

## **SB 953 -1 STAFF MEASURE SUMMARY**

### **Senate Committee On Judiciary**

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**Meeting Dates:** 3/20, 4/3

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#### **WHAT THE MEASURE DOES:**

Changes term 'district medical examiner' to 'county medical examiner', defines county medical examiner, and changes term 'medical-legal' investigator to 'medicolegal' investigator. Removes provision permitting the Chief Medical Examiner to pay half of costs of autopsies ordered by counties with populations under 200,000, if funds were available for that purpose. Conditions autopsies by the Chief Medical Examiner's office on sufficient capacity to perform the autopsy. Changes a basis for investigation and certification when the person was not under the care of a physician during the period immediately previous to death, to when the person was not under the care of a physician within one year prior to death. Permits sampling vitreous fluid for laboratory analysis upon order of a medical examiner or district attorney in a death investigation.

*REVENUE: No revenue impact*

*FISCAL: Minimal fiscal impact*

#### **ISSUES DISCUSSED:**

- Oregon's medical examiner system structure
- Homicides are approximately 5 percent of total medical examiner cases
- Deaths and caseloads have dramatically increased
- Difficulty hiring pathologists
- Officer involved shootings often referred to the state for autopsy needs
- County resource needs

#### **EFFECT OF AMENDMENT:**

-1 Adds physician assistants and nurse practitioners to persons who may be appointed as medical examiners. Directs the Office of the Chief Medical Examiner to define medical examiners' individual scope of practice and provide training and supervision of physician assistants and nurse practitioners. Removes process for approving district medical examiner offices and replaces all references to district medical examiner offices with county medical examiner offices. Eliminates provision conditioning autopsies by the Chief Medical Examiner's office on sufficient capacity to perform the autopsy.

#### **BACKGROUND:**

The Chief Medical Examiner's Office (CME) of the Oregon State Police manages the statewide death investigation program in Oregon. State and county medical examiners investigate and certify all non-natural deaths involving homicides, accidents, suicides, suspicious circumstances, controlled substances, use or abuse of chemicals or toxic agents, on-the-job deaths, deaths occurring in state custody, bodies disposed of in an offensive manner, and 'unattended' deaths of persons who were not recently under physician care. The CME is also required to investigate deaths related to a disease that might constitute a threat to public health, but it has not done so due staffing levels.

The CME is the sole provider of forensic autopsy services in the state. The CME has five pathologists in the Clackamas Morgue, plus one in Eugene, and one in Central Point. In a 2020 presentation to the Legislature, the Chief Medical Examiner estimated that a total of twenty pathologists would be needed to adequately staff the number of autopsies that should be performed each year, based on the population.

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ORS 146.065 requires that each county have a medical examiner to investigate and certify the cause of death, and permits two or more counties to form a district medical examiner's office. In practice, no district medical examiner offices exist. Counties utilize medicolegal death investigators -- which may be police officers, health workers, or others -- who as part of an investigation document conditions, collect evidence, take photographs, make notifications to and interview the family, and log everything in a centralized system to allow the state to issue a death certificate. ORS 146.075 requires counties to pay all expenses of death investigations, except that in counties with a population of less than 200,000 people, the CME may approve one-half of autopsy costs be paid from state funds. The Chief Medical Examiner has in practice not required counties to pay for autopsies.

Senate Bill would update terminology regarding local medical examiners and investigators, remove a provision for sharing counties' payment for autopsies for counties with populations under 200,000 people, and require autopsies only when there is sufficient capacity to perform them.