

[First Reprint]  
**SENATE, No. 976**

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

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INTRODUCED JANUARY 16, 2018

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

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on February 15, 2018, with amendments.



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.

Matter enclosed in superscript numerals has been adopted as follows:

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

- 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 <sup>1</sup>"Medicolegal death investigator" means a person, other than a  
23 medical examiner, who is not a physician, but who is authorized to  
24 investigate a death that falls under the jurisdiction of the medical  
25 examiner, including all suspicious, violent, unexplained, and  
26 unexpected deaths.<sup>1</sup>

27 "Person in interest" means the spouse, civil union partner,  
28 domestic partner, adult child, parent, adult sibling, grandparent, or  
29 guardian of the person of the deceased at the time of the deceased's  
30 death.

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

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

1       b. All appropriations and other monies available, and to  
2 become available, to the Office of the State Medical Examiner in  
3 the Department of Law and Public Safety, established pursuant to  
4 section 2 of P.L.1967, c.234 (C.52:17B-79) and abolished pursuant  
5 to this act, are continued in the Office of the Chief State Medical  
6 Examiner in the Department of Health established hereunder and  
7 shall be available for the objects and purposes for which these  
8 monies are appropriated, subject to the provisions of this act and  
9 any other terms, restrictions, limitations, or other requirements  
10 imposed by law.

11       c. <sup>1</sup>All contracts or agreements that have been executed, as of  
12 the effective date of this act, between the Office of the Attorney  
13 General and the Northern or Southern Regional Offices of the State  
14 Medical Examiner shall be transferred to the Office of the Chief  
15 State Medical Examiner in the Department of Health, and continued  
16 as if the Office of the Chief State Medical Examiner was the  
17 original party to the contract or agreement.

18       d.<sup>1</sup> Whenever the term “State Medical Examiner” occurs or any  
19 reference is made thereto in any law, rule, regulation, order,  
20 contract, document, judicial or administrative proceeding, or  
21 otherwise, the same shall be deemed to mean or refer to: the “Chief  
22 State Medical Examiner” designated as the head of the Office of the  
23 Chief State Medical Examiner in the Department of Health  
24 established hereunder; or any person appointed to the position of  
25 “Deputy Chief State Medical Examiner” and acting on behalf of the  
26 Chief State Medical Examiner.

27  
28       6. (New section) a. The Office of the Chief State Medical  
29 Examiner shall be under the immediate and sole supervision and  
30 authority of the Chief State Medical Examiner, who shall direct,  
31 control, and oversee the medical examiner system in this State.

32       b. The Chief State Medical Examiner shall be a physician  
33 licensed and in good standing in the State of New Jersey, a graduate  
34 of a regularly chartered and legally constituted medical school or  
35 college <sup>1</sup>or osteopathic medical school or college<sup>1</sup>, and certified in  
36 forensic pathology by the American Board of Pathology <sup>1</sup>or by the  
37 American Osteopathic Board of Pathology<sup>1</sup>.

38       c. The Chief State Medical Examiner shall be appointed by the  
39 Governor, with the advice and consent of the Senate, and shall serve  
40 for a term of five years and until a successor is appointed and has  
41 qualified. In the case of the death, removal, resignation, or  
42 permanent incapacity of the Chief State Medical Examiner, the  
43 Governor shall appoint a new Chief State Medical Examiner, in the  
44 same manner as the original appointment, within six months.

45       d. The Chief State Medical Examiner shall receive a salary,  
46 which shall be within a salary range established by the Civil Service  
47 Commission with the approval of the Director of the Division of

1 Budget and Accounting, as provided by section 2 of P.L. 1974, c.55  
2 (C.52:14-15.108), and as approved by the Governor.

3 e. The Chief State Medical Examiner shall report directly to  
4 the Commissioner of Health and shall function independently  
5 within the department with respect to the supervision of the medical  
6 examiner system and the conducting of medicolegal death  
7 investigations.

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

12

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

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

17 b. The Chief State Medical Examiner shall, to the best of his  
18 ability, ensure that the medical examiner system is adequately  
19 equipped and staffed to effectively deliver medicolegal death  
20 investigation services throughout the State, for which purpose the  
21 Chief State Medical Examiner shall:

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

24 (2) establish <sup>1</sup>~~advisory~~ recommended<sup>1</sup> standards of funding  
25 for the operations, staffing, capital equipment, laboratories, and  
26 facilities of the county and intercounty medical examiner offices;

27 (3) oversee the deployment of State funds designated for the  
28 medical examiner system;

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

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

34 c. The Chief State Medical Examiner shall:

35 (1) appoint such persons to the position of Deputy Chief State  
36 Medical Examiner, and such other employees, as may be needed for  
37 the Office of the Chief State Medical Examiner to meet its  
38 responsibilities, and prescribe their duties;

39 (2) pursuant to the provisions of this act, provide advice  
40 concerning the appointment, by the governing body of a county or  
41 the governing bodies of two or more counties, of county or  
42 intercounty medical examiners, as applicable, to conduct  
43 medicolegal death investigations within the jurisdiction in which  
44 they may be appointed to serve;

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

- 1 (4) establish minimum training and experiential requirements of  
2 eligibility for those persons appointed as Deputy Chief State  
3 Medical Examiner or as a county or intercounty medical examiner,  
4 in addition to the other qualifications set forth in this act;
- 5 (5) retain direct supervisory power over all operations and  
6 personnel employed by the Office of the Chief State Medical  
7 Examiner;
- 8 (6) have direct supervision and oversight of any county or  
9 intercounty medical examiner facility that the Chief State Medical  
10 Examiner reasonably determines is experiencing problems that  
11 preclude its effective functioning <sup>1</sup>【; and】 , except that such direct  
12 supervision and oversight shall not be authorized in the case of a  
13 county or intercounty medical examiner facility that is accredited  
14 and subject to inspection by the National Association of Medical  
15 Examiners (NAME);<sup>1</sup>
- 16 (7) provide professional oversight concerning the operations of  
17 the county and intercounty medical examiner offices as they relate  
18 specifically to the conduct of medicolegal death investigations and  
19 the performance of autopsies <sup>1</sup>;
- 20 (8) require county and intercounty medical examiners to timely  
21 enter case information into the Case Management System  
22 maintained by the Chief State Medical Examiner, and to complete  
23 any training offered by the Office of the Chief State Medical  
24 Examiner on the proper use of the Case Management System; and
- 25 (9) establish a forensic pathology fellowship program that is  
26 designed to increase the pool of medical examiners in the State, and  
27 collaborate with, and encourage collaboration between, the State’s  
28 educational institutions for the purposes of implementing the  
29 fellowship program<sup>1</sup>.
- 30 d. The Chief State Medical Examiner, pursuant to the  
31 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
32 seq.), shall adopt rules and regulations as necessary to effectuate the  
33 provisions of this act, including, but not limited to, establishing:
- 34 (1) uniform procedures for conducting medicolegal death  
35 investigations as determined to be necessary to determine identity,  
36 cause of death, and manner of death, and to resolve any issues or  
37 potential issues of public health and legal concern;
- 38 (2) minimum performance and operating standards for the  
39 Office of the Chief State Medical Examiner and each county or  
40 intercounty medical examiner office; and
- 41 (3) standards of professional conduct to be followed by the  
42 personnel of the Office of the Chief State Medical Examiner and the  
43 personnel of county and intercounty medical examiner offices.
- 44 e. The Chief State Medical Examiner shall have direct  
45 supervision and oversight of any medical examiner facility  
46 operating under the jurisdiction of this State.
- 47 f. The Chief State Medical Examiner is authorized to intervene  
48 in, and to assume control over, any ongoing medicolegal death

1 investigation taking place in the State, at any time and at his  
2 discretion, regardless of whether the Chief State Medical Examiner  
3 has received permission from, or a request for intervention by, the  
4 county or intercounty medical examiner performing the  
5 investigation.

6 <sup>1</sup>g. The Chief State Medical Examiner is authorized to enter into  
7 agreements with the State Department of Health, the Attorney  
8 General, or any State-operated college or school of medicine, or any  
9 public hospital, for the use of certain of its laboratories, morgues,  
10 and other technical facilities, and space in its buildings as offices  
11 and laboratories for the Chief State Medical Examiner and his staff,  
12 and, in the discretion of the Attorney General, as provided by  
13 section 4 of P.L.1967, c.234 (C.52:17B-81), may make assistant  
14 medical examiners available to such educational institutions for the  
15 teaching of legal medicine and other subjects closely related to their  
16 duties.<sup>1</sup>

17

18 8. (New section) a. The position of Deputy Chief State  
19 Medical Examiner is created in the Office of the Chief State  
20 Medical Examiner.

21 b. The Chief State Medical Examiner may appoint one or more  
22 persons to the position of Deputy Chief State Medical Examiner, as  
23 he determines is needed to provide for appropriate supervision of  
24 the medical examiner system in this State. If the Chief State  
25 Medical Examiner appoints more than one person as Deputy Chief  
26 State Medical Examiner, the Chief State Medical Examiner shall  
27 name one Deputy Chief Medical Examiner as the “First Deputy  
28 Chief State Medical Examiner.”

29 c. The Deputy Chief State Medical Examiner, or the First  
30 Deputy Chief State Medical Examiner if one has been named  
31 pursuant to subsection b. of this section, shall perform all of the  
32 duties of the Chief State Medical Examiner in the case of the  
33 incapacity, prolonged absence, permanent resignation, or removal  
34 of the Chief State Medical Examiner.

35 d. The Deputy Chief State Medical Examiner shall: be a  
36 physician licensed and in good standing in the State; be a graduate  
37 of a regularly chartered and legally constituted medical school or  
38 college <sup>1</sup>or osteopathic medical school or college<sup>1</sup>, and certified in  
39 forensic pathology by the American Board of Pathology <sup>1</sup>or the  
40 American Osteopathic Board of Pathology<sup>1</sup>; and possess such  
41 minimum training and experiential requirements as are established  
42 by the Chief State Medical Examiner.

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

1 f. The Deputy Chief State Medical Examiner shall ensure  
2 compliance with the rules and regulations adopted by the Chief  
3 State Medical Examiner, and shall perform such duties as are  
4 assigned by the Chief State Medical Examiner.

5 g. The Deputy Chief State Medical Examiner may be removed  
6 from office by the Chief State Medical Examiner with or without  
7 cause. The removal shall be independent of any position that the  
8 Deputy Chief State Medical Examiner holds as a county or  
9 intercounty medical examiner.

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

23  
24 9. (New section) a. The governing body of a county shall  
25 establish and maintain an office of the county medical examiner,  
26 except as otherwise provided in this section.

27 b. (1) The governing body of a county or the governing bodies  
28 of two or more counties shall seek the advice of the Chief State  
29 Medical Examiner concerning the appointment of a county medical  
30 examiner or intercounty medical examiner, as applicable, by  
31 forwarding the nomination of the governing body for county  
32 medical examiner or the nomination of the governing bodies for  
33 intercounty medical examiner to the Chief State Medical Examiner  
34 for review.

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

40 c. The office of the county medical examiner shall be directed  
41 by a county medical examiner or, in the instances when counties  
42 jointly maintain an office on a cooperative or regional basis, an  
43 intercounty medical examiner, who shall be appointed by the  
44 governing body of the county or the governing bodies of the  
45 counties maintaining such an office, as applicable, in accordance  
46 with the provisions of subsection b. of this section, for a term of  
47 five years and until a successor is appointed and has qualified;  
48 except that any person holding the office of county or intercounty



1 medical examiner on the effective date of this act shall continue as  
2 county or intercounty medical examiner until the expiration of the  
3 term for which that person was appointed.

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

25 e. The office of county or intercounty medical examiner shall  
26 have at least one New Jersey licensed physician certified in forensic  
27 pathology by the American Board of Pathology <sup>1</sup>or the American  
28 Osteopathic Board of Pathology<sup>1</sup> on staff, serving as either the  
29 county or intercounty medical examiner, or as the assistant county  
30 or assistant intercounty medical examiner. Any additional person  
31 appointed as a county or intercounty medical examiner or an  
32 assistant county or intercounty medical examiner shall not be  
33 required to be certified in forensic pathology by the American  
34 Board of Pathology <sup>1</sup>or the American Osteopathic Board of  
35 Pathology<sup>1</sup>.

36 f. Each county <sup>1</sup>**[and]** medical examiner,<sup>1</sup> intercounty medical  
37 examiner <sup>1</sup>**[or],**<sup>1</sup> assistant county <sup>1</sup>medical examiner,<sup>1</sup> and assistant  
38 intercounty medical examiner shall <sup>1</sup>**[be]**<sup>1</sup>: <sup>1</sup>be<sup>1</sup> a licensed  
39 physician of recognized ability and in good standing in the State; be  
40 a graduate of a regularly chartered and legally constituted medical  
41 school or college <sup>1</sup>or osteopathic medical school or college<sup>1</sup>; and  
42 possess such minimum training and experience requirements as are  
43 established by the Chief State Medical Examiner. <sup>1</sup>Either: the  
44 county medical examiner or intercounty medical examiner, as the  
45 case may be; or the assistant county medical examiner or  
46 intercounty medical examiner, as the case may be, shall additionally

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

3 g. The county or intercounty medical examiner, subject to the  
4 approval of the governing body of the county or the governing  
5 bodies of the counties, as applicable, may appoint and prescribe the  
6 duties of any assistant county or intercounty medical examiners and  
7 other personnel as the county or intercounty medical examiner  
8 deems necessary for the proper performance of the duties of the  
9 office. An assistant county or assistant intercounty medical  
10 examiner shall meet the qualifications for that position as provided  
11 for in this section.

12 h. The salaries and expenses incurred by the office of the  
13 county or intercounty medical examiner shall be included in the  
14 annual budget of the county or counties served by that office, and  
15 the governing body of the county or the governing bodies of the  
16 counties shall fix the compensation to be paid to the county or  
17 intercounty medical examiner and assistant medical examiners and  
18 other personnel of the office. The governing body of the county or  
19 the governing bodies of the counties shall provide suitable quarters  
20 and equipment necessary for the performance of the duties of the  
21 county or intercounty medical examiner, and shall consult advisory  
22 standards adopted by the Chief State Medical Examiner with regard  
23 to funding for the staff, quarters, and equipment necessary for the  
24 performance of the duties of the office of the county or intercounty  
25 medical examiner. The budget for, and spending by, the office of  
26 the county or intercounty medical examiner shall: be available for  
27 review by the Chief State Medical Examiner; be published and  
28 available to the public as part of the budget approved by the  
29 governing body of the county or the governing bodies of the  
30 counties; and include all direct and indirect costs associated with  
31 the operation of the medical examiner office.

32 i. Each county and intercounty medical examiner shall ensure  
33 compliance with the rules and regulations adopted by the Chief  
34 State Medical Examiner.

35 j. The Chief State Medical Examiner may remove a county or  
36 intercounty medical examiner from office for cause, as set forth in  
37 this act, pending a hearing and final resolution, and in consultation  
38 with the governing body of the county or the governing bodies of  
39 the counties that appointed the county or intercounty medical  
40 examiner, as applicable. The Chief State Medical Examiner shall  
41 provide written notice of the removal to the governing body of the  
42 county or the governing bodies of the counties that appointed the  
43 county or intercounty medical examiner, as applicable, and to the  
44 county or intercounty medical examiner, immediately after making  
45 the removal official. A county or intercounty medical examiner  
46 removed under this provision shall be provided with notice of the  
47 charges against that person and afforded an opportunity for a  
48 hearing before an administrative law judge to contest the removal,

1 which shall conform with the provisions applicable to such  
2 contested cases in this State as set forth in statute and regulation.

3

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

11 (1) death where criminal violence appears to have taken place,  
12 regardless of the time interval between the incident and death, and  
13 regardless of whether the violence appears to have been the  
14 immediate cause of death, or a contributory factor thereto;

15 (2) death by accident or unintentional injury, regardless of the  
16 time interval between the incident and death, and regardless of  
17 whether the injury appears to have been the immediate cause of  
18 death, or a contributory factor thereto;

19 (3) death under suspicious or unusual circumstances;

20 (4) death from causes that might constitute a threat to public  
21 health <sup>1</sup>~~and~~ or<sup>1</sup> safety;

22 (5) death not caused by readily recognizable diseases, disability,  
23 or infirmity;

24 (6) sudden death when the decedent was in apparent good  
25 health;

26 (7) suicide;

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

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

30 (10) death due to criminal abortion, whether apparently self-  
31 induced or not;

32 (11) death where suspicion of abuse of a child, family or  
33 household member, or elderly or disabled person exists;

34 (12) death within 24 hours of admission to a hospital or a  
35 nursing home;

36 (13) death in custody, in a jail or correctional facility, or in a  
37 State or county psychiatric hospital, State developmental center, or  
38 other public or private institution or facility for persons with mental  
39 illness, developmental disabilities, or brain injury;

40 (14) death related to occupational illness or injury;

41 (15) death due to thermal, chemical, electrical, or radiation  
42 injury;

43 (16) death due to toxins, poisons, medicinal or recreational  
44 drugs, or a combination thereof;

45 (17) known or suspected non-natural death;

46 (18) any person found dead under unexplained circumstances;

47 (19) the discovery of skeletal remains;

48 <sup>1</sup>(20) death for which investigation is in the public interest;<sup>1</sup> or

1       <sup>1</sup>[(20)] (21)<sup>1</sup> a death occurring under such other circumstances  
2 as prescribed by regulation of the Chief State Medical Examiner.

3       b. For a death that occurs, or appears to have occurred, for any  
4 of the reasons specified in subsection a. of this section:

5       (1) It shall be the duty of any member of the general public  
6 having knowledge of the death to notify immediately the local law  
7 enforcement agency of the known facts concerning the time, place,  
8 manner, and circumstances of that death;

9       (2) It shall be the duty of any attending physician, licensed  
10 nurse, hospital administrator, law enforcement officer, Department  
11 of Children and Families staff member, or funeral director to notify  
12 immediately the county or intercounty medical examiner of the  
13 known facts concerning the time, place, manner, and circumstances  
14 of that death; and

15       (3) A person who willfully neglects or refuses to report the  
16 death, or who, without an order from the office of the county or  
17 intercounty medical examiner or the Office of the Chief State  
18 Medical Examiner, willfully touches, removes, or disturbs the  
19 decedent's body or touches, removes, or disturbs the clothing upon  
20 or near the body, is a disorderly person.

21       c. In addition to the rules and regulations adopted by the Chief  
22 State Medical Examiner establishing uniform procedures for  
23 conducting medicolegal death investigations, the procedures  
24 concerning the death investigation process as set forth in this  
25 subsection shall be followed by the persons specified herein.

26       (1) Upon the death of a person from any of the causes specified  
27 in subsection a. of this section, it shall be the duty of the physician  
28 in attendance, a law enforcement officer having knowledge of the  
29 death, the funeral director, or any other person present, to  
30 immediately notify the county or intercounty medical examiner and  
31 the county prosecutor of the county in which the death occurred of  
32 the known facts concerning the time, place, manner, and  
33 circumstances of that death. Upon receipt of that notification, the  
34 county or intercounty medical examiner <sup>1</sup>,<sup>1</sup> or <sup>1</sup>an<sup>1</sup> assistant county  
35 or intercounty medical examiner<sup>1</sup>, or a medicolegal death  
36 investigator<sup>1</sup> shall immediately proceed to the place where the dead  
37 body is located and take charge of the body. <sup>1</sup>A medicolegal death  
38 investigator who engages in the investigation of deaths pursuant to  
39 this subsection shall obtain certification from the American Board  
40 of Medicolegal Death Investigators within three years after the  
41 effective date of this act, or within three years after the person first  
42 takes action under this paragraph, whichever is later.<sup>1</sup>

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

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

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

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

24 (4) The Chief State Medical Examiner, Deputy Chief State  
25 Medical Examiner, county or intercounty medical examiner, <sup>1</sup>**[or]**<sup>1</sup>  
26 assistant county or intercounty medical examiner <sup>1</sup>, or medicolegal  
27 death investigator<sup>1</sup> shall consult with law enforcement officers and  
28 agencies, county prosecutors, public health agencies, or other  
29 appropriate entities in matters within their expertise, when  
30 conducting a medicolegal death investigation. <sup>1</sup>The medical  
31 examiner or medicolegal death investigator, as the case may be,  
32 shall be provided with an Originating Agency Identification  
33 Number, and access to the State's motor vehicle registries and  
34 fingerprint registries, for the purposes of identifying the remains of  
35 a deceased individual under this section.<sup>1</sup>

36 (5) If the cause of death is established within a reasonable  
37 degree of medical certainty and no autopsy is deemed necessary, the  
38 county or intercounty medical examiner <sup>1</sup>**[or]**,<sup>1</sup> assistant county or  
39 intercounty medical examiner <sup>1</sup>, or medicolegal death investigator,  
40 as the case may be,<sup>1</sup> shall reduce the findings to writing and  
41 promptly make a full report thereof to the Chief State Medical  
42 Examiner and to the county prosecutor in a format to be prescribed  
43 by the Chief State Medical Examiner for that purpose.

44 (6) If, in the opinion of the county or intercounty medical  
45 examiner, the Chief State Medical Examiner, an assignment judge  
46 of the Superior Court, the county prosecutor, <sup>1</sup>**[or]**<sup>1</sup> the Attorney

1 General <sup>1</sup>, or the commissioner<sup>1</sup>, an autopsy is deemed necessary,  
2 the autopsy shall be performed by:

3 (a) the county or intercounty medical examiner or assistant  
4 county or intercounty medical examiner, provided the individual  
5 performing the autopsy is under the supervision of a pathologist  
6 certified by the American Board of Pathology <sup>1</sup>or the American  
7 Osteopathic Board of Pathology<sup>1</sup>;

8 (b) the Chief State Medical Examiner, at his discretion, or the  
9 Deputy Chief State Medical Examiner; or

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

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

25 (a) The medical examiner performing the autopsy shall file a  
26 detailed description of the findings and conclusions of the autopsy  
27 with the Office of the Chief State Medical Examiner, and with the  
28 appropriate county or intercounty medical examiner office and the  
29 county prosecutor.

30 (b) Upon the request of a parent or legal guardian of the child, a  
31 pediatric pathologist, if available, shall assist in the performance of  
32 the autopsy under the direction of a forensic pathologist. The Chief  
33 State Medical Examiner or county or intercounty medical examiner  
34 shall notify the parent or legal guardian of the child that they may  
35 request that a pediatric pathologist assist in the performance of the  
36 autopsy. The medical examiner shall include any findings and  
37 conclusions by the pathologist from the autopsy with the  
38 information filed with the Office of the Chief State Medical  
39 Examiner, and with the appropriate county or intercounty medical  
40 examiner office and the county prosecutor, pursuant to  
41 subparagraph (a) of this paragraph. The Chief State Medical  
42 Examiner or the county or intercounty medical examiner shall make  
43 available a copy of these findings and conclusions to the closest  
44 surviving relative of the decedent within <sup>1</sup>~~90~~ 120<sup>1</sup> days of the  
45 receipt of a request therefor, unless the death is under active  
46 investigation by a law enforcement agency.

1 (c) The medical examiner with jurisdiction for the investigation  
2 shall make the preliminary findings and conclusions of the autopsy  
3 available to the child's parent or legal guardian and the department  
4 within 48 hours after the medical examiner is notified of the death  
5 of the child. The medical examiner shall provide his findings and  
6 conclusions for each reported case to the department upon  
7 completion of the investigation.

8 (8) Notwithstanding the provisions of this act to the contrary, a  
9 county or intercounty medical examiner may request the Chief State  
10 Medical Examiner or Deputy Chief State Medical Examiner, or  
11 other person authorized and designated by the Chief State Medical  
12 Examiner, to conduct an examination or perform an autopsy  
13 whenever it is deemed necessary or desirable.

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

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

41  
42 11. (New section) a. The Chief State Medical Examiner, a  
43 county or intercounty medical examiner, an assignment judge of the  
44 Superior Court, a county prosecutor, the Attorney General <sup>1</sup>【or  
45 other law enforcement official】<sup>1</sup>, or the commissioner may deem  
46 an autopsy necessary after a preliminary death investigation is  
47 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. <sup>1</sup>[A dissection or autopsy performed pursuant to this act  
5 shall be the least intrusive procedure consistent with the compelling  
6 public necessity] Bodies shall be treated with dignity and respect  
7 commensurate with the goals of this act<sup>1</sup>.

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

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

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

1 report shall include a biopsy or medically approved sample from the  
2 anatomical gift. The health care professional's report shall become  
3 part of the Chief State Medical Examiner's report.  
4

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

47 (4) The information and tissue samples provided to the research  
48 project by the Chief State Medical Examiner, Deputy Chief State

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

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

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

20

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

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

46 c. The protocols shall include requirements and standards for  
47 scene investigation, criteria for ascertaining the cause of death  
48 based on autopsy, criteria for specific tissue sampling, and such

1 other requirements as the committee deems appropriate. The  
2 protocols shall take into account nationally recognized standards for  
3 pediatric autopsies.

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

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

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

21

22 <sup>1</sup>¶14. (New section) a. The Legislature finds and declares that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

1       15. (New section) a. All law enforcement officers, State and  
2 county prosecutors, and other officials and members of the public  
3 shall cooperate fully with the Office of the Chief State Medical  
4 Examiner and county and intercounty medical examiners in making  
5 the investigations and conducting the autopsies provided for under  
6 this act. These officials and all physicians, funeral directors, and  
7 other persons shall assist in making dead bodies and related  
8 evidence available to such medical examiners for investigations and  
9 autopsies.

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

14

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

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

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

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

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

45       (2) The Chief State Medical Examiner and a county or  
46 intercounty medical examiner shall be authorized to, and shall,  
47 issue a subpoena duces tecum to require a witness to bring any  
48 books, records, documents, files, or things under the control of the

1 person served as the medical examiner deems necessary for the  
2 purpose of a medicolegal death investigation.

3 (3) The Chief State Medical Examiner and a county or  
4 intercounty medical examiner shall be authorized to, and shall,  
5 issue a subpoena for the production of confidential medical records,  
6 mental health records, drug and alcohol abuse records, and other  
7 relevant information from a physician, health care facility, or other  
8 health care provider as the medical examiner deems necessary for  
9 the purpose of a medicolegal death investigation.

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

13

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

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

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

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

46 e. The Office of the Chief State Medical Examiner and the  
47 office of each county or intercounty medical examiner may charge a  
48 reasonable fee to private persons for copies of such records and

1 upon such conditions as may be prescribed by the Chief State  
2 Medical Examiner; provided, however, that no person with a proper  
3 interest in such records shall be denied access thereto. All such fees  
4 collected by the Office of the Chief State Medical Examiner and by  
5 the office of each county or intercounty medical examiner shall be  
6 paid into the State Treasury or county treasury, as applicable, on or  
7 before the 10th day of each month.

8

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

13 b. The Medical Examiner Review Team shall include <sup>1</sup>**【seven】**  
14 nine<sup>1</sup> members, as follows:

15 (1) the commissioner, the Commissioner of Human Services, the  
16 Attorney General, and the Chief State Medical Examiner, or their  
17 designees, who shall serve ex officio; <sup>1</sup>**【and】**<sup>1</sup>

18 (2) <sup>1</sup>the Chair of the Department of Pathology from one of the  
19 medical schools or colleges or osteopathic medical schools or  
20 colleges in New Jersey, to be appointed by the Governor; and

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

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

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

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

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

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

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

1 f. Of the public members of the Medical Examiner Review  
2 Team first appointed, two shall be appointed for a term of three  
3 years and one for a term of two years. Thereafter, members shall be  
4 appointed for terms of three years. The public members shall be  
5 eligible for reappointment and shall serve until the appointment and  
6 qualification of their successors.

7 g. Vacancies in the Medical Examiner Review Team shall be  
8 filled for the unexpired terms in the same manner as the original  
9 appointments were made.

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

15 i. The department shall provide such staff and other support as  
16 the Medical Examiner Review Team deems necessary to perform its  
17 duties.

18

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

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

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

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

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

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

34

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

40 a. engaging in illegal activity;

41 b. intentional substantive noncompliance with rules and  
42 regulations;

43 c. willful misconduct;

44 d. professional incompetence and neglect of duty;

45 e. insubordination; or

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

1       <sup>1</sup>【21. (New section) After making a diligent effort to ascertain  
2 the identity of remains in its possession, and to contact relatives or  
3 friends to take control of remains in its possession, the Office of the  
4 Chief State Medical Examiner, and the office of each county or  
5 intercounty medical examiner, shall offer any such unidentified or  
6 unclaimed remains to any qualified mortuary science program  
7 within the State consistent with the provisions of R.S.26:6-9.】<sup>1</sup>  
8

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

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

27       c. The Chief State Medical Examiner shall adopt such rules  
28 and regulations as may be necessary concerning the operations and  
29 use of the New Jersey State Medical Examiner Toxicology  
30 Laboratory.  
31

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

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

- 42       (1) be made in writing to the Chief State Medical Examiner,  
43 regardless of which medical examiner made the initial filing;  
44       (2) describe the requested change precisely; and  
45       (3) state the reasons for the change.

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

45  
46 <sup>1</sup>[24.] 23.<sup>1</sup> R.S.26:6-1 is amended to read as follows:

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

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

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

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

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

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

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

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

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

42

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



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

3

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

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

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

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

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

23

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

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

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

37

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

40       2. As used in this act:

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

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

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

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

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

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

9 "Designated requester" means a hospital employee who has  
10 completed a course offered or approved by an organ procurement  
11 organization.

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

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

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

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

26 "Donor registry" means a database that contains records of  
27 anatomical gifts.

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

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

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

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

46 "Identification card" means an identification card issued by the  
47 New Jersey Motor Vehicle Commission.

1 "Medical examiner" means the Chief State Medical Examiner,  
2 Deputy Chief State Medical Examiner, a county or intercounty  
3 medical examiner or assistant county or intercounty medical  
4 examiner, **【or another person】** performing **【the】** their duties **【of a**  
5 **medical examiner】** pursuant to **【P.L.1967, c.234 (C.52:17B-78 et**  
6 **seq.)】** P.L. , c. (C. )(pending before the Legislature as this  
7 bill).

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

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

12 "Parent" means a parent whose parental rights have not been  
13 terminated.

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

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

18 "Procurement organization" means an eye bank, organ  
19 procurement organization, or tissue bank.

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

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

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

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

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

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

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

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

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

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

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

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

12

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

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

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

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

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

40

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

42 26:8-1. As used in this chapter:

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

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

1 "State registrar" means the State registrar of vital statistics;  
2 "Local registrar" or "registrar" means the local registrar of vital  
3 statistics of any district; and "registration district" or "district"  
4 means a registration district as constituted by this article.

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

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

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

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

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

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

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

43 (1) The system shall be fully implemented no later than 18  
44 months after the date of enactment of P.L.2003, c.221, and shall be  
45 the required means of death registration and certification for any  
46 death or fetal death occurring in this State, subject to any exception  
47 that may be approved by the State registrar in the case of a specific  
48 death or fetal death. All participants in the death registration

1 process, including, but not limited to, the State registrar, local  
2 registrars, deputy registrars, alternate deputy registrars,  
3 subregistrars, the Chief State [medical examiner] Medical  
4 Examiner, Deputy Chief State Medical Examiner, county or  
5 intercounty medical examiners, assistant county or intercounty  
6 medical examiners, funeral directors, attending physicians and  
7 resident physicians, licensed health care facilities, and other public  
8 or private institutions providing medical care, treatment or  
9 confinement to persons, shall be required to utilize the NJ-EDRS to  
10 provide the information that is required of them by statute or  
11 regulation.

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

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

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

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

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

39 (3) an automated notification system to alert other responsible  
40 parties to pending cases, including notification to or from alternate  
41 local registrars;

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

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

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

9 (7) the capacity to electronically amend and correct death  
10 records;

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

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

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

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

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

38  
39 32. Section 18 of P.L.2003, c.221 (C.26:8-24.3) is amended to  
40 read as follows:

41 18. The Chief State Medical Examiner, the Commissioner of  
42 Labor and Workforce Development or his designee, county or  
43 intercounty medical examiners, licensed health care facilities, other  
44 public or private institutions providing medical care, treatment or  
45 confinement to persons, funeral homes and physicians' private  
46 practice offices, as defined by the State registrar, shall acquire the  
47 electronic means prescribed by the State registrar to access the NJ-  
48 EDRS, or make such other arrangements as are necessary for that



1 purpose, no later than six months after the date of enactment of  
2 P.L.2003, c.221.

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

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

14

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

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

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

44

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

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

1 a. The commissioner, Chief State Medical Examiner, and  
2 Commissioner of Environmental Protection shall coordinate and  
3 consult with each other on the performance of their respective  
4 functions regarding the safe disposition of human remains, to devise  
5 and implement measures which may include, but are not limited to,  
6 the following:

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

16 (2) To determine whether there is a need to investigate any  
17 human deaths related to the public health emergency, and take such  
18 steps as may be appropriate to enable the Chief State Medical  
19 Examiner, or his designee, to take possession or control of any  
20 human remains and perform an autopsy of the body under protocols  
21 of the Chief State Medical Examiner consistent with safety as the  
22 public health emergency may dictate;

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

31 (4) To direct or issue and enforce orders requiring that every  
32 human remains prior to disposition be clearly labeled with all  
33 available information to identify the decedent, which shall include  
34 the requirement that any human remains of a deceased person with  
35 a contagious disease shall have an external, clearly visible tag  
36 indicating that the human remains are infected and, if known, the  
37 contagious disease.

38 b. The person in charge of disposition of any human remains  
39 shall maintain a written or electronic record of each human remains  
40 and all available information to identify the decedent and the  
41 circumstances of death and disposition. If human remains cannot  
42 be identified prior to disposition, a person authorized by the Chief  
43 State Medical Examiner shall, to the extent possible, take  
44 fingerprints and photographs of the human remains, obtain  
45 identifying dental information, and collect a DNA specimen, under  
46 protocols of the Chief State Medical Examiner consistent with  
47 safety as the public health emergency may dictate. All information  
48 gathered under this subsection shall be promptly forwarded to the

1 Chief State Medical Examiner, who shall forward relevant  
2 information to the commissioner.

3 c. The commissioner and Chief State Medical Examiner shall  
4 coordinate with the appropriate law enforcement agencies in any  
5 case where human remains may constitute evidence in a criminal  
6 investigation.

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

8

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

11 18. During a state of public health emergency, the commissioner  
12 may exercise, for such period as the state of public health  
13 emergency exists, the following emergency powers regarding health  
14 care personnel:

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

18 b. To appoint and prescribe the duties of such out-of-State  
19 emergency health care providers as may be reasonable and  
20 necessary to respond to the public health emergency, as provided in  
21 this subsection.

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

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

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

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

45 (2) The Chief State Medical Examiner may waive any licensing  
46 requirements, permits or fees otherwise required for the  
47 performance of these duties, so long as the appointed emergency  
48 assistant medical examiner is competent to properly perform the

1 duties of the office. In addition, if from another jurisdiction, the  
2 appointee shall possess the licensing, permit or fee requirement for  
3 medical examiners or assistant medical examiners in that  
4 jurisdiction.

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

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

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

21

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

24 29. The powers granted in the act are in addition to, and not in  
25 derogation of, powers otherwise granted by law to the Chief State  
26 Medical Examiner.

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

28

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

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

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

42

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

44 40A:9-47. The county medical examiner of any county or an  
45 intercounty medical examiner may, subject to the approval of the  
46 board or boards of chosen freeholders, as applicable, appoint  
47 **[such]** one or more assistant county or intercounty medical

1 examiners **【**of the county, toxicologists, scientific experts, clerical  
2 assistants and other personnel as shall be deemed necessary and  
3 required, fix their compensation and prescribe their powers, duties  
4 and functions. The assistant medical examiners of the county shall  
5 have the same qualifications as the county medical examiner. The  
6 said personnel shall be under the direction and supervision of the  
7 county medical examiner**】** to operate under their direction and  
8 supervision in accordance with the provisions of P.L. ,  
9 c. (C. ) (pending before the Legislature as this bill), and as  
10 prescribed by regulation of the Chief State Medical Examiner.

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

12

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

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

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

22

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

24 40A:9-49. <sup>1</sup>**【The】** Pursuant to section 22 of P.L.2003, c.261  
25 (C.45:27-22), <sup>1</sup>the county or intercounty medical examiner or  
26 assistant county or intercounty medical examiner, upon taking  
27 charge of unidentified or unclaimed dead bodies, shall make burial  
28 arrangements. If the decedent left an ascertainable estate able to  
29 pay for the burial, the cost thereof certified by the official in charge  
30 shall be payable out of such estate. If the decedent left no  
31 ascertainable estate able to pay for the burial, the cost of burial shall  
32 be borne:

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

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

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

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

40

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

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

1 or intercounty medical examiner.

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

3

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

5 40A:9-52. The morgue keepers shall be required to provide  
6 suitable rooms for the holding of necessary examinations or  
7 autopsies. They shall dispose of the dead bodies as directed by the  
8 county or intercounty medical examiner. The said county or  
9 intercounty medical examiner shall grant burial certificates for the  
10 unknown or unclaimed dead only to the morgue keepers. The board  
11 of chosen freeholders shall fix and pay the fees and expenses  
12 incurred by the morgue keepers in the performance of their duties as  
13 such.

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

15

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

17 40A:9-54. Unidentified or unclaimed dead bodies shall be  
18 viewed by the county or intercounty medical examiner or by the  
19 assistant county or intercounty medical examiner, or a regularly  
20 licensed and practicing physician deputized for that purpose by the  
21 county or intercounty medical examiner. Thereafter, the body shall  
22 be **buried by the morgue keeper at the expense of the county**  
23 **<sup>1</sup> treated in the manner prescribed in section 20 of P.L. ,**  
24 **c. (C. ) (pending before the Legislature as this bill)** **buried**  
25 **by the morgue keeper at the expense of the county<sup>1</sup>.**

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

27

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

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

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

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

40

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

42 40A:9-56. In any county where there is no morgue keeper, the  
43 procedure as to the disposition of unidentified or unclaimed dead  
44 bodies shall be as nearly similar as in counties having a morgue  
45 keeper, and the duties which would have been performed by the  
46 morgue keeper, if there were one, shall be performed by the county

1 or intercounty medical examiner or the assistant county or  
2 intercounty medical examiner.

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

4

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

6 40A:9-57. Where in any municipality the police ascertain the  
7 finding or discovery of an unidentified dead body, the chief of  
8 police or other police officer on duty shall forthwith notify the  
9 county or intercounty medical examiner of such finding or  
10 discovery.

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

12

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

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

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

28

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

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

43 Community Affairs Department

44 Assistant Commissioner of Community Affairs

45 Director, Division of State and Regional Planning

46 Director, Division of Local Government Services

47 Director, Division of Housing and Urban Renewal

48 Director, Office of Aging Programs

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

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

38

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

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

46 b. Any county or intercounty medical examiner with custody of  
47 human remains that are not identified within 24 hours of discovery



1 shall promptly notify the Missing Persons Unit of the location of  
2 those remains.

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

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

8

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

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

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

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

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

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

32 d. Unidentified human remains shall not be cremated.

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

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

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

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

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

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

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

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

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

25

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

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

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

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

1 identification of domestic violence cases and a county probation  
2 officer; and

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

7 b. The public members of the board shall serve for three-year  
8 terms, except that of the public members first appointed, four shall  
9 serve for a period of one year, three shall serve for a period of two  
10 years and two shall serve for a period of three years. The members  
11 shall serve without compensation, but shall be eligible for  
12 reimbursement for necessary and reasonable expenses incurred in  
13 the performance of their official duties and within the limits of  
14 funds appropriated for this purpose. Vacancies in the membership  
15 of the board shall be filled in the same manner as the original  
16 appointments were made.

17 c. The board shall select a chairperson from among its  
18 members who shall be responsible for the coordination of all  
19 activities of the board.

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

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

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

32

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

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

42 b. The members of the planning group shall include the  
43 Director of the New Jersey Office of Emergency Management, the  
44 Adjutant General of Military and Veterans' Affairs or his designee,  
45 the Commissioner of Agriculture or his designee, the Commissioner  
46 of Community Affairs or his designee, the Commissioner of  
47 Corrections or his designee, the Commissioner of Environmental  
48 Protection or his designee, the Commissioner of Health [and Senior

1 Services] or his designee, the Commissioner of Human Services, or  
2 his designee, the Commissioner of Transportation or his designee,  
3 the Executive Director of the New Jersey Transit Corporation or his  
4 designee, the State Treasurer or his designee, the [New Jersey]  
5 Chief State Medical Examiner or his designee, a representative of  
6 the University of Medicine and Dentistry of New Jersey, the  
7 President of the Board of Public Utilities or his designee, a  
8 representative of the New Jersey County Emergency Management  
9 Coordinators Association, a representative of the New Jersey State  
10 Fire Chiefs Association, and a representative of the New Jersey  
11 State Police Chiefs Association. The planning group may include,  
12 to the extent such individuals may be made available for such  
13 purpose, a representative of the Federal Emergency Management  
14 Agency, a representative of the Federal Bureau of Investigation, a  
15 representative of the American Red Cross, and a representative of  
16 such other charitable groups as may be appropriate. The  
17 chairperson of the task force shall appoint the chair and vice chair  
18 of the planning group.

19 (cf: P.L.2001, c.246, s.8)

20

21 53. The following are repealed:

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

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

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

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

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

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

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

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

30 P.L.2013, c.91 (C.52:17B-8.12 et seq.).

31

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