

[Second Reprint]

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 reported by the Senate Budget and Appropriations Committee on December 15, 2011, with amendments.



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.

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted March 21, 2011.

²Senate SBA committee amendments adopted December 15, 2011.

1 “Compelling public necessity” means one or more of the
2 following:

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

16 “Department” means the Department of Health and Senior
17 Services.

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

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

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

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

47 b. All appropriations and other monies available, and to
48 become available, to the Office of the State Medical Examiner in

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

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

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

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

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

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

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

45 f. During the term of office set forth in this subsection, the
46 Chief State Medical Examiner may be removed by the Governor
47 only for cause as set forth in this act, upon notice and opportunity to
48 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 to
4 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 ²advisory² standards of funding for the operations,
13 staffing, capital equipment, laboratories, and facilities of the county
14 and intercounty medical examiner offices;
- 15 (3) oversee the deployment of State funds designated for the
16 medical examiner system;
- 17 (4) ²~~oversee~~ the operations of the county and intercounty
18 medical examiner offices;
- 19 (5) make recommendations for the use of funding by the county
20 and intercounty medical examiner offices;
- 21 (6)]² maintain and supervise the New Jersey State Medical
22 Examiner Toxicology Laboratory as set forth in this act; and
- 23 ²~~[(7)]~~ ²~~(5)~~ have the authority to apply for and accept funds,
24 including grants and awarded federal appropriations, for the
25 improvement of the system of medicolegal death investigation
26 services.
- 27 c. The Chief State Medical Examiner shall:
- 28 (1) appoint such persons to the position of Deputy Chief State
29 Medical Examiner, and such other employees, as may be needed for
30 the Office of the Chief State Medical Examiner to meet its
31 responsibilities, and prescribe their duties;
- 32 (2) pursuant to the provisions of this act, provide advice
33 concerning the appointment, by the governing body of a county or
34 ²the governing bodies of two or more² counties, of county or
35 intercounty medical examiners ², as applicable,² to conduct
36 medicolegal death investigations within the jurisdiction in which
37 they may be appointed to serve;
- 38 (3) provide advice ²~~[and consent]~~² to the governing ²~~[body]~~
39 ²bodies² of two or more counties seeking to maintain an intercounty
40 medical examiner office, in accordance with the provisions of this
41 act;
- 42 (4) establish minimum training and experiential requirements of
43 eligibility for those persons appointed as Deputy Chief State
44 Medical Examiner or as a county or intercounty medical examiner,
45 in addition to the other qualifications set forth in this act; ²~~[and]~~²
- 46 (5) retain ²direct² supervisory power over all ²operations and²
47 personnel employed by the Office of the Chief State Medical

1 Examiner ²and all county or intercounty, and all assistant county
2 or intercounty, medical examiners];

3 (6) have direct supervision and oversight of any county or
4 intercounty medical examiner facility that the Chief State Medical
5 Examiner reasonably determines is experiencing problems that
6 preclude its effective functioning; and

7 (7) provide professional oversight concerning the operations of
8 the county and intercounty medical examiner offices as they relate
9 specifically to the conduct of medicolegal death investigations and
10 the performance of autopsies².

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

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

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

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

25 e. The Chief State Medical Examiner shall have direct
26 supervision and oversight of any medical examiner facility
27 operating under the jurisdiction of this State.

28 f. The Chief State Medical Examiner is authorized to intervene
29 in, and to assume control over, any ongoing medicolegal death
30 investigation taking place in the State, at any time and at his
31 discretion, regardless of whether the Chief State Medical Examiner
32 has received permission from, or a request for intervention by, the
33 county or intercounty medical examiner performing the
34 investigation.

35
36 8. (New section) a. The position of Deputy Chief State Medical
37 Examiner is created in the Office of the Chief State Medical
38 Examiner.

39 b. The Chief State Medical Examiner may appoint one or more
40 persons to the position of Deputy Chief State Medical Examiner, as
41 he determines is needed to provide for appropriate supervision of
42 the medical examiner system in this State. If the Chief State
43 Medical Examiner appoints more than one person as Deputy Chief
44 State Medical Examiner, the Chief State Medical Examiner shall
45 name one Deputy ²Chief² Medical Examiner as the “First Deputy
46 Chief State Medical Examiner.”

47 c. The Deputy Chief State Medical Examiner, or the First
48 Deputy Chief State Medical Examiner if one has been named

1 pursuant to subsection b. of this section, shall perform all of the
2 duties of the Chief State Medical Examiner in the case of the
3 incapacity, prolonged absence, permanent resignation, or removal
4 of the Chief State Medical Examiner.

5 d. The Deputy Chief State Medical Examiner shall: be a
6 physician licensed and in good standing in the State; be a graduate
7 of a regularly chartered and legally constituted medical school or
8 college, and certified in forensic pathology by the American Board
9 of Pathology; and possess such minimum training and experiential
10 requirements as are established by the Chief State Medical
11 Examiner.

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

16 f. The Deputy Chief State Medical Examiner shall ensure
17 compliance with the rules and regulations adopted by the Chief
18 State Medical Examiner, and shall perform such duties as are
19 assigned by the Chief State Medical Examiner.

20 g. The Deputy Chief State Medical Examiner may be removed
21 from office by the Chief State Medical Examiner with or without
22 cause. The removal shall be independent of any position that the
23 Deputy Chief State Medical Examiner holds as a county or
24 intercounty medical examiner.

25

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

29 b. (1) The governing body of a county ²or the governing bodies
30 of two or more counties² shall seek the advice of the Chief State
31 Medical Examiner concerning the appointment of a county medical
32 examiner ²or intercounty medical examiner, as applicable,² by
33 forwarding ²[its] the² nomination ²of the governing body² for
34 county medical examiner ²or the nomination of the governing
35 bodies for intercounty medical examiner² to the Chief State Medical
36 Examiner for review ²[and approval]².

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

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

45 (b) If the Chief State Medical Examiner does not consent to the
46 arrangement, he shall give written notice to the county governing

1 bodies that requested consent to do so and explain why the request
2 was denied.

3 (c) If the Chief State Medical Examiner consents to the
4 arrangement, the applicable county governing bodies shall forward
5 their joint nomination for intercounty medical examiner to the Chief
6 State Medical Examiner for his advice concerning the appointment]
7 on a cooperative or regional basis, to be designated as an
8 intercounty medical examiner office, and shall seek the advice of
9 the Chief State Medical Examiner concerning such an arrangement
10 before doing so².

11 c. The office of the county medical examiner shall be directed
12 by a county medical examiner or, in the instances when counties
13 jointly maintain an office on a cooperative or regional basis, an
14 intercounty medical examiner, who shall be appointed by the
15 governing body of the county or ²the governing bodies of the²
16 counties maintaining such an office, as applicable, in accordance
17 with the provisions of subsection b. of this section, for a term of
18 five years and until a successor is appointed and has qualified;
19 except that any person holding the office of county or intercounty
20 medical examiner on the effective date of this act shall continue as
21 county or intercounty medical examiner until the expiration of the
22 term for which that person was appointed.

23 d. If the county governing body of a county ²fails,² or ²the
24 governing bodies of two or more² counties ²[fails] fail,² to appoint
25 a county or intercounty medical examiner, as applicable, or if the
26 office of the county or intercounty medical examiner becomes
27 vacant ^{2, 2} upon the written request of an assignment judge of the
28 Superior Court, or of the governing body of the county or ²the
29 governing bodies of two or more² counties that made the original
30 appointment or nomination, the Chief State Medical Examiner shall
31 designate a qualified representative to perform the duties of the
32 office until a new county or intercounty medical examiner is
33 ²[certified] appointed². If the Chief State Medical Examiner
34 assumes the duties of a county or intercounty medical examiner, the
35 Chief State Medical Examiner shall have all the authority conferred
36 by law upon a county or intercounty medical examiner and may
37 appoint such assistants, aides, investigators, or other personnel as
38 the Chief State Medical Examiner deems necessary. In that event,
39 the treasurer of the county or ²the treasurers of the² counties, as the
40 case may be, shall reimburse the Office of the Chief State Medical
41 Examiner or its designated representative for all costs incurred in
42 properly conducting death investigations on behalf of the county or
43 counties and performing all other functions of the county or
44 intercounty medical examiner.

45 e. The office of county or intercounty medical examiner shall
46 have at least one New Jersey licensed physician certified in forensic
47 pathology by the American Board of Pathology on staff, serving as

1 either the county or intercounty medical examiner, or as the
2 assistant county or assistant intercounty medical examiner. Any
3 additional person appointed as a county or intercounty medical
4 examiner or an assistant county or intercounty medical examiner
5 shall not be required to be certified in forensic pathology by the
6 American Board of Pathology.

7 f. Each county and intercounty medical examiner or assistant
8 county and assistant intercounty medical examiner shall be: a
9 licensed physician of recognized ability and in good standing in the
10 State; be a graduate of a regularly chartered and legally constituted
11 medical school or college; and possess such minimum training and
12 experience requirements as are established by the Chief State
13 Medical Examiner.

14 g. The county or intercounty medical examiner, subject to the
15 approval of the governing body of the county or ²the governing
16 bodies of the² counties ², as applicable², may appoint and prescribe
17 the duties of any assistant county or intercounty medical examiners
18 and other personnel as the county or intercounty medical examiner
19 deems necessary for the proper performance of the duties of the
20 office. An assistant county or assistant intercounty medical
21 examiner shall meet the qualifications for that position as provided
22 for in this section.

23 h. The salaries and expenses incurred by the office of the county
24 or intercounty medical examiner shall be included in the annual
25 budget of the county or counties served by that office, and the
26 governing body of the county or ²the governing bodies of the²
27 counties shall fix the compensation to be paid to the county or
28 intercounty medical examiner and assistant medical examiners and
29 other personnel of the office. The governing body of the county or
30 ²the governing bodies of the² counties shall ²provide suitable
31 quarters and equipment necessary for the performance of the duties
32 of the county or intercounty medical examiner, and shall² consult
33 ²advisory² standards adopted by the Chief State Medical Examiner
34 with regard to funding for the staff, quarters, and equipment
35 necessary for the performance of the duties of the office of the
36 county or intercounty medical examiner. The budget for, and
37 spending by, the office of the county or intercounty medical
38 examiner shall: be ²subject to available for² review by the Chief
39 State Medical Examiner; be published and available to the public as
40 part of the budget approved by the governing body of the county or
41 ²the governing bodies of the² counties; and include all direct and
42 indirect costs associated with the operation of the medical examiner
43 office.

44 i. Each county and intercounty medical examiner shall ensure
45 compliance with the rules and regulations adopted by the Chief
46 State Medical Examiner.

1 j. The Chief State Medical Examiner may remove a county or
2 intercounty medical examiner from office for cause, as set forth in
3 this act, pending a hearing and final resolution ², and in consultation
4 with the governing body of the county or the governing bodies of
5 the counties that appointed the county or intercounty medical
6 examiner, as applicable². The Chief State Medical Examiner shall
7 provide written notice of the removal to the governing body of the
8 county or ²the governing bodies of the² counties that appointed the
9 county or intercounty medical examiner, as applicable, and to the
10 county or intercounty medical examiner, immediately after making
11 the removal official. A county or intercounty medical examiner
12 removed under this provision shall be provided with notice of the
13 charges against that person and afforded an opportunity for a
14 hearing before an administrative law judge to contest the removal,
15 which shall conform with the provisions applicable to such
16 contested cases in this State as set forth in statute and regulation.

17

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

25 (1) death where criminal violence appears to have taken place,
26 regardless of the time interval between the incident and death, and
27 regardless of whether the violence appears to have been the
28 immediate cause of death, or a contributory factor thereto;

29 (2) death by accident or unintentional injury, regardless of the
30 time interval between the incident and death, and regardless of
31 whether the injury appears to have been the immediate cause of
32 death, or a contributory factor thereto;

33 (3) death under suspicious or unusual circumstances;

34 (4) death from causes that might constitute a threat to public
35 health and safety;

36 (5) death not caused by readily recognizable diseases, disability,
37 or infirmity;

38 (6) sudden death when the decedent was in apparent good
39 health;

40 (7) suicide;

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

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

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

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

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

1 intercounty medical examiner shall immediately proceed to the
2 place where the dead body is located and take charge of the body.

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

7 (3) (a) The medical examiner shall: fully investigate the
8 essential facts concerning the medical causes of death and take the
9 names and addresses of as many witnesses thereto as may be
10 practicable to obtain; before leaving the premises, reduce those
11 facts, as the medical examiner may deem necessary, to writing; file
12 those facts in the office of the county or intercounty medical
13 examiner; and make the facts available to the county prosecutor and
14 the Chief State Medical Examiner at their request.

15 (b) The law enforcement officer present at the investigation, or
16 the medical examiner if no officer is present, shall, in the absence
17 of the next-of-kin of the deceased person: take possession of all
18 property of value found on the decedent; make an exact inventory
19 thereof on his report; and deliver the property to the law
20 enforcement agency for the municipality in which the death
21 occurred, which shall surrender the property to the person entitled
22 to its custody or possession.

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

28 (4) The Chief State Medical Examiner, Deputy Chief State
29 Medical Examiner, county or intercounty medical examiner, or
30 assistant county or intercounty medical examiner shall consult with
31 law enforcement officers and agencies, county prosecutors, public
32 health agencies, or other appropriate entities in matters within their
33 expertise, when conducting a medicolegal death investigation.

34 (5) If the cause of death is established within a reasonable
35 degree of medical certainty and no autopsy is deemed necessary, the
36 county or intercounty medical examiner or assistant county or
37 intercounty medical examiner shall reduce the findings to writing
38 and promptly make a full report thereof to the Chief State Medical
39 Examiner and to the county prosecutor in a format to be prescribed
40 by the Chief State Medical Examiner for that purpose.

41 (6) If, in the opinion of the county or intercounty medical
42 examiner, the Chief State Medical Examiner, an assignment judge
43 of the Superior Court, the county prosecutor, or the Attorney
44 General, an autopsy is deemed necessary, the autopsy shall be
45 performed by:

46 (a) the county or intercounty medical examiner or assistant
47 county or intercounty medical examiner, provided the individual

1 performing the autopsy is under the supervision of a pathologist
2 certified by the American Board of Pathology;

3 (b) the Chief State Medical Examiner, at his discretion, or the
4 Deputy Chief State Medical Examiner; or

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

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

19 (a) The medical examiner performing the autopsy shall file a
20 detailed description of the findings and conclusions of the autopsy
21 with the Office of the Chief State Medical Examiner, and with the
22 appropriate county or intercounty medical examiner office and the
23 county prosecutor.

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

41 (c) The medical examiner with jurisdiction for the investigation
42 shall make the preliminary findings and conclusions of the autopsy
43 available to the child's parent or legal guardian and the department
44 within 48 hours after the medical examiner is notified of the death
45 of the child. The medical examiner shall provide his findings and
46 conclusions for each reported case to the department upon
47 completion of the investigation.

1 (8) Notwithstanding the provisions of this act to the contrary, a
2 county or intercounty medical examiner may request the Chief State
3 Medical Examiner or Deputy Chief State Medical Examiner, or
4 other person authorized and designated by the Chief State Medical
5 Examiner, to conduct an examination or perform an autopsy
6 whenever it is deemed necessary or desirable.

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

27
28 11. (New section) a. The Chief State Medical Examiner, a
29 county or intercounty medical examiner, an assignment judge of the
30 Superior Court, a county prosecutor, the Attorney General or other
31 law enforcement official, or the commissioner may deem an
32 autopsy necessary after a preliminary death investigation is
33 performed.

34 b. Notwithstanding any other provision of law to the contrary,
35 no dissection or autopsy shall be performed, in the absence of a
36 compelling public necessity, if a member of the decedent's
37 immediate family or, in the absence thereof, a friend of the decedent
38 objects to the procedure on the grounds that it is contrary to the
39 religious belief of the decedent, or if there is an obvious reason to
40 believe that a dissection or autopsy is contrary to the decedent's
41 religious beliefs.

42 c. If, in the opinion of a medical examiner, there is a
43 compelling public necessity to perform a dissection or autopsy, and
44 a member of the decedent's immediate family or, in the absence
45 thereof, a friend of the decedent objects to the procedure on the
46 grounds that it is contrary to the religious beliefs of the decedent, or
47 if there is an obvious reason to believe that the dissection or
48 autopsy is contrary to the religious beliefs of the decedent, no

1 dissection or autopsy shall be performed until 48 hours after notice
2 thereof is given by the medical examiner to the objecting party, or,
3 if there is no objecting party, to such other party as the court may
4 name. During that 48-hour period, the objecting party or the party
5 named by the court may institute action in the Superior Court to
6 determine the propriety of the dissection or autopsy; however, the
7 court may dispense with the waiting period upon ex parte motion if
8 it determines that the delay may prejudice the accuracy of the
9 dissection or autopsy, or may precipitate or prolong an immediate
10 and substantial threat to public health or safety.

11 d. (1) If, in the opinion of a medical examiner, there is a
12 compelling public necessity to perform a dissection or autopsy for
13 reasons not otherwise provided in this act, and a member of the
14 decedent's immediate family or, in the absence thereof, a friend of
15 the decedent objects that the dissection or autopsy is contrary to the
16 religious beliefs of the decedent, or there is an obvious reason to
17 believe that the dissection or autopsy is contrary to the religious
18 beliefs of the decedent, the medical examiner may institute an
19 action in the Superior Court for an order authorizing the dissection
20 or autopsy. The action shall be instituted by an order to show cause
21 on notice to the member of the decedent's immediate family or
22 friend of the decedent, or, if no such individual is known, to such
23 other party as the court may direct.

24 (2) An action brought pursuant to paragraph (1) of this
25 subsection shall have preference over all other cases and shall be
26 determined summarily upon the petition and oral or written proof, if
27 any, offered by the parties. The court shall permit the dissection or
28 autopsy to be performed if it finds that the medical examiner
29 established a compelling public necessity, for reasons not otherwise
30 provided for in this act, for the autopsy or dissection under all of the
31 circumstances of the case, or if the objecting party or party named
32 by the court fails to swear or affirm that an autopsy or dissection
33 would be contrary to the decedent's religious beliefs. If permission
34 to perform a dissection or autopsy is denied and no stay is granted
35 by the court or by the appellate division, the decedent's body shall
36 be immediately released for burial.

37 e. A dissection or autopsy performed pursuant to this act shall
38 be the least intrusive procedure consistent with the compelling
39 public necessity.
40

41 12. (New section) a. Notwithstanding any other provision of
42 law to the contrary, if a decedent, whose death is under
43 investigation pursuant to this act, is a donor of all or part of his
44 body as evidenced by an advance directive for health care, will,
45 card, or other document, or as otherwise provided in the "Revised
46 Uniform Anatomical Gift Act," P.L.2008, c.50 (C.26:6-77 et seq.),
47 the Chief State Medical Examiner, Deputy Chief State Medical
48 Examiner, county or intercounty medical examiner, or assistant

1 county or intercounty medical examiner, who has notice of the
2 donation shall perform an examination, autopsy, or analysis of
3 tissues or organs only in a manner and within a time period
4 compatible with their preservation for the purposes of
5 transplantation.

6 b. A health care professional, who is authorized to remove an
7 anatomical gift from a donor whose death is under investigation
8 pursuant to this act, may remove the donated part from the donor's
9 body for acceptance by a person authorized to become a donee,
10 after giving notice to the Chief State Medical Examiner, Deputy
11 Chief State Medical Examiner, county or intercounty medical
12 examiner, or assistant county or intercounty medical examiner, as
13 applicable, if the examination, autopsy, or analysis has not been
14 undertaken in the manner and within the time provided for in this
15 act. The Chief State Medical Examiner, Deputy Chief State
16 Medical Examiner, county or intercounty medical examiner, or
17 assistant county or intercounty medical examiner, as applicable,
18 shall be present during removal of the anatomical gift if, in that
19 medical examiner's judgment, '[the removal of]' those tissues or
20 organs may '[hinder the interpretation of details related to the cause
21 of death] be involved in the cause of death'. In that case, the
22 applicable medical examiner may request a biopsy of those tissues
23 or organs or deny removal of the anatomical gift. The applicable
24 medical examiner shall explain in writing the reasons for
25 determining that '[the removal of]' those tissues or organs may
26 '[hinder the interpretation of the details related to the cause of
27 death] be involved in the cause of death', and shall include that
28 explanation in the records maintained pursuant to this act.

29 c. A health care professional, who is performing a transplant
30 from a donor whose death is under investigation pursuant to this
31 act, shall file with the Chief State Medical Examiner a report
32 detailing the condition of the part of the body that is the anatomical
33 gift and its relationship to the cause of death. If appropriate, the
34 report shall include a biopsy or medically approved sample from the
35 anatomical gift. The health care professional's report shall become
36 part of the Chief State Medical Examiner's report.

37

38 13. (New section) a. (1) The Chief State Medical Examiner, in
39 consultation with the commissioner, shall develop standardized
40 protocols for autopsies performed in those cases in which the
41 suspected cause of death of a child under one year of age is sudden
42 infant death syndrome and in which the child is between one and
43 three years of age and the death is sudden and unexpected.

44 (2) The Chief State Medical Examiner shall establish a Sudden
45 Child Death Autopsy Protocol Committee to assist in developing
46 and reviewing the protocols. The committee shall include, but not
47 be limited to: the Chief State Medical Examiner, the Assistant

1 Commissioner of the Division of Family Health Services in the
2 Department of Health and Senior Services, and the Director of the
3 Division of Youth and Family Services in the Department of
4 Children and Families, or their designees; the director of the SIDS
5 Resource Center established pursuant to section 4 of P.L.1987,
6 c.331 (C.26:5D-4); an epidemiologist; a forensic pathologist; a
7 pediatric pathologist, a county or intercounty medical examiner; a
8 pediatrician who is knowledgeable about sudden infant death
9 syndrome and child abuse; a law enforcement officer; an emergency
10 medical technician or paramedic; a family member of a sudden
11 infant death syndrome victim; and a family member of a sudden
12 unexpected death victim who was between one and three years of
13 age at the time of death. The committee shall annually review the
14 protocol and make recommendations to the Chief State Medical
15 Examiner to revise the protocol, as appropriate.

16 (3) The protocols shall include requirements and standards for
17 scene investigation, criteria for ascertaining the cause of death
18 based on autopsy, criteria for specific tissue sampling, and such
19 other requirements as the committee deems appropriate. The
20 protocols shall take into account nationally recognized standards for
21 pediatric autopsies.

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

28 (5) The protocols shall authorize the medical examiner or other
29 authorized person to take tissue samples for research purposes if the
30 parent or legal guardian of the deceased child provides written
31 consent for the taking of tissue samples for research purposes
32 pursuant to subsection b. of this section.

33 (6) The sudden infant death syndrome autopsy protocol shall
34 provide that if the findings in the autopsy are consistent with the
35 definition of sudden infant death syndrome specified in the
36 protocol, the person who conducts the autopsy shall state on the
37 death certificate that sudden infant death syndrome is the cause of
38 death.

39 b. (1) The Legislature finds and declares that: advances in
40 genetics, biochemistry, and other areas of medical research have
41 yielded new information about the specific causes of sudden death
42 in infancy and early childhood; these findings are of great
43 importance because the largest subgroup of these deaths, sudden
44 infant death syndrome, remains a “rule-out” diagnosis for which the
45 family learns what did not, rather than what did, cause the death of
46 their child; without knowing the actual cause, families are not able
47 to determine if there is a genetic basis that places their other
48 children at risk, and physicians are not able to prevent a death by

1 prospectively diagnosing and treating a potentially fatal medical
2 problem; and, if the State is to meet its public health goal of
3 reducing infant mortality, it is in the public interest to accelerate
4 efforts to identify actual causes of death in infants and young
5 children.

6 (2) The Chief State Medical Examiner, in consultation with the
7 commissioner and the Sudden Child Death Autopsy Protocol
8 Committee established pursuant to this section, shall establish, and
9 periodically revise as necessary, a protocol for participation by
10 medical examiners in research activities concerning deaths of
11 children three years of age and younger. The research shall include
12 all autopsies in which the suspected cause of death of a child under
13 one year of age is sudden infant death syndrome and the suspected
14 cause of death of a child three years of age and younger is not
15 considered a violent death that is subject to the provisions of
16 subsection a. of section 10 of this act.

17 (a) The protocol shall authorize the Chief State Medical
18 Examiner, Deputy Chief State Medical Examiner, county or
19 intercounty medical examiner, or other authorized person to take
20 and transfer tissue samples to an approved research project prior to
21 obtaining the consent of the parent or legal guardian of the deceased
22 infant or young child, but the research project shall not be permitted
23 to use the tissue prior to its obtaining consent as provided in this
24 subsection.

25 (b) Notwithstanding the provisions of this section to the
26 contrary, the protocol shall provide that no tissue sample shall be
27 taken from a deceased infant or young child whose parent or legal
28 guardian has objected to an autopsy because it is contrary to the
29 religious beliefs of the decedent in accordance with the provisions
30 of this act.

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

32 (i) the research project first be approved by the institutional
33 review board of the facility at which the research is to be
34 conducted, then by the Sudden Child Death Autopsy Protocol
35 Committee, and finally by the Institutional Review Board of the
36 department; and that if a research project is submitted by the
37 department, the final review of the project be conducted by an
38 independent review board;

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

42 (iii) the research project develop a plan for the release by the
43 Chief State Medical Examiner or county or intercounty medical
44 examiner, as applicable, of a decedent's tissue, as well as obtaining
45 written consent for the use of the tissue and other identifying
46 information from the parent or legal guardian of the deceased infant
47 or young child;

1 (iv) the research project develop a plan for the disposal of a
2 decedent's tissue in the event that the parent or guardian does not
3 give consent for use of the tissue, and for disposal of the decedent's
4 tissue upon completion of the research in those cases in which
5 consent is given; and that the plan incorporate accepted procedures
6 for disposal of surgical biopsies and biohazardous materials, and
7 procedures to inform the parent or guardian and the Sudden Child
8 Death Autopsy Protocol Committee of the disposal plan;

9 (v) the research project reimburse the Chief State Medical
10 Examiner, Deputy Chief State Medical Examiner, county or
11 intercounty medical examiner, or other authorized person
12 participating in the research for reasonable costs incurred in taking,
13 storing, and providing tissue samples for the project; and that the
14 estimated costs subject to reimbursement be reviewed and approved
15 by the Chief State Medical Examiner;

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

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

23 (3) Upon receiving notification from the research project that
24 the research project has obtained written consent from the parent or
25 legal guardian of the deceased infant or young child for the use of
26 tissue samples and identifying information, the Chief State Medical
27 Examiner, Deputy Chief State Medical Examiner, county or
28 intercounty medical examiner, or other authorized person, as
29 applicable, shall provide the research project with copies of the
30 autopsy reports and any reports generated by the Chief State
31 Medical Examiner, Deputy Chief State Medical Examiner, or
32 county or intercounty medical examiner concerning the subject of
33 the research.

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

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

47 (6) The Chief State Medical Examiner, Deputy Chief State
48 Medical Examiner, county or intercounty medical examiner, their

1 employees, and other persons authorized by the Chief State Medical
2 Examiner to provide tissue samples and identifying information to
3 the research project, and the members of the Sudden Child Death
4 Autopsy Protocol Committee, shall not be liable for civil damages
5 as the result of any actions or omissions performed in good faith
6 and in accordance with the provisions of this act.
7

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

17 b. It shall be the duty of each county or intercounty medical
18 examiner to fully cooperate with the Chief State Medical Examiner
19 when the latter chooses to intervene in an ongoing medicolegal
20 death investigation.
21

22 15. (New section) a. (1) The Chief State Medical Examiner
23 may order a disinterment of a dead body, following the receipt of
24 approval by the Superior Court, when an investigation of the cause
25 of death is authorized. The disinterment shall be performed under
26 the supervision and direction of the Chief State Medical Examiner
27 or his designee. The court shall direct the giving of or dispensing
28 with notice.

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

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

40 c. The Chief State Medical Examiner, Deputy Chief State
41 Medical Examiner, county and intercounty medical examiner, and
42 assistant county and intercounty medical examiner shall have the
43 power to administer oaths and affirmations, and take affidavits and
44 make examinations, as to any matter within the jurisdiction of their
45 respective offices.

46 d. (1) The Chief State Medical Examiner and a county or
47 intercounty medical examiner shall be authorized to, and shall,
48 issue a subpoena to compel the attendance of any witness that the

1 medical examiner deems necessary to interrogate in a death under
2 investigation, returnable forthwith or at such place and time as is
3 directed by the medical examiner.

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

10 (3) The Chief State Medical Examiner and a county or
11 intercounty medical examiner shall be authorized to, and shall,
12 issue a subpoena for the production of confidential medical records,
13 mental health records, drug and alcohol abuse records, and other
14 relevant information from a physician, health care facility, or other
15 health care provider as the medical examiner deems necessary for
16 the purpose of a medicolegal death investigation.

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

20

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

28 b. The original reports of the Chief State Medical Examiner,
29 Deputy Chief State Medical Examiner, county or intercounty
30 medical examiner, and assistant county or intercounty medical
31 examiner, and the detailed findings of the autopsy, if any, along
32 with the records of death notification, postmortem inspections and
33 examinations, personal effects taken into possession, and any other
34 information deemed necessary by the Chief State Medical
35 Examiner, shall be attached to the case record for each medicolegal
36 death investigation.

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

46 d. The records maintained by the Office of the Chief State
47 Medical Examiner and the office of each county or intercounty
48 medical examiner, including those made by the applicable medical

1 examiner or anyone under his direction or supervision, or
2 transcripts thereof certified by the medical examiner, shall be
3 received as competent evidence in any court in this State of the
4 matters and facts therein contained.

5 e. The Office of the Chief State Medical Examiner and the
6 office of each county or intercounty medical examiner may charge a
7 reasonable fee to private persons for copies of such records and
8 upon such conditions as may be prescribed by the Chief State
9 Medical Examiner; provided, however, that no person with a proper
10 interest in such records shall be denied access thereto. All such fees
11 collected by the Office of the Chief State Medical Examiner and by
12 the office of each county or intercounty medical examiner shall be
13 paid into the State Treasury or county treasury, as applicable, on or
14 before the 10th day of each month.

15

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

20 b. The Medical Examiner Review Team shall include seven
21 members, as follows:

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

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

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

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

36 (2) any removal of the Chief State Medical Examiner by the
37 Governor, as well ²as² any removal of a county or intercounty
38 medical examiner by the Chief State Medical Examiner, except that
39 the Chief State Medical Examiner shall be required to recuse
40 himself from any deliberations or other actions by the Medical
41 Examiner Review Team concerning any removal of him by the
42 Governor.

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

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

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

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

10 h. The members of the Medical Examiner Review Team shall
11 not receive any compensation, but shall be reimbursed for expenses
12 incurred in the performance of their duties ², within the limits of
13 funds appropriated or otherwise made available to the team for its
14 purposes².

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

18

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

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

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

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

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

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

34

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

40 a. engaging in illegal activity;

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

43 c. willful misconduct;

44 d. professional incompetence and neglect of duty;

45 e. insubordination; or

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

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

8
9 21. (New section) a. The Office of the Chief State Medical
10 Examiner shall maintain and supervise a toxicology laboratory, to
11 be designated as the New Jersey State Medical Examiner
12 Toxicology Laboratory, in order to provide necessary toxicology
13 services to the Chief State Medical Examiner, Deputy Chief State
14 Medical Examiner, each county or intercounty medical examiner,
15 and each assistant county or assistant intercounty medical examiner
16 in the performance of medicolegal death investigations in this State.

17 b. The Chief State Medical Examiner, Deputy Chief State
18 Medical Examiner, county or intercounty medical examiner, and
19 assistant county or assistant intercounty medical examiner requiring
20 the services of a toxicology laboratory shall enlist the services of
21 the New Jersey State Medical Examiner Toxicology Laboratory
22 unless the Chief State Medical Examiner provides express
23 permission for their use of another laboratory.

24 c. The Chief State Medical Examiner shall adopt such rules
25 and regulations as may be necessary concerning the operations and
26 use of the New Jersey State Medical Examiner Toxicology
27 Laboratory.

28
29 22. (New section) a. Except in a case in which there is a
30 finding of homicide, a person in interest may request the Office of
31 the Chief State Medical Examiner to correct the findings and
32 conclusions on the cause and manner of death recorded on a death
33 certificate within 60 days after the Chief State Medical Examiner,
34 Deputy Chief State Medical Examiner, county or intercounty
35 medical examiner, or assistant county or assistant intercounty
36 medical examiner files those findings and conclusions.

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

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

41 (2) describe the requested change precisely; and

42 (3) state the reasons for the change.

43 c. Within 60 days after receiving the request, the Chief State
44 Medical Examiner shall notify the person in interest in writing of
45 the action taken.

46 d. If the Chief State Medical Examiner denies the request to
47 change findings and conclusions on the cause of death, the person
48 in interest may appeal the denial in writing within 15 days of the

1 denial to the commissioner; and the commissioner, within 15 days
2 of receipt of the appeal, shall refer the matter to the Office of
3 Administrative Law.

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

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

10 (2) reject the findings of the administrative law judge and affirm
11 the findings of the medical examiner.

12 f. If the commissioner, or the commissioner's designee, rejects
13 the findings of an administrative law judge, the person in interest
14 may appeal that rejection to a court of competent jurisdiction under
15 State law.

16 g. If the final decision of the commissioner, or the
17 commissioner's designee, or of a court of competent jurisdiction on
18 appeal, establishes findings or conclusions on the cause or manner
19 of death of a decedent other than that recorded on the certificate of
20 death, the medical examiner responsible for the initial filing, or if
21 unavailable, another medical examiner with jurisdiction in this
22 State, shall amend the certificate to reflect the different findings or
23 conclusions.

24 h. The Chief State Medical Examiner shall send a change letter
25 to the Bureau of Vital Statistics and Registration in the department
26 to amend the certificate of death, to reflect the final decision of the
27 commissioner, or the commissioner's designee, or a court of
28 competent jurisdiction.

29 i. The final decision of the commissioner, or the
30 commissioner's designee, or of a court in an appeal under this
31 section, shall not give rise to any presumption concerning the
32 application of any provision, or the resolution, of any claim
33 concerning an insurance policy or contract relating to the decedent.

34 j. If the findings of the medical examiner are upheld by the
35 commissioner, or the commissioner's designee, the appellant shall
36 be responsible for the cost of the contested case hearing, based on
37 the billing rate established by the Office of Administrative Law.
38 Otherwise, the department shall be responsible for the costs.

39

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

41 26:6-1. As used in this chapter: "Local registrar" or "registrar"
42 means the local registrar of vital statistics. "State registrar" means
43 the State Registrar of Vital Statistics.

44 "Registration district" or "district" means the district established
45 by law for the registration of vital events.

46 "Fetal death" or "stillbirth" means death prior to the complete
47 expulsion or extraction from its mother of a product of conception,
48 irrespective of the duration of pregnancy; the death is indicated by

1 the fact that after such separation, the fetus does not breathe or
2 show any other evidence of life such as beating of the heart,
3 pulsation of the umbilical cord, or definite movement of voluntary
4 muscles.

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

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

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

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

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

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

34

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

36 26:6-8. In the execution of a death certificate, the personal
37 particulars shall be obtained by the funeral director from the person
38 best qualified to supply them. The death and last sickness
39 particulars shall be supplied by the attending, covering or resident
40 physician; or if there is no attending, covering or resident physician,
41 by an attending registered professional nurse licensed by the New
42 Jersey Board of Nursing under P.L.1947, c. 262 (C. 45:11-23 et
43 seq.); or if there is no attending, covering or resident physician or
44 attending registered professional nurse, by the county or intercounty
45 medical examiner or assistant county or intercounty medical
46 examiner. Within a reasonable time, not to exceed 24 hours after
47 the pronouncement of death, the attending, covering or resident
48 physician or the county or intercounty medical examiner or the

1 assistant county or intercounty medical examiner shall execute the
2 death certification. The burial particulars shall be supplied by the
3 funeral director. The attending, covering or resident physician, the
4 attending registered professional nurse, or the county or intercounty
5 medical examiner or assistant county or intercounty medical
6 examiner and the funeral director shall certify to the particulars
7 supplied by them by signing their names below the list of items
8 furnished, or by otherwise authenticating their identities and the
9 information that they have provided through the NJ-EDRS. If a
10 person acting under the direct supervision of the Chief State
11 Medical Examiner, Deputy Chief State Medical Examiner, a county
12 or intercounty medical examiner or assistant county or intercounty
13 medical examiner, funeral director, attending, covering or resident
14 physician, or licensed health care facility or other public or private
15 institution providing medical care, treatment or confinement to
16 persons, which is registered with the NJ-EDRS, is not authorized to
17 authenticate the information required on a certificate of death or
18 fetal death, that person may enter that information into the NJ-
19 EDRS in anticipation of its authentication by the Chief State
20 Medical Examiner, Deputy Chief State Medical Examiner, or a
21 county or intercounty medical examiner or assistant county or
22 intercounty medical examiner, funeral director, attending, covering
23 or resident physician, local registrar, deputy registrar, alternate
24 deputy registrar or subregistrar, as applicable.

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

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

29 1. If the attending physician, registered professional nurse, or
30 the Chief State Medical Examiner, Deputy Chief State Medical
31 Examiner, or county or intercounty medical examiner or assistant
32 county or intercounty medical examiner who makes the actual
33 determination and pronouncement of death determines or has
34 knowledge that the deceased person was **[infected with human**
35 **immunodeficiency virus (HIV)]** HIV positive or infected with
36 hepatitis B virus or that the deceased person suffered from
37 **[acquired immune deficiency syndrome (AIDS), AIDS related**
38 **complex (ARC)]** AIDS or any of the contagious, infectious or
39 communicable diseases as shall be determined by the Commissioner
40 of **[the Department of]** Health and Senior Services, the attending
41 physician, registered professional nurse or the Chief State Medical
42 Examiner, Deputy Chief State Medical Examiner, or county or
43 intercounty medical examiner or assistant county or intercounty
44 medical examiner shall immediately place with the remains written
45 notification of the condition and shall provide written notification
46 of the condition to the funeral director who is responsible for the

1 handling and the disposition of the body.

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

3

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

5 26:6-9. In case of any death occurring without medical
6 attendance, the funeral director shall notify the Office of the Chief
7 State Medical Examiner or the office of the county or intercounty
8 medical examiner, or the local registrar. In case the local registrar
9 shall be notified, he shall immediately inform the county or
10 intercounty medical examiner and refer the case to him for
11 investigation. The county or intercounty medical examiner or
12 assistant county or intercounty medical examiner shall furnish the
13 funeral director with the necessary data and last sickness particulars
14 to make the death certificate, or shall enter the information directly
15 into the NJ-EDRS.

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

17

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

20 2. As used in this act:

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

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

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

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

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

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

37 "Designated requester" means a hospital employee who has
38 completed a course offered or approved by an organ procurement
39 organization.

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

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

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

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

8 "Donor registry" means a database that contains records of
9 anatomical gifts.

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

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

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

20 "Hospital" means an institution, whether operated for profit or
21 not, whether maintained, supervised or controlled by an agency of
22 State government or a county or municipality or not, which
23 maintains and operates facilities for the diagnosis, treatment, or care
24 of two or more non-related individuals suffering from illness,
25 injury, or deformity, and where emergency, outpatient, surgical,
26 obstetrical, convalescent, or other medical and nursing care is
27 rendered for periods exceeding 24 hours.

28 "Identification card" means an identification card issued by the
29 New Jersey Motor Vehicle Commission.

30 "Medical examiner" means the Chief State Medical Examiner,
31 Deputy Chief State Medical Examiner, a county or intercounty
32 medical examiner or assistant county or intercounty medical
33 examiner, [or another person] performing [the] their duties [of a
34 medical examiner] pursuant to [P.L.1967, c.234 (C.52:17B-78 et
35 seq.)] P.L. , c. (C.)(pending before the Legislature as this
36 bill).

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

38 "Organ procurement organization" means an entity designated by
39 the United States Secretary of Health and Human Services as an
40 organ procurement organization.

41 "Parent" means a parent whose parental rights have not been
42 terminated.

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

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

47 "Procurement organization" means an eye bank, organ
48 procurement organization, or tissue bank.

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

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

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

12 "Record" means information that is inscribed on a tangible
13 medium or stored in an electronic or other medium and is
14 retrievable in perceivable form.

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

18 "Sign" means, with the present intent to authenticate or adopt a
19 record, to execute or adopt a tangible symbol, or to attach to or
20 logically associate with the record an electronic symbol, sound, or
21 process.

22 "State" means a state of the United States, the District of
23 Columbia, Puerto Rico, the United States Virgin Islands, or any
24 territory or insular possession subject to the jurisdiction of the
25 United States.

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

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

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

37 "Transplant hospital" means a hospital that furnishes organ
38 transplants and other medical and surgical specialty services
39 required for the care of transplant patients.

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

41

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

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

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

10 c. Upon the request of a procurement organization, the medical
11 examiner shall release to the procurement organization the name,
12 contact information, and available medical and social history of a
13 decedent whose body is under the medical examiner's jurisdiction.
14 If the decedent's body or part is medically suitable for
15 transplantation, therapy, research, or education, the medical
16 examiner shall release the post-mortem examination results to the
17 procurement organization. The procurement organization shall
18 make a subsequent disclosure of the post-mortem examination
19 results or other information received from the medical examiner
20 only if relevant to transplantation, therapy, research, or education.
21 (cf: P.L.2008, c.50, s.18)

22
23 29. R.S.26:8-1 is amended to read as follows:

24 26:8-1. As used in this chapter:

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

28 "Vital records" means the birth, death, fetal death, marriage, civil
29 union and domestic partnership records from which vital statistics
30 are produced.

31 "State registrar" means the State registrar of vital statistics;
32 "Local registrar" or "registrar" means the local registrar of vital
33 statistics of any district; and "registration district" or "district"
34 means a registration district as constituted by this article.

35 "Live birth" or "birth" means the complete expulsion or
36 extraction from its mother of a product of conception, irrespective
37 of the duration of pregnancy, which, after such separation, breathes
38 or shows any other evidence of life such as beating of the heart,
39 pulsation of the umbilical cord, or definite movement of voluntary
40 muscles, whether or not the umbilical cord has been cut or the
41 placenta attached.

42 "Authentication" means the entry by the Chief State Medical
43 Examiner, Deputy Chief State Medical Examiner, or a county or
44 intercounty medical examiner or assistant county or intercounty
45 medical examiner, funeral director or physician into the New Jersey
46 Electronic Death Registration System of a personal identification
47 code, digital signature or other identifier unique to that user, by
48 which the information entered into the system by the user is

1 authenticated by the user who assumes responsibility for its
2 accuracy. "Authentication" also means the process by which the
3 State registrar or a local registrar, deputy registrar, alternate deputy
4 registrar or subregistrar indicates that person's review and approval
5 of information entered into the system 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.

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

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

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

20
21 30. Section 16 of P.L.2003, c.221 (C.26:8-24.1) is amended to
22 read as follows:

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

25 (1) The system shall be fully implemented no later than 18
26 months after the date of enactment of P.L.2003, c.221, and shall be
27 the required means of death registration and certification for any
28 death or fetal death occurring in this State, subject to any exception
29 that may be approved by the State registrar in the case of a specific
30 death or fetal death. All participants in the death registration
31 process, including, but not limited to, the State registrar, local
32 registrars, deputy registrars, alternate deputy registrars,
33 subregistrars, the Chief State medical examiner, Deputy Chief State
34 Medical Examiner, county or intercounty medical examiners,
35 assistant county or intercounty medical examiners, funeral
36 directors, attending physicians and resident physicians, licensed
37 health care facilities, and other public or private institutions
38 providing medical care, treatment or confinement to persons, shall
39 be required to utilize the NJ-EDRS to provide the information that
40 is required of them by statute or regulation.

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

46 (3) Beginning no later than six months after the date of
47 enactment of P.L.2003, c.221, the State registrar shall authorize and
48 provide material support, in the form of system access, curriculum

1 guidelines and user registration capability and authority, to the
2 principal trade associations or professional organizations
3 representing persons affected by implementation of the NJ-EDRS,
4 for the purposes of providing training and education with regard to
5 the NJ-EDRS. The State registrar may conduct such education and
6 training, or authorize other entities to do so on his behalf; however,
7 these activities shall not be construed as restricting the training and
8 education activities of any affected trade association or professional
9 organization, including the location, manner, fees or other means of
10 conducting those activities on the part of the association or
11 organization.

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

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

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

20 (3) an automated notification system to alert other responsible
21 parties to pending cases, including notification to or from alternate
22 local registrars;

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

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

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

37 (7) the capacity to electronically amend and correct death
38 records;

39 (8) electronic notification, upon completion of the death record
40 and issuance of a burial permit, of the decedent's name, Social
41 Security number and last known address and the informant to: the
42 federal Social Security Administration, the federal Immigration and
43 Naturalization Service, the Division of Medical Assistance and
44 Health Services in the Department of Human Services, and such
45 other governmental agencies as the State registrar determines will
46 substantially contribute to safeguarding public benefit programs and
47 diminish the criminal use of a decedent's name and other identifying
48 information; and the New Jersey State Funeral Directors

1 Association, in the case of a decedent participating in one of its
2 funeral expense payment programs, in such a manner as to enable it
3 to fulfill its fiduciary obligations for the payment of the decedent's
4 final funeral and burial expenses;

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

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

9 c. A provider of information that is required to complete a
10 death certificate, or who is subject to the provisions of law
11 governing the NJ-EDRS, shall not be deemed to be acting as a local
12 registrar, deputy registrar, alternate deputy registrar or subregistrar
13 solely by virtue of permitting other providers of information to gain
14 access to the NJ-EDRS by using those other providers' identifying
15 information.

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

17
18 31. Section 18 of P.L.2003, c.221 (C.26:8-24.3) is amended to
19 read as follows:

20 18. The Chief State Medical Examiner, county or intercounty
21 medical examiners, licensed health care facilities, other public or
22 private institutions providing medical care, treatment or
23 confinement to persons, funeral homes and physicians' private
24 practice offices, as defined by the State registrar, shall acquire the
25 electronic means prescribed by the State registrar to access the NJ-
26 EDRS, or make such other arrangements as are necessary for that
27 purpose, no later than six months after the date of enactment of
28 P.L.2003, c.221.

29 The Chief State Medical Examiner and each county or
30 intercounty medical examiner, health care facility, institution,
31 funeral home or physician's office shall employ at least one person
32 who is qualified to use the NJ-EDRS, and is registered with the
33 State registrar as an authorized user of the system, by virtue of
34 completing a course of instruction on the NJ-EDRS provided by the
35 State registrar or an authorized agent thereof, or satisfying such
36 other requirements as may be established by the State registrar for
37 this purpose.

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

39
40 32. R.S.26:8-52 is amended to read as follows:

41 26:8-52. Corrections to death certificates shall be signed by the
42 physician, registered professional nurse, county or intercounty
43 medical examiner or assistant county or intercounty medical
44 examiner, Chief State Medical Examiner, Deputy Chief State
45 Medical Examiner, funeral director or informant, whose name
46 appears upon the certificate, or shall be otherwise recorded and
47 authenticated on the NJ-EDRS as prescribed by the State registrar;
48 however, any individual having personal knowledge and

1 substantiating documentary proof of the matters sought to be
2 corrected may apply under oath to the county or intercounty
3 medical examiner or the Chief State Medical Examiner in a case in
4 which the certificate was signed by the Chief State Medical
5 Examiner or Deputy Chief State Medical Examiner, to have the
6 certificate corrected. The authority to sign or otherwise
7 authenticate corrections or amendments to causes or duration of
8 causes of death is restricted to the physician, Chief State Medical
9 Examiner, Deputy Chief State Medical Examiner, or county or
10 intercounty medical examiner or assistant county or intercounty
11 medical examiner. Upon denial of an application for correction or
12 amendment of a death certificate, a person who has applied to a
13 county or intercounty medical examiner may apply to the Chief
14 State Medical Examiner, who shall exercise discretion to review the
15 matter and amend the certificate or to defer to the decision of the
16 county or intercounty medical examiner. The decision of the
17 county or intercounty medical examiner shall be deemed the final
18 decision by a public officer in the matter unless the Chief State
19 Medical Examiner amends or corrects the death certificate.

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

21
22 33. Section 7 of P.L.2005, c.222 (C.26:13-7) is amended to read
23 as follows:

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

26 a. The commissioner, Chief State Medical Examiner, and
27 Commissioner of Environmental Protection shall coordinate and
28 consult with each other on the performance of their respective
29 functions regarding the safe disposition of human remains, to devise
30 and implement measures which may include, but are not limited to,
31 the following:

32 (1) To take actions or issue and enforce orders to provide for the
33 safe disposition of human remains as may be reasonable and
34 necessary to respond to the public health emergency. Such
35 measures may include, but are not limited to, the temporary mass
36 burial or other interment, cremation, disinterment, transportation,
37 and disposition of human remains. To the extent possible,
38 religious, cultural, family, and individual beliefs of the deceased
39 person or his family shall be considered when determining
40 disposition of any human remains;

41 (2) To determine whether there is a need to investigate any
42 human deaths related to the public health emergency, and take such
43 steps as may be appropriate to enable the Chief State Medical
44 Examiner, or his designee, to take possession or control of any
45 human remains and perform an autopsy of the body under protocols
46 of the Chief State Medical Examiner consistent with safety as the
47 public health emergency may dictate;

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

9 (4) To direct or issue and enforce orders requiring that every
10 human remains prior to disposition be clearly labeled with all
11 available information to identify the decedent, which shall include
12 the requirement that any human remains of a deceased person with
13 a contagious disease shall have an external, clearly visible tag
14 indicating that the human remains are infected and, if known, the
15 contagious disease.

16 b. The person in charge of disposition of any human remains
17 shall maintain a written or electronic record of each human remains
18 and all available information to identify the decedent and the
19 circumstances of death and disposition. If human remains cannot
20 be identified prior to disposition, a person authorized by the Chief
21 State Medical Examiner shall, to the extent possible, take
22 fingerprints and photographs of the human remains, obtain
23 identifying dental information, and collect a DNA specimen, under
24 protocols of the Chief State Medical Examiner consistent with
25 safety as the public health emergency may dictate. All information
26 gathered under this subsection shall be promptly forwarded to the
27 Chief State Medical Examiner, who shall forward relevant
28 information to the commissioner.

29 c. The commissioner and Chief State Medical Examiner shall
30 coordinate with the appropriate law enforcement agencies in any
31 case where human remains may constitute evidence in a criminal
32 investigation.

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

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

37 18. During a state of public health emergency, the commissioner
38 may exercise, for such period as the state of public health
39 emergency exists, the following emergency powers regarding health
40 care personnel:

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

44 b. To appoint and prescribe the duties of such out-of-State
45 emergency health care providers as may be reasonable and
46 necessary to respond to the public health emergency, as provided in
47 this subsection.

1 (1) The appointment of out-of-State emergency health care
2 providers may be for such period of time as the commissioner
3 deems appropriate, but shall not exceed the duration of the public
4 health emergency. The commissioner may terminate the out-of-
5 State appointments at any time or for any reason if the termination
6 will not jeopardize the health, safety and welfare of the people of
7 this State.

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

12 c. To authorize the Chief State Medical Examiner, during the
13 public health emergency, to appoint and prescribe the duties of
14 county or intercounty medical examiners and assistant county or
15 intercounty medical examiners, [regional medical examiners,]
16 designated forensic pathologists, their assistants, out-of-State
17 medical examiners, and others as may be required for the proper
18 performance of the duties of the office.

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

24 (2) The Chief State Medical Examiner may waive any licensing
25 requirements, permits or fees otherwise required for the
26 performance of these duties, so long as the appointed emergency
27 assistant medical examiner is competent to properly perform the
28 duties of the office. In addition, if from another jurisdiction, the
29 appointee shall possess the licensing, permit or fee requirement for
30 medical examiners or assistant medical examiners in that
31 jurisdiction.

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

39 (2) An in-State health care provider required to assist pursuant
40 to subsection a. of this section and an out-of-State emergency health
41 care provider appointed pursuant to subsection b. of this section
42 shall not be liable for any civil damages as a result of the provider's
43 acts or omissions in undertaking public health preparedness
44 activities, which activities shall include but not be limited to pre-
45 event planning, drills and other public health preparedness efforts,
46 in good faith and in accordance with the provisions of this act.

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

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

3 29. The powers granted in the act are in addition to, and not in
4 derogation of, powers otherwise granted by law to the Chief State
5 Medical Examiner.

6 (cf: P.L.2005, c.222, s.29)
7

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

9 40A:9-46. In every county, the board of chosen freeholders shall
10 appoint a county medical examiner, or join in the appointment of an
11 intercounty medical examiner, in **the manner and for the term**
12 **provided by law** accordance with the provisions of P.L. _____,
13 c. (C. _____) (pending before the Legislature as this bill), who shall
14 meet the qualifications for appointment as provided in that act. He
15 shall be a licensed physician, a resident of the county, of recognized
16 ability and good standing in his community, with such training or
17 experience as may be prescribed by standards promulgated **and**
18 prescribed by regulation of the Chief State Medical Examiner **by**
19 rule or regulation.

20 (cf: N.J.S.40A:9-46)
21

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

23 40A:9-47. The county medical examiner of any county or an
24 intercounty medical examiner may, subject to the approval of the
25 board or boards of chosen freeholders, as applicable, appoint
26 **[such] one or more** assistant county or intercounty medical
27 examiners **[of the county, toxicologists, scientific experts, clerical**
28 **assistants and other personnel as shall be deemed necessary and**
29 **required, fix their compensation and prescribe their powers, duties**
30 **and functions. The assistant medical examiners of the county shall**
31 **have the same qualifications as the county medical examiner. The**
32 **said personnel shall be under the direction and supervision of the**
33 **county medical examiner** to operate under their direction and
34 supervision in accordance with the provisions of P.L. _____,
35 c. (C. _____) (pending before the Legislature as this bill), and as
36 prescribed by regulation of the Chief State Medical Examiner.

37 (cf: N.J.S.40A:9-47)
38

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

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

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

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

2 40A:9-49. The county or intercounty medical examiner or
3 assistant county or intercounty medical examiner, upon taking
4 charge of unidentified or unclaimed dead bodies, shall make burial
5 arrangements. If the decedent left an ascertainable estate able to
6 pay for the burial, the cost thereof certified by the official in charge
7 shall be payable out of such estate. If the decedent left no
8 ascertainable estate able to pay for the burial, the cost of burial shall
9 be borne:

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

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

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

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

17

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

19 40A:9-51. The board of chosen freeholders of any county, by
20 resolution, may designate not more than 6 places to be used as
21 county public morgues and provide for their maintenance and
22 operation. The said board may appoint the morgue keepers for
23 terms of 5 years from the date of their appointments. The morgue
24 keepers shall be under the supervision and direction of the county
25 or intercounty medical examiner.

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

27

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

29 40A:9-52. The morgue keepers shall be required to provide
30 suitable rooms for the holding of necessary examinations or
31 autopsies. They shall dispose of the dead bodies as directed by the
32 county or intercounty medical examiner. The said county or
33 intercounty medical examiner shall grant burial certificates for the
34 unknown or unclaimed dead only to the morgue keepers. The board
35 of chosen freeholders shall fix and pay the fees and expenses
36 incurred by the morgue keepers in the performance of their duties as
37 such.

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

39

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

41 40A:9-54. Unidentified or unclaimed dead bodies shall be
42 viewed by the county or intercounty medical examiner or by the
43 assistant county or intercounty medical examiner, or a regularly
44 licensed and practicing physician deputized for that purpose by the
45 county or intercounty medical examiner. Thereafter, the body shall
46 be **【buried by the morgue keeper at the expense of the county】**
47 treated in the manner prescribed in section 20 of P.L. , c. (C.)

1 (pending before the Legislature as this bill).

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

3

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

5 40A:9-55. If any dead body in a morgue received as being
6 unidentified shall thereafter be identified, the morgue keeper, upon
7 the order of the county or intercounty medical examiner, shall
8 deliver such body to any proper person willing to accept the
9 responsibility therefor. Said person shall state the name and last
10 known residence of the deceased and acknowledge receipt of the
11 body by signing for it in a book to be kept by the morgue keeper for
12 that purpose.

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

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

16

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

18 40A:9-56. In any county where there is no morgue keeper, the
19 procedure as to the disposition of unidentified or unclaimed dead
20 bodies shall be as nearly similar as in counties having a morgue
21 keeper, and the duties which would have been performed by the
22 morgue keeper, if there were one, shall be performed by the county
23 or intercounty medical examiner or the assistant county or
24 intercounty medical examiner.

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

26

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

28 40A:9-57. Where in any municipality the police ascertain the
29 finding or discovery of an unidentified dead body, the chief of
30 police or other police officer on duty shall forthwith notify the
31 county or intercounty medical examiner of such finding or
32 discovery.

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

34

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

36 40A:9-58. The county or intercounty medical examiner or the
37 assistant county or intercounty medical examiner shall take charge
38 of the personal property found on or pertaining to an unknown
39 decedent~~].~~ The said county medical examiner], and shall make an
40 inventory of all such personal property and file a copy thereof with
41 the clerk of the board of chosen freeholders. Within 20 days after
42 the death, the said personal property with a copy of the inventory
43 shall be delivered to the county treasurer. After 20 days following
44 such delivery the county treasurer, in his discretion, may sell said
45 property at public or private sale. If the proceeds of any such sale
46 shall not be claimed by a personal representative of the decedent or
47 person entitled thereto within 2 years after the sale, the said

1 proceeds shall become the property of the county.
2 (cf: N.J.S.40A:9-58)

3

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

5 40A:9-60. Any person reporting the finding of a dead body,
6 thrown upon the shores or coasts of this State by shipwreck, shall
7 be entitled to reimbursement for his expenses in connection with
8 such finding and reporting in an amount as approved either by the
9 Chief State Medical Examiner or county or intercounty medical
10 examiner and paid by the State Treasurer.

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

12

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

14 40A:9-61. The county or intercounty medical examiner or
15 assistant county or intercounty medical examiner shall take
16 possession of all moneys, goods or other personal property found on
17 the body of any such shipwrecked person or which apparently
18 belonged to said person and dispose of the same as herein provided.
19 The county or intercounty medical examiner or assistant county or
20 intercounty medical examiner shall utilize such personal property as
21 may be reasonably necessary for or in connection with the burial of
22 the body. The remainder of the property shall be delivered by
23 either the Chief State Medical Examiner or county or intercounty
24 medical examiner to the State Treasurer and if not claimed within 2
25 years by persons entitled thereto such property shall escheat to the
26 State.

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

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

31

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

33 40A:9-62. Every county or intercounty medical examiner or
34 assistant county or intercounty medical examiner shall record in a
35 book kept for that purpose the time and place of burial of any
36 shipwrecked body, the name of the ship or vessel, date and place of
37 the wreck, and a detailed description of the body. The county or
38 intercounty medical examiner shall preserve any letters, writings,
39 coins, medals, keepsakes or other articles which may aid in
40 identification.

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

42

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

45 2. The salary ranges for the following positions shall be as
46 established by the Civil Service Commission with the approval of
47 the Director, Division of Budget and Accounting. The salary rate
48 for any such position shall be the salary step in such range next

1 above the salary currently being paid; provided, however, that any
 2 sums appropriated for salaries may be made available for salary
 3 adjustments therein arising from various exigencies of the State
 4 service and for normal merit salary increments as the Civil Service
 5 Commission, the State Treasurer and the Director of the Division of
 6 Budget and Accounting shall determine; and provided, further, that
 7 nothing in this act shall reduce the salary rate for any such position
 8 below that which is being paid on the effective date of this act:

9 Community Affairs Department

10 Assistant Commissioner of Community Affairs
 11 Director, Division of State and Regional Planning
 12 Director, Division of Local Government Services
 13 Director, Division of Housing and Urban Renewal
 14 Director, Office of Aging Programs
 15 Director, Office on Women

16 Environmental Protection Department

17 Director, Division of Water Resources
 18 Director, Division of Parks and Forestry
 19 Director of Fish, Game and Shell Fisheries
 20 Director, Division of Marine Services
 21 Director, Division of Environmental Quality

22 Health and Senior Services Department

23 Director, Division of Narcotic and Drug Abuse Control
 24 Chief State Medical Examiner

25 Corrections Department

26 Chairman, State Parole Board
 27 Associate Member, State Parole Board
 28 Public Defender

29 Labor and Workforce Development Department

30 Director, Workplace Standards

31 Law and Public Safety Department

32 Colonel and Superintendent, State Police

33 **【State Medical Examiner】**

34 Director, Division of Alcoholic Beverage Control

35 State Superintendent of Weights and Measures

36 Public Utilities Department

37 Director, Office of Cable Television
 38 Executive Director, Public Broadcasting

39 State Department

40 Transportation Department

41 Assistant Commissioner for Highways
 42 Assistant Commissioner for Public Transportation
 43 Chief Administrator, New Jersey Motor Vehicle
 44 Commission

45 Treasury Department

46 Director, Division of Budget and Accounting
 47 Director, Division of Taxation
 48 Director, Division of Purchase and Property

1 Director, Division of Pensions and Benefits
2 Director, Division of State Lottery.
3 (cf: P.L.2008, c.29, s.107)
4

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

7 8. a. After performing any death scene investigation, as
8 deemed appropriate under the circumstances, the official with
9 custody of the human remains shall ensure that the human remains
10 are delivered to the appropriate county or intercounty medical
11 examiner.

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

16 c. If the county or intercounty medical examiner with custody
17 of remains cannot determine whether or not the remains found are
18 human, the medical examiner shall so notify the Missing Persons
19 Unit.

20 (cf: P.L.2007, c.279, s.8)
21

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

24 9. a. If the official with custody of the human remains is not a
25 medical examiner, the official shall promptly transfer the
26 unidentified remains to the appropriate county or intercounty
27 medical examiner.

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

- 31 (1) photographs of the human remains;
32 (2) dental or skeletal X-rays;
33 (3) photographs of items found with the human remains;
34 (4) fingerprints from the remains, if possible;
35 (5) samples of tissue suitable for DNA typing, if possible;
36 (6) samples of whole bone or hair suitable for DNA typing; and
37 (7) any other information that may support identification efforts.

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

- 41 (1) samples suitable for DNA identification archiving;
42 (2) photographs of the unidentified human remains; and
43 (3) all other appropriate steps for identification have been
44 exhausted.

45 d. Unidentified human remains shall not be cremated.

46 e. The county or intercounty medical examiner shall make
47 reasonable efforts to obtain prompt DNA analysis of biological

1 samples if the human remains have not been identified by other
2 means within 30 days.

3 f. The medical examiner shall seek support from appropriate
4 State and federal agencies to assist in the identification of
5 unidentified human remains. Such assistance may include, but not
6 be limited to, available mitochondrial or nuclear DNA testing,
7 federal grants for DNA testing, or federal grants for crime
8 laboratory or medical examiner office improvement.

9 g. The county or intercounty medical examiner shall seek
10 support from appropriate federal and State agency representatives to
11 have information promptly entered in federal and State databases by
12 those representatives that can aid in the identification of a missing
13 person. Information shall be entered into federal databases as
14 follows:

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

17 (2) DNA profiles and information shall be entered into the
18 National DNA Index System (NDIS) within five business days after
19 the completion of the DNA analysis and procedures necessary for
20 the entry of the DNA profile; and

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

23 h. Nothing in this act shall be construed to preclude any
24 medical examiner office, the State Police, or any local law
25 enforcement agency from other actions to facilitate the
26 identification of unidentified human remains, including efforts to
27 publicize information, descriptions, or photographs that may aid in
28 the identification of the unidentified remains, including allowing
29 family members to identify a missing person; provided that in
30 taking these actions, all due consideration is given to protect the
31 dignity and well-being of the missing person and the family of the
32 missing person.

33 i. Agencies handling the remains of a missing person who is
34 deceased shall notify the law enforcement agency handling the
35 missing person's case. Documented efforts shall be made to locate
36 family members of the deceased person to inform them of the death
37 and location of the remains of their family member.

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

39

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

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

43 (1) the Commissioners of Community Affairs, Human Services
44 and Health and Senior Services, the Director of the Division on
45 Women in the Department of Community Affairs, the Attorney
46 General, the Public Defender, the Superintendent of the State
47 Police, the Supervisor of the Office on the Prevention of Violence
48 Against Women in the Department of Community Affairs

1 established pursuant to Executive Order No. 61 (1992), the Chief
2 State Medical Examiner, the Program Director of the Domestic
3 Violence Fatality Review Board established pursuant to Executive
4 Order No. 110 (2000) and the Executive Director of the New Jersey
5 Task Force on Child Abuse and Neglect, or their designees, who
6 shall serve ex officio;

7 (2) eight public members appointed by the Governor who shall
8 include a representative of the County Prosecutors Association of
9 New Jersey with expertise in prosecuting domestic violence cases, a
10 representative of the New Jersey Coalition for Battered Women, a
11 representative of a program for battered women that provides
12 intervention services to perpetrators of acts of domestic violence, a
13 representative of the law enforcement community with expertise in
14 the area of domestic violence, a psychologist with expertise in the
15 area of domestic violence or other related fields, a licensed social
16 worker with expertise in the area of domestic violence, a licensed
17 health care professional knowledgeable in the screening and
18 identification of domestic violence cases and a county probation
19 officer; and

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

24 b. The public members of the board shall serve for three-year
25 terms, except that of the public members first appointed, four shall
26 serve for a period of one year, three shall serve for a period of two
27 years and two shall serve for a period of three years. The members
28 shall serve without compensation, but shall be eligible for
29 reimbursement for necessary and reasonable expenses incurred in
30 the performance of their official duties and within the limits of
31 funds appropriated for this purpose. Vacancies in the membership
32 of the board shall be filled in the same manner as the original
33 appointments were made.

34 c. The board shall select a chairperson from among its
35 members who shall be responsible for the coordination of all
36 activities of the board.

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

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

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

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

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

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

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

36

37 55. The following are repealed:

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

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

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

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

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

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

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

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

46

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