

SENATE, No. 2395

STATE OF NEW JERSEY 214th LEGISLATURE

INTRODUCED NOVEMBER 15, 2010

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator CHRISTOPHER "KIP" BATEMAN

District 16 (Morris and Somerset)

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT establishing the Office of the Chief State Medical
2 Examiner in the Department of Health and Senior Services,
3 supplementing Title 26 of the Revised States, and amending and
4 repealing parts of the 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 and Senior Services in order to ensure its
24 independent status, and the Chief State Medical Examiner is to
25 exercise explicit supervisory authority over the entire medical
26 examiner system, with the power to intervene at his discretion in
27 any medicolegal death investigation 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 and Senior
43 Services.

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

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

Matter underlined thus is new matter.

- 1 a. that a dissection or autopsy is essential to the criminal
- 2 investigation of a homicide of which the decedent is the victim;
- 3 b. that the discovery of the cause of death is necessary to meet
- 4 an immediate and substantial threat to the public health, and that a
- 5 dissection or autopsy is essential to ascertain the cause of death;
- 6 c. that the death was that of an inmate of a prison, jail, or other
- 7 correctional facility;
- 8 d. that the death was that of a child under the age of 12 years
- 9 suspected of having been abused or neglected or suspected of being
- 10 a threat to public health, and the cause of whose death is not
- 11 apparent after diligent investigation by the medical examiner; or
- 12 e. that the need for a dissection or autopsy is established
- 13 pursuant to the provisions of this act.
- 14 "Department" means the Department of Health and Senior
- 15 Services.
- 16 "Friend" means any person who, prior to the decedent's death,
- 17 maintained close contact with the decedent sufficient to render that
- 18 person knowledgeable of the decedent's activities, health, and
- 19 religious beliefs, and who presents an affidavit stating the facts and
- 20 circumstances upon which the claim that the person is a friend is
- 21 based, and stating that the person will assume responsibility for the
- 22 lawful disposition of the body of the deceased.
- 23 "Person in interest" means the spouse, civil union partner,
- 24 domestic partner, adult child, parent, adult sibling, grandparent, or
- 25 guardian of the person of the deceased at the time of the deceased's
- 26 death.
- 27
- 28 4. (New section) There is established in the Executive Branch
- 29 of the State Government the Office of the Chief State Medical
- 30 Examiner. For the purpose of complying with the provisions of
- 31 Article V, Section IV, paragraph 1 of the New Jersey Constitution,
- 32 the Office of the Chief State Medical Examiner is allocated within
- 33 the Department of Health and Senior Services; but, notwithstanding
- 34 that allocation, the office shall be independent of any supervision or
- 35 control by the department or by any board or officer thereof.
- 36
- 37 5. (New section) a. The Office of the State Medical Examiner
- 38 in the Department of Law and Public Safety, established pursuant to
- 39 section 2 of P.L.1967, c.234 (C.52:17B-79), is abolished; and all of
- 40 its functions, powers, and duties are transferred to the Office of the
- 41 Chief State Medical Examiner in the Department of Health and
- 42 Senior Services established hereunder, subject to the provisions of
- 43 this act and in accordance with the "State Agency Transfer Act,"
- 44 P.L.1971, c.375 (C.52:14D-1 et seq.).
- 45 b. All appropriations and other monies available, and to
- 46 become available, to the Office of the State Medical Examiner in
- 47 the Department of Law and Public Safety, established pursuant to
- 48 section 2 of P.L.1967, c.234 (C.52:17B-79) and abolished pursuant

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

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

16

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

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

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

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

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

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

- 1 7. (New section) The Chief State Medical Examiner shall have
2 the following general duties, functions, powers, and responsibilities:
- 3 a. The Chief State Medical Examiner shall have the authority
4 to enforce the provisions of this act.
- 5 b. The Chief State Medical Examiner shall, to the best of his
6 ability, ensure that the medical examiner system is adequately
7 equipped and staffed to effectively deliver medicolegal death
8 investigation services throughout the State, for which purpose the
9 Chief State Medical Examiner shall:
- 10 (1) establish standards of funding for the operations and staffing
11 of the Office of the Chief State Medical Examiner;
- 12 (2) establish standards of funding for the operations, staffing,
13 capital equipment, laboratories, and facilities of the county and
14 intercounty medical examiner offices;
- 15 (3) oversee the deployment of State funds designated for the
16 medical examiner system;
- 17 (4) oversee the operations of the county and intercounty medical
18 examiner offices;
- 19 (5) make recommendations for the use of funding by the county
20 and intercounty medical examiner offices;
- 21 (6) maintain and supervise the New Jersey State Medical
22 Examiner Toxicology Laboratory as set forth in this act; and
- 23 (7) have the authority to apply for and accept funds, including
24 grants and awarded federal appropriations, for the improvement of
25 the system of medicolegal death investigation services.
- 26 c. The Chief State Medical Examiner shall:
- 27 (1) appoint such persons to the position of Deputy Chief State
28 Medical Examiner, and such other employees, as may be needed for
29 the Office of the Chief State Medical Examiner to meet its
30 responsibilities, and prescribe their duties;
- 31 (2) pursuant to the provisions of this act, provide advice
32 concerning the appointment, by the governing body of a county or
33 counties, of county or intercounty medical examiners to conduct
34 medicolegal death investigations within the jurisdiction in which
35 they may be appointed to serve;
- 36 (3) provide advice and consent to the governing body of two or
37 more counties seeking to maintain an intercounty medical examiner
38 office, in accordance with the provisions of this act;
- 39 (4) establish minimum training and experiential requirements of
40 eligibility for those persons appointed as Deputy Chief State
41 Medical Examiner or as a county or intercounty medical examiner,
42 in addition to the other qualifications set forth in this act; and
- 43 (5) retain supervisory power over all personnel employed by the
44 Office of the Chief State Medical Examiner and all county or
45 intercounty, and all assistant county or intercounty, medical
46 examiners.
- 47 d. The Chief State Medical Examiner, pursuant to the
48 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et

1 seq.), shall adopt rules and regulations as necessary to effectuate the
2 provisions of this act, including, but not limited to, establishing:

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

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

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

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

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

23

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

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

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

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

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

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

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

14

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

18 b. (1) The governing body of a county shall seek the advice of
19 the Chief State Medical Examiner concerning the appointment of a
20 county medical examiner by forwarding its nomination for county
21 medical examiner to the Chief State Medical Examiner for review
22 and approval.

23 (2) Two or more counties may jointly establish and maintain a
24 medical examiner office, in a manner to be prescribed by the Chief
25 State Medical Examiner, as provided in this subsection:

26 (a) The governing bodies of two or more counties seeking to
27 jointly maintain an intercounty medical examiner office on a
28 cooperative or regional basis shall seek the advice of the Chief State
29 Medical Examiner concerning, and shall obtain his written consent
30 to enter into, such an arrangement before doing so.

31 (b) If the Chief State Medical Examiner does not consent to the
32 arrangement, he shall give written notice to the county governing
33 bodies that requested consent to do so and explain why the request
34 was denied.

35 (c) If the Chief State Medical Examiner consents to the
36 arrangement, the applicable county governing bodies shall forward
37 their joint nomination for intercounty medical examiner to the Chief
38 State Medical Examiner for his advice concerning the appointment.

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

1 medical examiner until the expiration of the term for which that
2 person was appointed.

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

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

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

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

47 h. The salaries and expenses incurred by the office of the
48 county or intercounty medical examiner shall be included in the

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

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

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

32

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

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

44 (2) death by accident or unintentional injury, regardless of the
45 time interval between the incident and death, and regardless of
46 whether the injury appears to have been the immediate cause of
47 death, or a contributory factor thereto;

48 (3) death under suspicious or unusual circumstances;

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

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

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

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

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

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

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

42 (4) The Chief State Medical Examiner, Deputy Chief State
43 Medical Examiner, county or intercounty medical examiner, or
44 assistant county or intercounty medical examiner shall consult with
45 law enforcement officers and agencies, county prosecutors, public
46 health agencies, or other appropriate entities in matters within their
47 expertise, when conducting a medicolegal death investigation.

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

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

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

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

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

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

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

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

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

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

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

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

40
41 11. (New section) a. The Chief State Medical Examiner, a
42 county or intercounty medical examiner, an assignment judge of the
43 Superior Court, a county prosecutor, the Attorney General or other
44 law enforcement official, or the commissioner may deem an
45 autopsy necessary after a preliminary death investigation is
46 performed.

47 b. Notwithstanding any other provision of law to the contrary,
48 no dissection or autopsy shall be performed, in the absence of a

1 compelling public necessity, if a member of the decedent's
2 immediate family or, in the absence thereof, a friend of the decedent
3 objects to the procedure on the grounds that it is contrary to the
4 religious belief of the decedent, or if there is an obvious reason to
5 believe that a dissection or autopsy is contrary to the decedent's
6 religious beliefs.

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

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

37 (2) An action brought pursuant to paragraph (1) of this
38 subsection shall have preference over all other cases and shall be
39 determined summarily upon the petition and oral or written proof, if
40 any, offered by the parties. The court shall permit the dissection or
41 autopsy to be performed if it finds that the medical examiner
42 established a compelling public necessity, for reasons not otherwise
43 provided for in this act, for the autopsy or dissection under all of the
44 circumstances of the case, or if the objecting party or party named
45 by the court fails to swear or affirm that an autopsy or dissection
46 would be contrary to the decedent's religious beliefs. If permission
47 to perform a dissection or autopsy is denied and no stay is granted

1 by the court or by the appellate division, the decedent's body shall
2 be immediately released for burial.

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

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

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

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

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

3
4 13. (New section) a. (1) The Chief State Medical Examiner, in
5 consultation with the commissioner, shall develop standardized
6 protocols for autopsies performed in those cases in which the
7 suspected cause of death of a child under one year of age is sudden
8 infant death syndrome and in which the child is between one and
9 three years of age and the death is sudden and unexpected.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19
20 14. (New section) a. All law enforcement officers, State and
21 county prosecutors, and other officials and members of the public
22 shall cooperate fully with the Office of the Chief State Medical
23 Examiner and county and intercounty medical examiners in making
24 the investigations and conducting the autopsies provided for under
25 this act. These officials and all physicians, funeral directors, and
26 other persons shall assist in making dead bodies and related
27 evidence available to such medical examiners for investigations and
28 autopsies.

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

33
34 15. (New section) a. (1) The Chief State Medical Examiner
35 may order a disinterment of a dead body, following the receipt of
36 approval by the Superior Court, when an investigation of the cause
37 of death is authorized. The disinterment shall be performed under
38 the supervision and direction of the Chief State Medical Examiner
39 or his designee. The court shall direct the giving of or dispensing
40 with notice.

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

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

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

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

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

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

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

33

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

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

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

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

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

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

29

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

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

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

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

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

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

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

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

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

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

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

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

24 h. The members of the Medical Examiner Review Team shall
25 not receive any compensation, but shall be reimbursed for expenses
26 incurred in the performance of their duties.

27 i. The department shall provide such staff and other support as
28 the Medical Examiner Review Team deems necessary to perform its
29 duties.

30

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

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

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

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

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

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

46

47 19. (New section) The Governor shall be authorized to remove
48 the Chief State Medical Examiner from office, and the Chief State

1 Medical Examiner shall be authorized to remove any county or
2 intercounty medical examiner from office, for any of the following
3 causes:

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

11
12 20. (New section) After making a diligent effort to ascertain the
13 identity of remains in its possession, and to contact relatives or
14 friends to take control of remains in its possession, the Office of the
15 Chief State Medical Examiner, and the office of each county or
16 intercounty medical examiner, shall offer any such unidentified or
17 unclaimed remains to any qualified mortuary science program
18 within the State consistent with the provisions of R.S.26:6-9.

19
20 21. (New section) a. The Office of the Chief State Medical
21 Examiner shall maintain and supervise a toxicology laboratory, to
22 be designated as the New Jersey State Medical Examiner
23 Toxicology Laboratory, in order to provide necessary toxicology
24 services to the Chief State Medical Examiner, Deputy Chief State
25 Medical Examiner, each county or intercounty medical examiner,
26 and each assistant county or assistant intercounty medical examiner
27 in the performance of medicolegal death investigations in this State.

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

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

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

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

1 the billing rate established by the Office of Administrative Law.
2 Otherwise, the department shall be responsible for the costs.

3

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

5 26:6-1. As used in this chapter: "Local registrar" or "registrar"
6 means the local registrar of vital statistics. "State registrar" means
7 the State Registrar of Vital Statistics.

8 "Registration district" or "district" means the district established
9 by law for the registration of vital events.

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

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

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

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

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

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

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

46

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

26:6-8. In the execution of a death certificate, the personal particulars shall be obtained by the funeral director from the person best qualified to supply them. The death and last sickness particulars shall be supplied by the attending, covering or resident physician; or if there is no attending, covering or resident physician, by an attending registered professional nurse licensed by the New Jersey Board of Nursing under P.L.1947, c. 262 (C. 45:11-23 et seq.); or if there is no attending, covering or resident physician or attending registered professional nurse, by the county or intercounty medical examiner or assistant county or intercounty medical examiner. Within a reasonable time, not to exceed 24 hours after the pronouncement of death, the attending, covering or resident physician or the county or intercounty medical examiner or the assistant county or intercounty medical examiner shall execute the death certification. The burial particulars shall be supplied by the funeral director. The attending, covering or resident physician, the attending registered professional nurse, or the county or intercounty medical examiner or assistant county or intercounty medical examiner and the funeral director shall certify to the particulars supplied by them by signing their names below the list of items furnished, or by otherwise authenticating their identities and the information that they have provided through the NJ-EDRS. If a person acting under the direct supervision of the Chief State Medical Examiner, Deputy Chief State Medical Examiner, a county or intercounty medical examiner or assistant county or intercounty medical examiner, funeral director, attending, covering or resident physician, or licensed health care facility or other public or private institution providing medical care, treatment or confinement to persons, which is registered with the NJ-EDRS, is not authorized to authenticate the information required on a certificate of death or fetal death, that person may enter that information into the NJ-EDRS in anticipation of its authentication by the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or a county or intercounty medical examiner or assistant county or intercounty medical examiner, funeral director, attending, covering or resident physician, local registrar, deputy registrar, alternate deputy registrar or subregistrar, as applicable.

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

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

1. If the attending physician, registered professional nurse, or the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or county or intercounty medical examiner or assistant county or intercounty medical examiner who makes the actual determination and pronouncement of death determines or has knowledge that the deceased person was **[infected with human immunodeficiency virus (HIV)]** HIV positive or infected with

1 hepatitis B virus or that the deceased person suffered from
2 [acquired immune deficiency syndrome (AIDS), AIDS related
3 complex (ARC)] AIDS or any of the contagious, infectious or
4 communicable diseases as shall be determined by the Commissioner
5 of [the Department of] Health and Senior Services, the attending
6 physician, registered professional nurse or the Chief State Medical
7 Examiner, Deputy Chief State Medical Examiner, or county or
8 intercounty medical examiner or assistant county or intercounty
9 medical examiner shall immediately place with the remains written
10 notification of the condition and shall provide written notification
11 of the condition to the funeral director who is responsible for the
12 handling and the disposition of the body.

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

14

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

16 26:6-9. In case of any death occurring without medical
17 attendance, the funeral director shall notify the Office of the Chief
18 State Medical Examiner or the office of the county or intercounty
19 medical examiner, or the local registrar. In case the local registrar
20 shall be notified, he shall immediately inform the county or
21 intercounty medical examiner and refer the case to him for
22 investigation. The county or intercounty medical examiner or
23 assistant county or intercounty medical examiner shall furnish the
24 funeral director with the necessary data and last sickness particulars
25 to make the death certificate, or shall enter the information directly
26 into the NJ-EDRS.

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

28

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

31 2. As used in this act:

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

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

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

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

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

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

1 "Designated requester" means a hospital employee who has
2 completed a course offered or approved by an organ procurement
3 organization.

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

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

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

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

18 "Donor registry" means a database that contains records of
19 anatomical gifts.

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

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

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

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

38 "Identification card" means an identification card issued by the
39 New Jersey Motor Vehicle Commission.

40 "Medical examiner" means the Chief State Medical Examiner,
41 Deputy Chief State Medical Examiner, a county or intercounty
42 medical examiner or assistant county or intercounty medical
43 examiner, [or another person] performing [the] their duties [of a
44 medical examiner] pursuant to [P.L.1967, c.234 (C.52:17B-78 et
45 seq.)] P.L. , c. (C.)(pending before the Legislature as this
46 bill).

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

1 "Organ procurement organization" means an entity designated by
2 the United States Secretary of Health and Human Services as an
3 organ procurement organization.

4 "Parent" means a parent whose parental rights have not been
5 terminated.

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

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

10 "Procurement organization" means an eye bank, organ
11 procurement organization, or tissue bank.

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

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

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

23 "Record" means information that is inscribed on a tangible
24 medium or stored in an electronic or other medium and is
25 retrievable in perceivable form.

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

29 "Sign" means, with the present intent to authenticate or adopt a
30 record, to execute or adopt a tangible symbol, or to attach to or
31 logically associate with the record an electronic symbol, sound, or
32 process.

33 "State" means a state of the United States, the District of
34 Columbia, Puerto Rico, the United States Virgin Islands, or any
35 territory or insular possession subject to the jurisdiction of the
36 United States.

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

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

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

1 "Transplant hospital" means a hospital that furnishes organ
2 transplants and other medical and surgical specialty services
3 required for the care of transplant patients.

4 (cf: P.L.2008, c.50, s.2)

5
6 28. Section 18 of P.L.2008, c.50 (C.26:6-94) is amended to read
7 as follows:

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

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

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

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

33
34 29. R.S.26:8-1 is amended to read as follows:

35 26:8-1. As used in this chapter:

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

39 "Vital records" means the birth, death, fetal death, marriage, civil
40 union and domestic partnership records from which vital statistics
41 are produced.

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

46 "Live birth" or "birth" means the complete expulsion or
47 extraction from its mother of a product of conception, irrespective
48 of the duration of pregnancy, which, after such separation, breathes

1 or shows any other evidence of life such as beating of the heart,
2 pulsation of the umbilical cord, or definite movement of voluntary
3 muscles, whether or not the umbilical cord has been cut or the
4 placenta attached.

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

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

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

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

31

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

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

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

1 providing medical care, treatment or confinement to persons, shall
2 be required to utilize the NJ-EDRS to provide the information that
3 is required of them by statute or regulation.

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

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

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

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

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

31 (3) an automated notification system to alert other responsible
32 parties to pending cases, including notification to or from alternate
33 local registrars;

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

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

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

1 (7) the capacity to electronically amend and correct death
2 records;

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

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

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

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

28 (cf: P.L.2003, c.221, s.16)

29

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

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

41 The Chief State Medical Examiner and each county or
42 intercounty medical examiner, health care facility, institution,
43 funeral home or physician's office shall employ at least one person
44 who is qualified to use the NJ-EDRS, and is registered with the
45 State registrar as an authorized user of the system, by virtue of
46 completing a course of instruction on the NJ-EDRS provided by the
47 State registrar or an authorized agent thereof, or satisfying such

1 other requirements as may be established by the State registrar for
2 this purpose.

3 (cf: P.L.2003, c.221, s.18)

4
5 32. R.S.26:8-52 is amended to read as follows:

6 26:8-52. Corrections to death certificates shall be signed by the
7 physician, registered professional nurse, county or intercounty
8 medical examiner or assistant county or intercounty medical
9 examiner, Chief State Medical Examiner, Deputy Chief State
10 Medical Examiner, funeral director or informant, whose name
11 appears upon the certificate, or shall be otherwise recorded and
12 authenticated on the NJ-EDRS as prescribed by the State registrar;
13 however, any individual having personal knowledge and
14 substantiating documentary proof of the matters sought to be
15 corrected may apply under oath to the county or intercounty
16 medical examiner or the Chief State Medical Examiner in a case in
17 which the certificate was signed by the Chief State Medical
18 Examiner or Deputy Chief State Medical Examiner, to have the
19 certificate corrected. The authority to sign or otherwise
20 authenticate corrections or amendments to causes or duration of
21 causes of death is restricted to the physician, Chief State Medical
22 Examiner, Deputy Chief State Medical Examiner, or county or
23 intercounty medical examiner or assistant county or intercounty
24 medical examiner. Upon denial of an application for correction or
25 amendment of a death certificate, a person who has applied to a
26 county or intercounty medical examiner may apply to the Chief
27 State Medical Examiner, who shall exercise discretion to review the
28 matter and amend the certificate or to defer to the decision of the
29 county or intercounty medical examiner. The decision of the
30 county or intercounty medical examiner shall be deemed the final
31 decision by a public officer in the matter unless the Chief State
32 Medical Examiner amends or corrects the death certificate.

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

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

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

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

45 (1) To take actions or issue and enforce orders to provide for the
46 safe disposition of human remains as may be reasonable and
47 necessary to respond to the public health emergency. Such
48 measures may include, but are not limited to, the temporary mass

1 burial or other interment, cremation, disinterment, transportation,
2 and disposition of human remains. To the extent possible,
3 religious, cultural, family, and individual beliefs of the deceased
4 person or his family shall be considered when determining
5 disposition of any human remains;

6 (2) To determine whether there is a need to investigate any
7 human deaths related to the public health emergency, and take such
8 steps as may be appropriate to enable the Chief State Medical
9 Examiner, or his designee, to take possession or control of any
10 human remains and perform an autopsy of the body under protocols
11 of the Chief State Medical Examiner consistent with safety as the
12 public health emergency may dictate;

13 (3) To direct or issue and enforce orders requiring any business
14 or facility, including, but not limited to, a mortuary or funeral
15 director, authorized to hold, embalm, bury, cremate, inter, disinter,
16 transport, and dispose of human remains under the laws of this State
17 to accept any human remains or provide the use of its business or
18 facility if such actions are reasonable and necessary to respond to
19 the public health emergency and are within the safety precaution
20 capabilities of the business or facility; and

21 (4) To direct or issue and enforce orders requiring that every
22 human remains prior to disposition be clearly labeled with all
23 available information to identify the decedent, which shall include
24 the requirement that any human remains of a deceased person with
25 a contagious disease shall have an external, clearly visible tag
26 indicating that the human remains are infected and, if known, the
27 contagious disease.

28 b. The person in charge of disposition of any human remains
29 shall maintain a written or electronic record of each human remains
30 and all available information to identify the decedent and the
31 circumstances of death and disposition. If human remains cannot
32 be identified prior to disposition, a person authorized by the Chief
33 State Medical Examiner shall, to the extent possible, take
34 fingerprints and photographs of the human remains, obtain
35 identifying dental information, and collect a DNA specimen, under
36 protocols of the Chief State Medical Examiner consistent with
37 safety as the public health emergency may dictate. All information
38 gathered under this subsection shall be promptly forwarded to the
39 Chief State Medical Examiner, who shall forward relevant
40 information to the commissioner.

41 c. The commissioner and Chief State Medical Examiner shall
42 coordinate with the appropriate law enforcement agencies in any
43 case where human remains may constitute evidence in a criminal
44 investigation.

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

46
47 34. Section 18 of P.L.2005, c.222 (C.26:13-18) is amended to
48 read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

12
13 35. Section 29 of P.L.2005, c.222 (C.26:13-29) is amended to
14 read as follows:

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

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

19
20 36. N.J.S.40A:9-46 is amended to read as follows:

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

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

33
34 37. N.J.S.40A:9-47 is amended to read as follows:

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

1 c. (C.) (pending before the Legislature as this bill), and as
2 prescribed by regulation of the Chief State Medical Examiner.

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

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

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

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

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

16 40A:9-49. The county or intercounty medical examiner or
17 assistant county or intercounty medical examiner, upon taking
18 charge of unidentified or unclaimed dead bodies, shall make burial
19 arrangements. If the decedent left an ascertainable estate able to
20 pay for the burial, the cost thereof certified by the official in charge
21 shall be payable out of such estate. If the decedent left no
22 ascertainable estate able to pay for the burial, the cost of burial shall
23 be borne:

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

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

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

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

31
32 40. N.J.S.40A:9-51 is amended to read as follows:

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

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

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

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

1 board of chosen freeholders shall fix and pay the fees and expenses
2 incurred by the morgue keepers in the performance of their duties as
3 such.

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

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

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

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

16
17 43. N.J.S.40A:9-55 is amended to read as follows:

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

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

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

29
30 44. N.J.S.40A:9-56 is amended to read as follows:

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

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

39
40 45. N.J.S.40A:9-57 is amended to read as follows:

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

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

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

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

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

15
16 47. N.J.S.40A:9-60 is amended to read as follows:

17 40A:9-60. Any person reporting the finding of a dead body,
18 thrown upon the shores or coasts of this State by shipwreck, shall
19 be entitled to reimbursement for his expenses in connection with
20 such finding and reporting in an amount as approved either by the
21 Chief State Medical Examiner or county or intercounty medical
22 examiner and paid by the State Treasurer.

23 (cf: N.J.S.40A:9-60)

24
25 48. N.J.S.40A:9-61 is amended to read as follows:

26 40A:9-61. The county or intercounty medical examiner or
27 assistant county or intercounty medical examiner shall take
28 possession of all moneys, goods or other personal property found on
29 the body of any such shipwrecked person or which apparently
30 belonged to said person and dispose of the same as herein provided.
31 The county or intercounty medical examiner or assistant county or
32 intercounty medical examiner shall utilize such personal property as
33 may be reasonably necessary for or in connection with the burial of
34 the body. The remainder of the property shall be delivered by
35 either the Chief State Medical Examiner or county or intercounty
36 medical examiner to the State Treasurer and if not claimed within 2
37 years by persons entitled thereto such property shall escheat to the
38 State.

39 Nothing contained herein shall be deemed to preclude relatives
40 or other persons being lawfully entitled thereto from taking charge
41 of said moneys, goods or other personal property.

42 (cf: N.J.S.40A:9-61)

43
44 49. N.J.S.40A:9-62 is amended to read as follows:

45 40A:9-62. Every county or intercounty medical examiner or
46 assistant county or intercounty medical examiner shall record in a
47 book kept for that purpose the time and place of burial of any
48 shipwrecked body, the name of the ship or vessel, date and place of

1 the wreck, and a detailed description of the body. The county or
2 intercounty medical examiner shall preserve any letters, writings,
3 coins, medals, keepsakes or other articles which may aid in
4 identification.

5 (cf: N.J.S.40A:9-62)

6
7 50. Section 2 of P.L.1974, c.55 (C.52:14-15.108) is amended to
8 read as follows:

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

21 Community Affairs Department

22 Assistant Commissioner of Community Affairs
23 Director, Division of State and Regional Planning
24 Director, Division of Local Government Services
25 Director, Division of Housing and Urban Renewal
26 Director, Office of Aging Programs
27 Director, Office on Women

28 Environmental Protection Department

29 Director, Division of Water Resources
30 Director, Division of Parks and Forestry
31 Director of Fish, Game and Shell Fisheries
32 Director, Division of Marine Services
33 Director, Division of Environmental Quality

34 Health and Senior Services Department

35 Director, Division of Narcotic and Drug Abuse Control

36 Chief State Medical Examiner

37 Corrections Department

38 Chairman, State Parole Board
39 Associate Member, State Parole Board
40 Public Defender

41 Labor and Workforce Development Department

42 Director, Workplace Standards

43 Law and Public Safety Department

44 Colonel and Superintendent, State Police

45 **【State Medical Examiner】**

46 Director, Division of Alcoholic Beverage Control

47 State Superintendent of Weights and Measures

48 Public Utilities Department

1 Director, Office of Cable Television
2 Executive Director, Public Broadcasting
3 State Department
4 Transportation Department
5 Assistant Commissioner for Highways
6 Assistant Commissioner for Public Transportation
7 Chief Administrator, New Jersey Motor Vehicle
8 Commission
9 Treasury Department
10 Director, Division of Budget and Accounting
11 Director, Division of Taxation
12 Director, Division of Purchase and Property
13 Director, Division of Pensions and Benefits
14 Director, Division of State Lottery.

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

16
17 51. Section 8 of P.L.2007, c.279 (C.52:17B-219) is amended to
18 read as follows:

19 8. a. After performing any death scene investigation, as
20 deemed appropriate under the circumstances, the official with
21 custody of the human remains shall ensure that the human remains
22 are delivered to the appropriate county or intercounty medical
23 examiner.

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

28 c. If the county or intercounty medical examiner with custody
29 of remains cannot determine whether or not the remains found are
30 human, the medical examiner shall so notify the Missing Persons
31 Unit.

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

33
34 52. Section 9 of P.L.2007, c.279 (C.52:17B-220) is amended to
35 read as follows:

36 9. a. If the official with custody of the human remains is not a
37 medical examiner, the official shall promptly transfer the
38 unidentified remains to the appropriate county or intercounty
39 medical examiner.

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

- 43 (1) photographs of the human remains;
44 (2) dental or skeletal X-rays;
45 (3) photographs of items found with the human remains;
46 (4) fingerprints from the remains, if possible;
47 (5) samples of tissue suitable for DNA typing, if possible;
48 (6) samples of whole bone or hair suitable for DNA typing; and

1 (7) any other information that may support identification efforts.

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

5 (1) samples suitable for DNA identification archiving;

6 (2) photographs of the unidentified human remains; and

7 (3) all other appropriate steps for identification have been
8 exhausted.

9 d. Unidentified human remains shall not be cremated.

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

14 f. The medical examiner shall seek support from appropriate
15 State and federal agencies to assist in the identification of
16 unidentified human remains. Such assistance may include, but not
17 be limited to, available mitochondrial or nuclear DNA testing,
18 federal grants for DNA testing, or federal grants for crime
19 laboratory or medical examiner office improvement.

20 g. The county or intercounty medical examiner shall seek
21 support from appropriate federal and State agency representatives to
22 have information promptly entered in federal and State databases by
23 those representatives that can aid in the identification of a missing
24 person. Information shall be entered into federal databases as
25 follows:

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

28 (2) DNA profiles and information shall be entered into the
29 National DNA Index System (NDIS) within five business days after
30 the completion of the DNA analysis and procedures necessary for
31 the entry of the DNA profile; and

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

34 h. Nothing in this act shall be construed to preclude any
35 medical examiner office, the State Police, or any local law
36 enforcement agency from other actions to facilitate the
37 identification of unidentified human remains, including efforts to
38 publicize information, descriptions, or photographs that may aid in
39 the identification of the unidentified remains, including allowing
40 family members to identify a missing person; provided that in
41 taking these actions, all due consideration is given to protect the
42 dignity and well-being of the missing person and the family of the
43 missing person.

44 i. Agencies handling the remains of a missing person who is
45 deceased shall notify the law enforcement agency handling the
46 missing person's case. Documented efforts shall be made to locate
47 family members of the deceased person to inform them of the death

1 and location of the remains of their family member.
2 (cf: P.L.2007, c.279, s.9)

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

6 3. a. The board shall consist of 21 members as follows:

7 (1) the Commissioners of Community Affairs, Human Services
8 and Health and Senior Services, the Director of the Division on
9 Women in the Department of Community Affairs, the Attorney
10 General, the Public Defender, the Superintendent of the State
11 Police, the Supervisor of the Office on the Prevention of Violence
12 Against Women in the Department of Community Affairs
13 established pursuant to Executive Order No. 61 (1992), the Chief
14 State Medical Examiner, the Program Director of the Domestic
15 Violence Fatality Review Board established pursuant to Executive
16 Order No. 110 (2000) and the Executive Director of the New Jersey
17 Task Force on Child Abuse and Neglect, or their designees, who
18 shall serve ex officio;

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

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

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

46 c. The board shall select a chairperson from among its
47 members who shall be responsible for the coordination of all
48 activities of the board.

1 d. The board is entitled to call to its assistance and avail itself
2 of the services of employees of any State, county or municipal
3 department, board, bureau, commission or agency as it may require
4 and as may be available for the purposes of reviewing a case
5 pursuant to the provisions of this act.

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

11 (cf: P.L.2003, c.225, s.3)

12
13 54. Section 8 of P.L.2001, c.246 (C.App.A:9-71) is amended to
14 read as follows:

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

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

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

1 55. The following are repealed:
2 N.J.S.40A:9-50;
3 P.L.1967, c.234 (C.52:17B-78 et seq.);
4 Sections 2 and 3 of P.L.1972, c.13 (C.52:17B-79.1 et seq.);
5 P.L.1983, c.535 (C.52:17B-88.1 et seq.);
6 P.L.1993, c.276 (C.52:17B-88.7 et seq.);
7 Section 2 of P.L.2000, c.24 (C.52:17B-88.10);
8 Section 2 of P.L.2005, c.227 (C.52:17B-88.11); and
9 P.L.2009, c.151 (C.52:17B-88a).

10

11 56. This act shall take effect on the first day of the second month
12 next following the date of enactment.

13

14

15 STATEMENT

16

17 This bill, which is designated the “Revised State Medical
18 Examiner Act,” replaces the “State Medical Examiner Act”
19 P.L.1967, c.234; C.52:17B-78 et seq.), which is repealed under the
20 bill, and establishes the Office of the Chief State Medical Examiner
21 (CSME) in, but not of, the Department of Health and Senior
22 Services (DHSS) to replace the Office of the State Medical
23 Examiner in the Department of Law and Public Safety (DLPS).

24 The bill provides specifically as follows:

- 25 • The Office of the CSME is established in the Executive Branch of
26 the State Government and, for the purpose of complying with the
27 provisions of Article V, Section IV, paragraph 1 of the New
28 Jersey Constitution, is allocated within DHSS, but,
29 notwithstanding that allocation, is to be independent of any
30 supervision or control by DHSS or by any board or officer
31 thereof.
- 32 • The Office of the State Medical Examiner in DLPS is abolished;
33 and all of its functions, powers, and duties are transferred to the
34 Office of the CSME in DHSS, subject to the provisions of this
35 bill and in accordance with the "State Agency Transfer Act,"
36 P.L.1971, c.375 (C.52:14D-1 et seq.).
- 37 • All appropriations and other monies available and to become
38 available to the Office of the State Medical Examiner are
39 continued in the Office of the CSME and are available for the
40 objects and purposes for which these monies are appropriated,
41 subject to the provisions of this bill and any other terms,
42 restrictions, limitations, or other requirements imposed by law.
- 43 • Whenever the term “State Medical Examiner” occurs or any
44 reference is made thereto in any law, rule, regulation, order,
45 contract, document, judicial or administrative proceeding, or
46 otherwise, the same will be deemed to mean or refer to: the
47 “Chief State Medical Examiner” designated as the head of the
48 Office of the CSME; or any person appointed to the position of

- 1 “Deputy Chief State Medical Examiner” and acting on behalf of
2 the CSME.
- 3 • The CSME (as with the current State Medical Examiner) is to be
4 a State-licensed physician and a qualified forensic pathologist
5 who will be appointed by the Governor, with the advice and
6 consent of the Senate, for a term of five years.
 - 7 • The CSME is to report directly to the Commissioner of Health
8 and Senior Services and will function independently within
9 DHSS with respect to the supervision of the medical examiner
10 system and the conducting of medicolegal death investigations.
 - 11 • The CSME is responsible for ensuring that the entire medical
12 examiner system is adequately equipped to effectively deliver
13 medicolegal death investigation services throughout the State,
14 including the establishment of standards of funding for staff,
15 equipment, and facilities for all medical examiner offices.
 - 16 • The CSME is to:
 - 17 -- appoint such persons to the position of Deputy Chief State
18 Medical Examiner, and other employees, and prescribe their duties,
19 as may be needed for the Office of the CSME to meet its
20 responsibilities;
 - 21 -- pursuant to the provisions of this bill, provide advice to the
22 governing body of a county or counties concerning the appointment
23 of county or intercounty medical examiners to conduct medicolegal
24 death investigations within the jurisdiction in which they may be
25 appointed to serve;
 - 26 -- provide advice and consent to the governing body of two or
27 more counties seeking to maintain an intercounty medical examiner
28 office, in accordance with the provisions of this bill;
 - 29 -- establish minimum training and experiential requirements of
30 eligibility for those persons appointed as Deputy Chief State
31 Medical Examiner or as a county or intercounty medical examiner
32 or assistant county or intercounty medical examiner, in addition to
33 the other qualifications set forth in this bill; and
 - 34 -- retain supervisory power over all personnel employed by the
35 Office of the CSME and all other medical examiners.
 - 36 • The CSME is to establish by regulation:
 - 37 -- uniform procedures for conducting medicolegal death
38 investigations as determined to be necessary to determine identity,
39 cause of death, and manner of death, and to resolve any issues or
40 potential issues of public health and legal concern;
 - 41 -- minimum performance and operating standards for the Office
42 of the CSME and the office of each county or intercounty medical
43 examiner; and
 - 44 -- standards of professional conduct to be followed by the
45 personnel of the Office of the CSME and the office of each county
46 or intercounty medical examiner.
 - 47 • The CSME is to have direct supervision and oversight of any
48 medical examiner facility operating under State jurisdiction.

- 1 • The CSME is authorized to intervene in, and to assume control
2 over, any ongoing medicolegal death investigation taking place in
3 the State, at any time and at his discretion, regardless of whether
4 the CSME has received permission from, or a request for
5 intervention by, the county or intercounty medical examiner
6 performing the investigation.
- 7 • Each county is to establish and maintain an office of the county
8 medical examiner, except that two or more counties may jointly
9 establish and maintain an intercounty medical examiner office as
10 provided in the bill. A county shall seek the CSME's advice
11 concerning the appointment of any county medical examiner. If
12 two or more counties seek to jointly maintain an intercounty
13 medical examiner office on a cooperative or regional basis, they
14 are to obtain the CSME's prior written consent to that
15 arrangement; and, if the CSME so consents, seek his advice
16 concerning the appointment of an intercounty medical examiner.
- 17 • The Governor may remove the CSME, and the CSME may
18 remove a county or intercounty medical examiner, for cause as
19 specified in the bill.
- 20 • Each county is to consult CSME funding standards when
21 establishing county budgets for medical examiner services. The
22 budgets for and spending by each county and intercounty medical
23 examiner office is subject to review by the CSME and will be
24 published and available to the public as part of the county budget,
25 including direct and indirect costs associated with the operation
26 of the office.
- 27 • The CSME is to establish operating and performance standards
28 for each county or intercounty medical examiner office, and each
29 county and intercounty medical examiner is to ensure compliance
30 with the rules and regulations adopted by the CSME.
- 31 • A Medical Examiner Review Team is established as a mechanism
32 for peer review and for hearings on the removal of the CSME by
33 the Governor and any county or intercounty medical examiner by
34 the CSME. The Medical Examiner Review Team is to include
35 seven members, as follows: the Commissioners of Health and
36 Senior Services and Human Services, the Attorney General, and
37 the Chief State Medical Examiner, or their designees, who are to
38 serve ex officio; and three public members, to be appointed by the
39 Governor, who are representatives of the public health, hospital,
40 and medical communities, respectively. The CSME will be
41 required to recuse himself from any deliberations or other actions
42 by the Medical Examiner Review Team concerning any removal
43 of the CSME by the Governor.
- 44 • The Office of the CSME, in conjunction with the Medical
45 Examiner Review Team, is to issue an annual report, to be made
46 publicly available, which is to contain, at a minimum: the budget
47 and expenditures for each medical examiner office in this state;
48 the total number of cases received, reviewed, accepted, and

- 1 investigated by each medical examiner office; statistics of
2 determined causes of death; and an evaluation of the overall
3 performance of each medical examiner office and the medical
4 examiner system as a whole.
- 5 • The CSME is to maintain a toxicology laboratory, to be
6 designated as the New Jersey State Medical Examiner Toxicology
7 Laboratory, in order to provide necessary toxicology services to
8 medical examiners in the performance of medicolegal death
9 investigations in this State.
 - 10 • An appeal process is established for a “person in interest” (as
11 defined in the bill) to request a correction of a medical examiner’s
12 findings and conclusions on the cause and manner of death
13 recorded on a death certificate.
 - 14 • The bill repeals the following statutes, which are obviated by its
15 provisions:
 - 16 -- P.L.1967, c.234 (C.52:17B-78 et seq.), the “State Medical
17 Examiner Act,” concerning the establishment and operation of the
18 Office of the State Medical Examiner; and
 - 19 -- Sections 2 and 3 of P.L.1972, c.13 (C.52:17B-79.1 et seq.),
20 concerning a prior transfer of power, duties, and functions of the
21 State Medical Examiner within DLPS.
 - 22 • The bill also repeals the following statutes and replicates their
23 provisions in Title 26 of the Revised Statutes:
 - 24 -- N.J.S.40A:9-50, concerning the disinterment of dead bodies;
 - 25 -- P.L.1983, c.535 (C.52:17B-88.1 et seq.), concerning the
26 performance of a dissection or autopsy by a medical examiner;
 - 27 -- P.L.1993, c.276 (C.52:17B-88.7 et seq.), concerning organ and
28 tissue analysis and transplantation from a donor whose death is
29 under investigation;
 - 30 -- Section 2 of P.L.2000, c.24 (C.52:17B-88.10), concerning
31 standardized protocols for sudden child death autopsies;
 - 32 -- Section 2 of P.L.2005, c.227 (C.52:17B-88.11), concerning the
33 participation of medical examiners in research activities with
34 respect to children three years of age and younger; and
 - 35 -- P.L.2009, c.151 (C.52:17B-88a), concerning notification to
36 medical examiners of deaths occurring in certain facilities.
 - 37 • The bill takes effect on the first day of the second month next
38 following its date of enactment.