

ASSEMBLY, No. 4593

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED JUNE 22, 2015

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



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2

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.

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- 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

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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
2 to 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 Office
10 of the Chief State Medical Examiner and each county or intercounty
11 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 Medical
27 Examiner is created in the Office of the Chief State Medical
28 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

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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 in the Department of Children and Families, or
17 their designees; the director of the SIDS Resource Center
18 established pursuant to section 4 of P.L.1987, c.331 (C.26:5D-4); an
19 epidemiologist; a forensic pathologist; a pediatric pathologist, a
20 county or intercounty medical examiner; a pediatrician who is
21 knowledgeable about sudden infant death syndrome and child
22 abuse; a law enforcement officer; an emergency medical technician
23 or paramedic; a family member of a sudden infant death syndrome
24 victim; and a family member of a sudden unexpected death victim
25 who was between one and three years of age at the time of death.
26 The committee shall annually review the protocol and make
27 recommendations to the Chief State Medical Examiner to revise the
28 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. All law enforcement officers, State and
21 county prosecutors, and other officials and members of the public
22 shall cooperate fully with the Office of the Chief State Medical
23 Examiner and county and intercounty medical examiners in making
24 the investigations and conducting the autopsies provided for under
25 this act. These officials and all physicians, funeral directors, and
26 other persons shall assist in making dead bodies and related
27 evidence available to such medical examiners for investigations and
28 autopsies.

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

33

34 15. (New section) a. (1) The Chief State Medical Examiner
35 may order a disinterment of a dead body, following the receipt of
36 approval by the Superior Court, when an investigation of the cause
37 of death is authorized. The disinterment shall be performed under
38 the supervision and direction of the Chief State Medical Examiner
39 or his designee. The court shall direct the giving of or dispensing
40 with notice.

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

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

5 c. The Chief State Medical Examiner, Deputy Chief State
6 Medical Examiner, county and intercounty medical examiner, and
7 assistant county and intercounty medical examiner shall have the
8 power to administer oaths and affirmations, and take affidavits and
9 make examinations, as to any matter within the jurisdiction of their
10 respective offices.

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

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

23 (3) The Chief State Medical Examiner and a county or
24 intercounty medical examiner shall be authorized to, and shall,
25 issue a subpoena for the production of confidential medical records,
26 mental health records, drug and alcohol abuse records, and other
27 relevant information from a physician, health care facility, or other
28 health care provider as the medical examiner deems necessary for
29 the purpose of a medicolegal death investigation.

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

33

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

41 b. The original reports of the Chief State Medical Examiner,
42 Deputy Chief State Medical Examiner, county or intercounty
43 medical examiner, and assistant county or intercounty medical
44 examiner, and the detailed findings of the autopsy, if any, along
45 with the records of death notification, postmortem inspections and
46 examinations, personal effects taken into possession, and any other
47 information deemed necessary by the Chief State Medical

1 Examiner, shall be attached to the case record for each medicolegal
2 death investigation.

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

12 d. The records maintained by the Office of the Chief State
13 Medical Examiner and the office of each county or intercounty
14 medical examiner, including those made by the applicable medical
15 examiner or anyone under his direction or supervision, or
16 transcripts thereof certified by the medical examiner, shall be
17 received as competent evidence in any court in this State of the
18 matters and facts therein contained.

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

29

30 17. (New section) a. The Medical Examiner Review Team
31 shall be established as a mechanism for peer review and
32 collaboration and to provide recourse in the event of a dispute
33 between medical examiners.

34 b. The Medical Examiner Review Team shall include seven
35 members, as follows:

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

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

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

45 (1) disputed medicolegal death investigation findings that are
46 the subject of a dispute between the Chief State Medical Examiner
47 and any county or intercounty medical examiner, when referred by

1 any such medical examiner to the commissioner with a complete
2 statement as to the basis of the referral; and

3 (2) any removal of the Chief State Medical Examiner by the
4 Governor, as well as any removal of a county or intercounty
5 medical examiner by the Chief State Medical Examiner, except that
6 the Chief State Medical Examiner shall be required to recuse
7 himself from any deliberations or other actions by the Medical
8 Examiner Review Team concerning any removal of him by the
9 Governor.

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

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

16 f. Of the public members of the Medical Examiner Review
17 Team first appointed, two shall be appointed for a term of three
18 years and one for a term of two years. Thereafter, members shall be
19 appointed for terms of three years. The public members shall be
20 eligible for reappointment and shall serve until the appointment and
21 qualification of their successors.

22 g. Vacancies in the Medical Examiner Review Team shall be
23 filled for the unexpired terms in the same manner as the original
24 appointments were made.

25 h. The members of the Medical Examiner Review Team shall
26 not receive any compensation, but shall be reimbursed for expenses
27 incurred in the performance of their duties, within the limits of
28 funds appropriated or otherwise made available to the team for its
29 purpose.

30 i. The department shall provide such staff and other support as
31 the Medical Examiner Review Team deems necessary to perform its
32 duties.

33

34 18. (New section) a. The Office of the Chief State Medical
35 Examiner, in conjunction with the Medical Examiner Review Team,
36 shall issue an annual report, which shall be made publicly available.

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

38 (1) the budget and expenditures for each medical examiner
39 office in this State, including its direct and indirect expenses,
40 including a summary of the terms and conditions of each contract
41 for the professional services of the Office of the Chief State
42 Medical Examiner and the office of each county or intercounty
43 medical examiner;

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

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

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

1 19. (New section) The Governor shall be authorized to remove
2 the Chief State Medical Examiner from office, and the Chief State
3 Medical Examiner shall be authorized to remove any county or
4 intercounty medical examiner from office, for any of the following
5 causes:

- 6 a. engaging in illegal activity;
- 7 b. intentional substantive noncompliance with rules and
8 regulations;
- 9 c. willful misconduct;
- 10 d. professional incompetence and neglect of duty;
- 11 e. insubordination; or
- 12 f. excessive inefficiency in the performance of his duties.

13
14 20. (New section) After making a diligent effort to ascertain the
15 identity of remains in its possession, and to contact relatives or
16 friends to take control of remains in its possession, the Office of the
17 Chief State Medical Examiner, and the office of each county or
18 intercounty medical examiner, shall offer any such unidentified or
19 unclaimed remains to any qualified mortuary science program
20 within the State consistent with the provisions of R.S.26:6-9.

21
22 21. (New section) a. The Office of the Chief State Medical
23 Examiner shall maintain and supervise a toxicology laboratory, to
24 be designated as the New Jersey State Medical Examiner
25 Toxicology Laboratory, in order to provide necessary toxicology
26 services to the Chief State Medical Examiner, Deputy Chief State
27 Medical Examiner, each county or intercounty medical examiner,
28 and each assistant county or assistant intercounty medical examiner
29 in the performance of medicolegal death investigations in this State.

30 b. The Chief State Medical Examiner, Deputy Chief State
31 Medical Examiner, county or intercounty medical examiner, and
32 assistant county or assistant intercounty medical examiner requiring
33 the services of a toxicology laboratory shall enlist the services of
34 the New Jersey State Medical Examiner Toxicology Laboratory
35 unless the Chief State Medical Examiner provides express
36 permission for their use of another laboratory.

37 c. The Chief State Medical Examiner shall adopt such rules
38 and regulations as may be necessary concerning the operations and
39 use of the New Jersey State Medical Examiner Toxicology
40 Laboratory.

41
42 22. (New section) a. Except in a case in which there is a finding
43 of homicide, a person in interest may request the Office of the Chief
44 State Medical Examiner to correct the findings and conclusions on
45 the cause and manner of death recorded on a death certificate within
46 60 days after the Chief State Medical Examiner, Deputy Chief State
47 Medical Examiner, county or intercounty medical examiner, or

- 1 assistant county or assistant intercounty medical examiner files
2 those findings and conclusions.
- 3 b. The request to correct the findings and conclusions on a
4 death certificate shall:
- 5 (1) be made in writing to the Chief State Medical Examiner,
6 regardless of which medical examiner made the initial filing;
7 (2) describe the requested change precisely; and
8 (3) state the reasons for the change.
- 9 c. Within 60 days after receiving the request, the Chief State
10 Medical Examiner shall notify the person in interest in writing of
11 the action taken.
- 12 d. If the Chief State Medical Examiner denies the request to
13 change findings and conclusions on the cause of death, the person
14 in interest may appeal the denial in writing within 15 days of the
15 denial to the commissioner; and the commissioner, within 15 days
16 of receipt of the appeal, shall refer the matter to the Office of
17 Administrative Law.
- 18 e. An administrative law judge shall conduct a hearing both on
19 the denial and the establishment of the findings and conclusions on
20 the cause of death. Upon reviewing the findings of fact submitted
21 by an administrative law judge, the commissioner, or the
22 commissioner's designee, shall issue an order within 60 days to:
- 23 (1) adopt the findings of the administrative law judge; or
24 (2) reject the findings of the administrative law judge and affirm
25 the findings of the medical examiner.
- 26 f. If the commissioner, or the commissioner's designee, rejects
27 the findings of an administrative law judge, the person in interest
28 may appeal that rejection to a court of competent jurisdiction under
29 State law.
- 30 g. If the final decision of the commissioner, or the
31 commissioner's designee, or of a court of competent jurisdiction on
32 appeal, establishes findings or conclusions on the cause or manner
33 of death of a decedent other than that recorded on the certificate of
34 death, the medical examiner responsible for the initial filing, or if
35 unavailable, another medical examiner with jurisdiction in this
36 State, shall amend the certificate to reflect the different findings or
37 conclusions.
- 38 h. The Chief State Medical Examiner shall send a change letter
39 to the Bureau of Vital Statistics and Registration in the department
40 to amend the certificate of death, to reflect the final decision of the
41 commissioner, or the commissioner's designee, or a court of
42 competent jurisdiction.
- 43 i. The final decision of the commissioner, or the
44 commissioner's designee, or of a court in an appeal under this
45 section, shall not give rise to any presumption concerning the
46 application of any provision, or the resolution, of any claim
47 concerning an insurance policy or contract relating to the decedent.

1 j. If the findings of the medical examiner are upheld by the
2 commissioner, or the commissioner's designee, the appellant shall
3 be responsible for the cost of the contested case hearing, based on
4 the billing rate established by the Office of Administrative Law.
5 Otherwise, the department shall be responsible for the costs.

6
7 23. R.S.26:6-1 is amended to read as follows:

8 26:6-1. As used in this chapter: "Local registrar" or "registrar"
9 means the local registrar of vital statistics. "State registrar" means
10 the State Registrar of Vital Statistics.

11 "Registration district" or "district" means the district established
12 by law for the registration of vital events.

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

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

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

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

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

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

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

1 24. R.S.26:6-8 is amended to read as follows:

2 26:6-8. In the execution of a death certificate, the personal
3 particulars shall be obtained by the funeral director from the person
4 best qualified to supply them. The death and last sickness
5 particulars shall be supplied by the attending, covering, or resident
6 physician; or if there is no attending, covering, or resident
7 physician, by an attending registered professional nurse licensed by
8 the New Jersey Board of Nursing under P.L.1947, c.262 (C.45:11-
9 23 et seq.); or if there is no attending, covering, or resident
10 physician or attending registered professional nurse, by the county
11 or intercounty medical examiner or assistant county or intercounty
12 medical examiner.

13 Within a reasonable time, not to exceed 24 hours after the
14 pronouncement of death, the attending, covering, or resident
15 physician, the attending advanced practice nurse pursuant to section
16 10 of P.L.1991, c.377 (C.45:11-49), or the county or intercounty
17 medical examiner or assistant county or intercounty medical
18 examiner shall execute the death certification. The burial
19 particulars shall be supplied by the funeral director. The attending,
20 covering, or resident physician, the attending advanced practice
21 nurse, the attending registered professional nurse, or the county or
22 intercounty medical examiner or assistant county or intercounty
23 medical examiner and the funeral director shall certify to the
24 particulars supplied by them by signing their names below the list
25 of items furnished, or by otherwise authenticating their identities
26 and the information that they have provided through the NJ-EDRS.
27 If a person acting under the direct supervision of the Chief State
28 Medical Examiner, Deputy Chief State Medical Examiner, a county
29 or intercounty medical examiner or assistant county or intercounty
30 medical examiner, funeral director, attending, covering, or resident
31 physician, attending advanced practice nurse, or licensed health
32 care facility or other public or private institution providing medical
33 care, treatment, or confinement to persons, which is registered with
34 the NJ-EDRS, is not authorized to authenticate the information
35 required on a certificate of death or fetal death, that person may
36 enter that information into the NJ-EDRS in anticipation of its
37 authentication by the Chief State Medical Examiner [or], Deputy
38 Chief State Medical Examiner, a county or intercounty medical
39 examiner, or assistant county or intercounty medical examiner,
40 funeral director, attending, covering, or resident physician,
41 attending advanced practice nurse, local registrar, deputy registrar,
42 alternate deputy registrar or subregistrar, as applicable.
43 (cf: P.L2015, c.38, s.1)

44
45 25. Section 1 of P.L.1988, c.125 (C.26:6-8.2) is amended to read
46 as follows:

47 1. If the attending physician, registered professional nurse, or
48 the Chief State Medical Examiner, Deputy Chief State Medical

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

18 (cf: P.L.1988, c.125, s.1)

19

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

21 26:6-9. In case of any death occurring without medical
22 attendance, the funeral director shall notify the Office of the Chief
23 State Medical Examiner or the office of the county or intercounty
24 medical examiner, or the local registrar. In case the local registrar
25 shall be notified, he shall immediately inform the county or
26 intercounty medical examiner and refer the case to him for
27 investigation. The county or intercounty medical examiner or
28 assistant county or intercounty medical examiner shall furnish the
29 funeral director with the necessary data and last sickness particulars
30 to make the death certificate, or shall enter the information directly
31 into the NJ-EDRS.

32 (cf: P.L.2003, c.221, s.7)

33

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

36 2. As used in this act:

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

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

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

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

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

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

6 "Designated requester" means a hospital employee who has
7 completed a course offered or approved by an organ procurement
8 organization.

9 "Disinterested witness" means a witness other than: the spouse,
10 civil union partner, domestic partner, child, parent, sibling,
11 grandchild, grandparent, or guardian of the person who makes,
12 amends, revokes, or refuses to make an anatomical gift; another
13 adult who exhibited special care and concern for the decedent; or a
14 person to whom an anatomical gift may pass pursuant to section 10
15 of this act.

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

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

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

23 "Donor registry" means a database that contains records of
24 anatomical gifts.

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

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

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

35 "Hospital" means an institution, whether operated for profit or
36 not, whether maintained, supervised or controlled by an agency of
37 State government or a county or municipality or not, which
38 maintains and operates facilities for the diagnosis, treatment, or care
39 of two or more non-related individuals suffering from illness,
40 injury, or deformity, and where emergency, outpatient, surgical,
41 obstetrical, convalescent, or other medical and nursing care is
42 rendered for periods exceeding 24 hours.

43 "Identification card" means an identification card issued by the
44 New Jersey Motor Vehicle Commission.

45 "Medical examiner" means the Chief State Medical Examiner,
46 Deputy Chief State Medical Examiner, a county or intercounty
47 medical examiner or assistant county or intercounty medical
48 examiner, [or another person] performing [the] their duties [of a

1 medical examiner] pursuant to [P.L.1967, c.234 (C.52:17B-78 et
2 seq.)] P.L. , c. (C.) (pending before the Legislature as this
3 bill).

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

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

8 "Parent" means a parent whose parental rights have not been
9 terminated.

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

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

14 "Procurement organization" means an eye bank, organ
15 procurement organization, or tissue bank.

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

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

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

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

30 "Refusal" means a record created pursuant to this act that
31 expressly states an intent to bar other persons from making an
32 anatomical gift of a person's body or part.

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

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

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

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

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

4 "Transplant hospital" means a hospital that furnishes organ
5 transplants and other medical and surgical specialty services
6 required for the care of transplant patients.
7 (cf: P.L.2008, c.50, s.2)

8
9 28. Section 18 of P.L.2008, c.50 (C.26:6-94) is amended to read
10 as follows:

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

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

24 c. Upon the request of a procurement organization, the medical
25 examiner shall release to the procurement organization the name,
26 contact information, and available medical and social history of a
27 decedent whose body is under the medical examiner's jurisdiction.
28 If the decedent's body or part is medically suitable for
29 transplantation, therapy, research, or education, the medical
30 examiner shall release the post-mortem examination results to the
31 procurement organization. The procurement organization shall
32 make a subsequent disclosure of the post-mortem examination
33 results or other information received from the medical examiner
34 only if relevant to transplantation, therapy, research, or education.
35 (cf: P.L.2008, c.50, s.18)

36
37 29. R.S.26:8-1 is amended to read as follows:

38 26:8-1. As used in this chapter:

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

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

45 "State registrar" means the State registrar of vital statistics;
46 "Local registrar" or "registrar" means the local registrar of vital
47 statistics of any district; and "registration district" or "district"
48 means a registration district as constituted by this article.

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

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

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

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

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

34

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

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

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

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

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

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

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

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

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

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

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

43 (5) a legally binding system of digital authentication in lieu of
44 signatures for the responsible parties and a means of assuring
45 database security that permits users to enter the system from
46 multiple sites and includes contemporaneous and remote data
47 security methods to protect the system from catastrophic loss or
48 intrusions, as well as a method of data encryption for transmission;

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

3 (7) the capacity to electronically amend and correct death
4 records;

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

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

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

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

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

32

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

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

45 The Chief State Medical Examiner, the Commissioner of Labor
46 and Workforce Development or his designee, and each county or
47 intercounty medical examiner, health care facility, institution,
48 funeral home or physician's office shall employ at least one person

1 who is qualified to use the NJ-EDRS, and is registered with the
2 State registrar as an authorized user of the system, by virtue of
3 completing a course of instruction on the NJ-EDRS provided by the
4 State registrar or an authorized agent thereof, or satisfying such
5 other requirements as may be established by the State registrar for
6 this purpose.
7 (cf: P.L.2013, c.274, s.3)

8

9 32. R.S.26:8-52 is amended to read as follows:

10 26:8-52. Corrections to death certificates shall be signed by the
11 physician, registered professional nurse, county or intercounty
12 medical examiner or assistant county or intercounty medical
13 examiner, Chief State Medical Examiner, Deputy Chief State
14 Medical Examiner, funeral director or informant, whose name
15 appears upon the certificate, or shall be otherwise recorded and
16 authenticated on the NJ-EDRS as prescribed by the State registrar;
17 however, any individual having personal knowledge and
18 substantiating documentary proof of the matters sought to be
19 corrected may apply under oath to the county or intercounty
20 medical examiner or the Chief State Medical Examiner in a case in
21 which the certificate was signed by the Chief State Medical
22 Examiner or Deputy Chief State Medical Examiner, to have the
23 certificate corrected. The authority to sign or otherwise
24 authenticate corrections or amendments to causes or duration of
25 causes of death is restricted to the physician, Chief State Medical
26 Examiner, Deputy Chief State Medical Examiner, or county or
27 intercounty medical examiner or assistant county or intercounty
28 medical examiner. Upon denial of an application for correction or
29 amendment of a death certificate, a person who has applied to a
30 county or intercounty medical examiner may apply to the Chief
31 State Medical Examiner, who shall exercise discretion to review the
32 matter and amend the certificate or to defer to the decision of the
33 county or intercounty medical examiner. The decision of the
34 county or intercounty medical examiner shall be deemed the final
35 decision by a public officer in the matter unless the Chief State
36 Medical Examiner amends or corrects the death certificate.
37 (cf: P.L.2003, c.221, s.22)

38

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

41 7. During a state of public health emergency or in response to a
42 public health emergency:
43 a. The commissioner, Chief State Medical Examiner, and
44 Commissioner of Environmental Protection shall coordinate and
45 consult with each other on the performance of their respective
46 functions regarding the safe disposition of human remains, to devise
47 and implement measures which may include, but are not limited to,
48 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

1 case where human remains may constitute evidence in a criminal
2 investigation.

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

4

5 34. Section 18 of P.L.2005, c.222 (C.26:13-18) is amended to
6 read as follows:

7 18. During a state of public health emergency, the commissioner
8 may exercise, for such period as the state of public health
9 emergency exists, the following emergency powers regarding health
10 care personnel:

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

14 b. To appoint and prescribe the duties of such out-of-State
15 emergency health care providers as may be reasonable and
16 necessary to respond to the public health emergency, as provided in
17 this subsection.

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

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

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

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

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

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

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

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

17
18 35. Section 29 of P.L.2005, c.222 (C.26:13-29) is amended to
19 read as follows:

20 29. The powers granted in the act are in addition to, and not in
21 derogation of, powers otherwise granted by law to the Chief State
22 Medical Examiner.

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

24
25 36. N.J.S.40A:9-46 is amended to read as follows:

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

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

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

40 40A:9-47. The county medical examiner of any county or an
41 intercounty medical examiner may, subject to the approval of the
42 board or boards of chosen freeholders, as applicable, appoint
43 **[such]** one or more assistant county or intercounty medical
44 examiners **[of the county, toxicologists, scientific experts, clerical**
45 **assistants and other personnel as shall be deemed necessary and**
46 **required, fix their compensation and prescribe their powers, duties**
47 **and functions. The assistant medical examiners of the county shall**

1 have the same qualifications as the county medical examiner. The
2 said personnel shall be under the direction and supervision of the
3 county medical examiner] to operate under their direction and
4 supervision in accordance with the provisions of P.L. _____,
5 c. (C. _____) (pending before the Legislature as this bill), and as
6 prescribed by regulation of the Chief State Medical Examiner.
7 (cf: N.J.S.40A:9-47)

8
9 38. N.J.S.40A:9-48 is amended to read as follows:

10 40A:9-48. If the county or intercounty medical examiner is
11 unable to perform any duty imposed upon him as such medical
12 examiner, by law, he may appoint a resident licensed physician to
13 act for and in his behalf. The physician so appointed shall have all
14 the powers of the county or intercounty medical examiner and shall
15 receive compensation for his services to be paid by the county or
16 counties, as applicable.
17 (cf: N.J.S.40A:9-48)

18
19 39. N.J.S.40A:9-49 is amended to read as follows:

20 40A:9-49. The county or intercounty medical examiner or
21 assistant county or intercounty medical examiner, upon taking
22 charge of unidentified or unclaimed dead bodies, shall make burial
23 arrangements. If the decedent left an ascertainable estate able to
24 pay for the burial, the cost thereof certified by the official in charge
25 shall be payable out of such estate. If the decedent left no
26 ascertainable estate able to pay for the burial, the cost of burial shall
27 be borne:

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

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

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

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

35
36 40. N.J.S.40A:9-51 is amended to read as follows:

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

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

45
46 41. N.J.S.40A:9-52 is amended to read as follows:

47 40A:9-52. The morgue keepers shall be required to provide
48 suitable rooms for the holding of necessary examinations or

1 autopsies. They shall dispose of the dead bodies as directed by the
2 county or intercounty medical examiner. The said county or
3 intercounty medical examiner shall grant burial certificates for the
4 unknown or unclaimed dead only to the morgue keepers. The board
5 of chosen freeholders shall fix and pay the fees and expenses
6 incurred by the morgue keepers in the performance of their duties as
7 such.

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

9

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

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

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

20

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

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

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

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

33

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

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

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

43

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

45 40A:9-57. Where in any municipality the police ascertain the
46 finding or discovery of an unidentified dead body, the chief of
47 police or other police officer on duty shall forthwith notify the

1 county or intercounty medical examiner of such finding or
2 discovery.

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

4

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

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

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

20

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

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

35 Community Affairs Department

36 Assistant Commissioner of Community Affairs

37 Director, Division of State and Regional Planning

38 Director, Division of Local Government Services

39 Director, Division of Housing and Urban Renewal

40 Director, Office of Aging Programs

41 Director, Office on Women

42 Environmental Protection Department

43 Director, Division of Water Resources

44 Director, Division of Parks and Forestry

45 Director of Fish, Game and Shell Fisheries

46 Director, Division of Marine Services

47 Director, Division of Environmental Quality

48 Health ~~and Senior Services~~ Department

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41

1 Director, Division of Narcotic and Drug Abuse Control
2 Chief State Medical Examiner
3 Corrections Department
4 Chairman, State Parole Board
5 Associate Member, State Parole Board
6 Public Defender
7 Labor and Workforce Development Department
8 Director, Workplace Standards
9 Law and Public Safety Department
10 Colonel and Superintendent, State Police
11 **【State Medical Examiner】**
12 Director, Division of Alcoholic Beverage Control
13 State Superintendent of Weights and Measures
14 Public Utilities Department
15 Director, Office of Cable Television
16 Executive Director, Public Broadcasting
17 State Department
18 Transportation Department
19 Assistant Commissioner for Highways
20 Assistant Commissioner for Public Transportation
21 Chief Administrator, New Jersey Motor Vehicle
22 Commission
23 Treasury Department
24 Director, Division of Budget and Accounting
25 Director, Division of Taxation
26 Director, Division of Purchase and Property
27 Director, Division of Pensions and Benefits
28 Director, Division of State Lottery.
29 (cf: P.L.2008, c.29, s.107)

30
31 48. Section 8 of P.L.2007, c.279 (C.52:17B-219) is amended to
32 read as follows:

33 8. a. After performing any death scene investigation, as
34 deemed appropriate under the circumstances, the official with
35 custody of the human remains shall ensure that the human remains
36 are delivered to the appropriate county or intercounty medical
37 examiner.

38 b. Any county or intercounty medical examiner with custody of
39 human remains that are not identified within 24 hours of discovery
40 shall promptly notify the Missing Persons Unit of the location of
41 those remains.

42 c. If the county or intercounty medical examiner with custody
43 of remains cannot determine whether or not the remains found are
44 human, the medical examiner shall so notify the Missing Persons
45 Unit.

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

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

3 9. a. If the official with custody of the human remains is not a
4 medical examiner, the official shall promptly transfer the
5 unidentified remains to the appropriate county or intercounty
6 medical examiner.

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

- 10 (1) photographs of the human remains;
- 11 (2) dental or skeletal X-rays;
- 12 (3) photographs of items found with the human remains;
- 13 (4) fingerprints from the remains, if possible;
- 14 (5) samples of tissue suitable for DNA typing, if possible;
- 15 (6) samples of whole bone or hair suitable for DNA typing; and
- 16 (7) any other information that may support identification efforts.

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

- 20 (1) samples suitable for DNA identification archiving;
- 21 (2) photographs of the unidentified human remains; and
- 22 (3) all other appropriate steps for identification have been
23 exhausted.

24 d. Unidentified human remains shall not be cremated.

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

29 f. The medical examiner shall seek support from appropriate
30 State and federal agencies to assist in the identification of
31 unidentified human remains. Such assistance may include, but not
32 be limited to, available mitochondrial or nuclear DNA testing,
33 federal grants for DNA testing, or federal grants for crime
34 laboratory or medical examiner office improvement.

35 g. The county or intercounty medical examiner shall seek
36 support from appropriate federal and State agency representatives to
37 have information promptly entered in federal and State databases by
38 those representatives that can aid in the identification of a missing
39 person. Information shall be entered into federal databases as
40 follows:

- 41 (1) information for the National Crime Information Center
42 within 24 hours;
- 43 (2) DNA profiles and information shall be entered into the
44 National DNA Index System (NDIS) within five business days after
45 the completion of the DNA analysis and procedures necessary for
46 the entry of the DNA profile; and
- 47 (3) information sought by the Violent Criminal Apprehension
48 Program database as soon as practicable.

1 h. Nothing in this act shall be construed to preclude any
2 medical examiner office, the State Police, or any local law
3 enforcement agency from other actions to facilitate the
4 identification of unidentified human remains, including efforts to
5 publicize information, descriptions, or photographs that may aid in
6 the identification of the unidentified remains, including allowing
7 family members to identify a missing person; provided that in
8 taking these actions, all due consideration is given to protect the
9 dignity and well-being of the missing person and the family of the
10 missing person.

11 i. Agencies handling the remains of a missing person who is
12 deceased shall notify the law enforcement agency handling the
13 missing person's case. Documented efforts shall be made to locate
14 family members of the deceased person to inform them of the death
15 and location of the remains of their family member.

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

17

18 50. Section 3 of P.L.2003, c.225 (52:27D-43.17c) is amended to
19 read as follows:

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

21 (1) the Commissioners of Community Affairs, Human Services,
22 Children and Families, and Health **and Senior Services**, the
23 Attorney General, the Public Defender, the Superintendent of the
24 State Police, the Director of the Division of Child Protection and
25 Permanency in the Department of Children and Families, the Chief
26 State Medical Examiner, and the chairperson of the Child Fatality
27 and Near Fatality Review Board, or their designees, who shall serve
28 ex officio;

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

42 (3) two retired judges appointed by the Administrative Director
43 of the Administrative Office of the Courts, one with expertise in
44 family law and one with expertise in municipal law as it relates to
45 domestic violence.

46 b. The public members of the board shall serve for three-year
47 terms, except that of the public members first appointed, four shall
48 serve for a period of one year, three shall serve for a period of two

1 years and two shall serve for a period of three years. The members
2 shall serve without compensation, but shall be eligible for
3 reimbursement for necessary and reasonable expenses incurred in
4 the performance of their official duties and within the limits of
5 funds appropriated for this purpose. Vacancies in the membership
6 of the board shall be filled in the same manner as the original
7 appointments were made.

8 c. The board shall select a chairperson from among its
9 members who shall be responsible for the coordination of all
10 activities of the board.

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

17 e. The board may seek the advice of experts, such as persons
18 specializing in the fields of psychiatric and forensic medicine,
19 nursing, psychology, social work, education, law enforcement,
20 family law, academia, military affairs, or other related fields, if the
21 facts of a case warrant additional expertise.

22 (cf: P.L.2012, c.16, s.150)

23

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

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

33 b. The members of the planning group shall include the
34 Director of the New Jersey Office of Emergency Management, the
35 Adjutant General of Military and Veterans' Affairs or his designee,
36 the Commissioner of Agriculture or his designee, the Commissioner
37 of Community Affairs or his designee, the Commissioner of
38 Corrections or his designee, the Commissioner of Environmental
39 Protection or his designee, the Commissioner of Health **and Senior**
40 **Services** or his designee, the Commissioner of Human Services, or
41 his designee, the Commissioner of Transportation or his designee,
42 the Executive Director of the New Jersey Transit Corporation or his
43 designee, the State Treasurer or his designee, the **[New Jersey]**
44 **Chief State Medical Examiner** or his designee, the President of the
45 Board of Public Utilities or his designee, a representative of the
46 New Jersey County Emergency Management Coordinators
47 Association, a representative of the New Jersey State Fire Chiefs
48 Association, and a representative of the New Jersey State Police

1 Chiefs Association. The planning group may include, to the extent
2 such individuals may be made available for such purpose, a
3 representative of the Federal Emergency Management Agency, a
4 representative of the Federal Bureau of Investigation, a
5 representative of the American Red Cross, and a representative of
6 such other charitable groups as may be appropriate. The chairperson
7 of the task force shall appoint the chair and vice chair of the
8 planning group.

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

10
11 52. The following are repealed:

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

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

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

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

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

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

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

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

20
21 53. This act shall take effect on the first day of the second month
22 next following the date of enactment.

23 24 25 STATEMENT

26
27 This bill, designated as the “Revised State Medical Examiner
28 Act,” repeals the “State Medical Examiner Act” P.L.1967, c.234
29 (N.J.S.A.52:17B-78 et seq.), and establishes the Office of the Chief
30 State Medical Examiner in, but not of, the Department of Health to
31 replace the Office of the State Medical Examiner in the Department
32 of Law and Public Safety.

33 *Office of the Chief State Medical Examiner.* The bill establishes
34 the Office of the Chief State Medical Examiner in the Executive
35 Branch of State Government and allocates the office, in but not of,
36 the Department of Health. The bill specifies that the office is to be
37 independent of any supervision or control by the department or by
38 any board or officer of the department.

39 The bill abolishes the existing Office of the State Medical
40 Examiner in the Department of Law and Public Safety and transfers
41 all of its functions, powers, and duties to the newly established
42 Office of the Chief State Medical Examiner. The bill specifies that
43 this transfer will be conducted in accordance with all applicable
44 State laws governing the transfer of State agencies.

45 The bill provides that the Office of the Chief State Medical
46 Examiner is under the direct the supervision of a Chief State
47 Medical Examiner, who (as with the current State Medical
48 Examiner) is required to be a State-licensed physician and a

1 qualified forensic pathologist. The bill specifies that the Chief State
2 Medical Examiner will be appointed by the Governor, with the
3 advice and consent of the Senate, for a term of five years, and may
4 be removed from office by the Governor for certain enumerated
5 causes.

6 The bill provides that the Chief State Medical Examiner is to
7 report directly to the Commissioner of Health and is to function
8 independently within the Department of Health with respect to the
9 medical examiner system and the conducting of medicolegal death
10 investigations.

11 The bill provides that the Chief State Medical Examiner is
12 responsible for ensuring that the entire medical examiner system is
13 adequately equipped and staffed to deliver medicolegal death
14 investigation services throughout the State, including the
15 establishment of advisory standards of funding for staff, equipment,
16 and facilities for all medical examiner offices.

17 The bill empowers the Chief State Medical examiner to: appoint
18 persons to the position of Deputy Chief State Medical Examiner and
19 to appoint and to prescribe the duties of such other employees as
20 may be necessary; provide advice to the governing body of a county
21 or counties concerning the appointment of county or intercounty
22 medical examiners; establish minimum training and experiential
23 requirements of eligibility for those persons appointed as Deputy
24 Chief State Medical Examiner or as a county or intercounty medical
25 examiner or assistant county or intercounty medical examiner;
26 retain supervisory power over personnel employed by the Office of
27 the Chief State Medical Examiner; provide direct supervision and
28 oversight of any county or intercounty medical examiner facility
29 that the Chief State Medical Examiner reasonably determines is
30 experiencing problems that preclude its effective functioning; and
31 provide professional oversight concerning the operations of the
32 county and intercounty medical examiner offices as they relate
33 specifically to the conduct of medicolegal death investigations and
34 the performance of autopsies.

35 The bill requires the Chief State Medical Examiner to adopt
36 certain rules and regulations. Under the bill, these rules and
37 regulations include the establishment of uniform procedures for
38 conducting medicolegal death investigations, and minimum
39 performance and operating standards for, and standards of
40 professional conduct for personnel of, the Office of the Chief State
41 Medical Examiner and the office of each county or intercounty
42 medical examiner.

43 The bill provides the Chief State Medical Examiner with direct
44 supervision and oversight authority over any medical examiner
45 facility operating under State jurisdiction.

46 The bill authorizes the Chief State Medical Examiner to
47 intervene in, and to assume control over, any ongoing medicolegal
48 death investigation in the State, regardless of whether the Chief

1 State Medical Examiner has received permission from, or a request
2 for intervention by, a county or an intercounty medical examiner
3 performing the investigation.

4 *County / Intercounty Medical Examiner Offices.* The bill
5 requires each county to establish and maintain an office of the
6 county medical examiner, and permits the governing bodies of two
7 or more counties to jointly establish and maintain an intercounty
8 medical examiner office. The bill requires two or more counties
9 seeking to jointly maintain an intercounty medical examiner office
10 on a cooperative or regional basis to seek the advice of the Chief
11 State Medical Examiner concerning such an arrangement before
12 establishing and maintaining a joint office.

13 The bill provides that each county or intercounty medical
14 examiner office will continue to be directed by a county or
15 intercounty medical examiner, who (as with current county medical
16 examiners) will be appointed by the governing body of the county
17 or counties for a term of five years. The bill specifies that in
18 appointing persons to the position of county or intercounty medical
19 examiner, the governing body of a county or counties must seek the
20 advice of the Chief State Medical Examiner regarding the
21 appointment.

22 The bill provides that the Chief State Medical Examiner may
23 remove a county or intercounty medical examiner from office for
24 certain enumerated causes, in consultation with the governing body
25 of the county or counties that appointed the county or intercounty
26 medical examiner.

27 The bill requires the governing body of a county or counties that
28 appointed a county or intercounty medical examiner to consult the
29 advisory funding standards adopted by the Chief State Medical
30 Examiner when establishing county budgets for medical examiner
31 services. The bill specifies that the budgets for and spending by
32 each county and intercounty medical examiner office are to be made
33 available for review by the Chief State Medical Examiner, are
34 required to be published and made available to the public as part of
35 the county budget, and are required to detail certain costs associated
36 with the operation of the office.

37 *Medicolegal Investigations of a Death.* The bill enumerates
38 certain instances in which a medical examiner is required to
39 conduct a medicolegal investigation of a death in this State. These
40 instances include:

- 41 -- death where criminal violence appears to have taken place;
- 42 -- death by accident or unintentional injury;
- 43 -- death under suspicious or unusual circumstances;
- 44 -- death from causes that might constitute a threat to public
45 health and safety;
- 46 -- death not caused by readily recognizable diseases, disability,
47 or infirmity;
- 48 -- sudden death when the decedent was in apparent good health;

- 1 -- suicide;
- 2 -- death of a child under 18 years of age from any cause;
- 3 -- sudden or unexpected death of an infant or child under three
- 4 years of age or a fetal death occurring without medical attendance;
- 5 -- death due to criminal abortion;
- 6 -- death where suspicion of abuse of a child, family or household
- 7 member, or elderly or disabled person exists;
- 8 -- death within 24 hours of admission to a hospital or a nursing
- 9 home;
- 10 -- death in custody, in a jail or correctional facility, or in a State
- 11 or county psychiatric hospital, State developmental center, or other
- 12 public or private institution or facility for persons with mental
- 13 illness, developmental disabilities, or brain injury;
- 14 -- death related to occupational illness or injury;
- 15 -- death due to thermal, chemical, electrical, or radiation injury;
- 16 -- death due to toxins, poisons, medicinal or recreational drugs,
- 17 or a combination thereof;
- 18 -- known or suspected non-natural death;
- 19 -- any person found dead under unexplained circumstances;
- 20 -- the discovery of skeletal remains; or
- 21 -- a death occurring under such other circumstances as may be
- 22 prescribed by regulation of the Chief State Medical Examiner.

23 *Medical Examiner Review Team.* The bill establishes a Medical

24 Examiner Review Team. The bill specifies that this team is

25 responsible for reviewing and issuing recommendations regarding:

26 disputed medicolegal death investigation findings that are the

27 subject of a dispute between the Chief State Medical Examiner and

28 any county or intercounty medical examiner; and any removal of

29 the Chief State Medical Examiner or any county or intercounty

30 medical examiner.

31 The bill specifies that the team is comprised of seven members,

32 including: the Commissioner of Health **【and Senior Services】**, the

33 Commissioner of Human Services, the Attorney General, and the

34 Chief State Medical Examiner, or their designees, who shall serve

35 ex officio, and three public members appointed by the Governor.

36 The bill specifies that the team must meet at least once annually

37 and must meet within 45 days after receiving a report of a dispute

38 or notification of a removal from office. The bill specifies that

39 team members will not receive compensation, but will be

40 reimbursed for expenses incurred, within the limits of funds

41 appropriated or otherwise made available to the team for its

42 purposes.

43 *Issuance of an Annual Report.* The bill requires the Office of the

44 Chief State Medical Examiner, in conjunction with the Medical

45 Examiner Review Team, to issue an annual report and to make that

46 report available to the public.

47 The bill specifies that the annual report must, at a minimum,

48 contain the following: the budget and expenditures for each

1 medical examiner office in this State; the total number of cases
2 received, reviewed, accepted, and investigated by each medical
3 examiner office; statistics of determined causes of death; and an
4 evaluation of the performance of each medical examiner office and
5 the medical examiner system.

6 *New Jersey State Medical Examiner Toxicology Laboratory.*
7 The bill requires the Office of the Chief State Medical Examiner to
8 maintain and supervise a State toxicology laboratory. The bill
9 specifies that the laboratory will provide necessary toxicology
10 services to the Chief State Medical Examiner, Deputy Chief State
11 Medical Examiner, each county or intercounty medical examiner,
12 and each assistant county or assistant intercounty medical examiner
13 in the performance of medicolegal death investigations in this State.

14 The bill specifies that the Chief State Medical Examiner, Deputy
15 Chief State Medical Examiner, county or intercounty medical
16 examiner, and assistant county or assistant intercounty medical
17 examiner requiring the services of a toxicology laboratory must
18 enlist the services of the State laboratory unless the Chief State
19 Medical Examiner provides permission for use of another. The bill
20 requires the Chief State Medical Examiner to adopt rules and
21 regulations for the operations and use of the State laboratory.

22 *Appeal Process for Persons in Interest.* The bill establishes an
23 appeal process for a “person in interest” (as defined by the bill) to
24 request a correction of a medical examiner’s findings and
25 conclusions on the cause and manner of death recorded on a death
26 certificate. The bill specifies that such a request cannot be made in
27 a case in which there is a finding of a homicide, and specifies that
28 those requests that are made must be initiated by the person in
29 interest within 60 days after the Chief State Medical Examiner,
30 Deputy Chief State Medical Examiner, county or intercounty
31 medical examiner, or assistant county or assistant intercounty
32 medical examiner files the findings and conclusions on the cause
33 and manner of death recorded on a death certificate.

34 *Repeals and Recodifications.* The bill repeals certain statutes and
35 repeals and recodifies the provisions of certain others. In particular,
36 the bill repeals the following statutes, which are obviated by its
37 provisions:

38 -- P.L.1967, c.234 (N.J.S.A.52:17B-78 et seq.), the “State
39 Medical Examiner Act,” concerning the establishment and
40 operation of the Office of the State Medical Examiner; and

41 -- Sections 2 and 3 of P.L.1972, c.13 (N.J.S.A.52:17B-79.1 et
42 seq.), concerning a prior transfer of power, duties, and functions of
43 the State Medical Examiner within the Department of Law and
44 Public Safety.

45 The bill repeals the following statutes and recodifies their
46 provisions in Title 26 of the Revised Statutes:

47 -- N.J.S.40A:9-50, concerning the disinterment of dead bodies;

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- 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.
14 *Effective Date.* The bill takes effect on the first day of the
15 second month next following the date of enactment.