40:</u>     | Delete "(14)" and insert "(13)"   |
| <u>Page 11, Section 10, Line 41:</u>     | Delete "(15)" and insert "(14)"   |

Page 11, Section 10, Line 43: Delete "(16)" and insert "(15)"

Page 11, Section 10, Line 45: Delete "(17)" and insert "(16)"

Page 11, Section 10, Line 46: Delete "(18)" and insert "(17)"

Page 11, Section 10, Line 47: Delete "(19)" and insert "(18)"

Page 11, Section 10, Line 48: Delete "(20)" and insert "(19)"

Page 12, Section 10, Line 1: Delete "(21)" and insert "(20)"

Page 27, Section 17, Line 33: After "occurred" insert "and to the Attorney General"

Page 27, Section 17, Line 33: After "records" insert "and other information"

Page 27, Section 17, Line 35: After "prosecutor" insert "or the Attorney General"

Page 27, Section 17, Line 37: After "prosecutor" insert "or the Attorney General"

Page 30, Section 21, Line 26: After "standards." insert "c. The Chief State Medical Examiner shall ensure that the Attorney General and each county prosecutor, as applicable, promptly receive copies of all final toxicology laboratory testing results from the New Jersey State Medical Examiner Toxicology Laboratory or another lab as permitted by subsection b. of this section for toxicology specimens submitted from the Office of Chief State Medical examiner or any county or intercounty medical examiner's office. The Attorney General or county prosecutor may obtain copies of the final toxicology testing results as the Attorney General or county prosecutor deems necessary for the fulfillment of his or her official duties."

Page 30, Section 21, Line 27: Delete "c." and insert "d."

[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Matthew J. Platkin

Chief Counsel to the Governor



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# Newark, N.J.

## Governor Phil Murphy Takes Action on Legislation

07/3/2018

**TRENTON** - Governor Phil Murphy today signed the following bills into law:

**S-396/A-3840 (Pennacchio, Corrado/Armato, Mazzeo, Freiman)** - Forbids members of the State Investment Council from voting on transactions concerning investment with which a member has certain financial or familial conflicts and requires removal for violations thereof

**S-879wGR/A-3116 (Sweeney/Burzichelli, Taliaferro, Murphy)** - Amends definition of “existing major hazardous waste facility” in “Major Hazardous Waste Facilities Siting Act”

**S-976wGR/A-1709 (Vitale, Bateman/Vainieri Huttle, Mukherji)** - “Revised State Medical Examiner Act”; establishes Office of the Chief State Medical Examiner in DOH

**S-1207/A-3086 (Sweeney, Oroho/Greenwald)** - Requires State to pay full cost of health care benefits coverage in retirement for SPRS members who retire at mandatory retirement age of 55 with more than 20 but less than 25 years of service

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