

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2015

Legislative Fiscal Note

BILL NUMBER: Senate Bill 395 (First Edition)

SHORT TITLE: Reform Medical Examiner System.

SPONSOR(S): Senator Tarte

FISCAL IMPACT					
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Estimate Available		
	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
State Impact					
General Fund Revenues:	(\$1,462,500)	(\$1,462,500)	(\$1,462,500)	(\$1,462,500)	(\$1,462,500)
General Fund Expenditures:	\$22,410,297	\$73,980,687	\$46,331,978	\$59,275,404	\$61,672,433
Special Fund Revenues:					
Special Fund Expenditures:					
State Positions:	164	249	367	408	469
NET STATE IMPACT	(\$23,872,797)	(\$75,443,187)	(\$47,794,478)	(\$60,737,904)	(\$63,134,933)
Local Impact					
Revenues:					
Expenditures:	\$3,624,000	\$3,624,000	\$3,624,000	\$3,624,000.00	\$3,624,000
NET LOCAL IMPACT	(\$3,624,000)	(\$3,624,000)	(\$3,624,000)	(\$3,624,000)	(\$3,624,000)
PRINCIPAL DEPARTMENT(S) & PROGRAM(S) AFFECTED:					
Department of Health and Human Services, Office of the Chief Medical Examiner					
EFFECTIVE DATE: Except as otherwise indicated, Act becomes effective July 1, 2019					
TECHNICAL CONSIDERATIONS: Yes - See Technical Considerations Section					

BILL SUMMARY: Reforms the North Carolina Medical Examiner System (MES) as follows:

Organizational Changes

Amends GS 130A-377 to direct the Department of Health and Human Services (DHHS) to establish and maintain five regional offices, including a central office (was, organizational structure consisted of a central office and district offices as considered necessary by DHHS) to ensure that postmortem medico-legal examinations and services are available and properly managed in all regions of the state.

Amends GS 130A-378 to clarify that the Secretary of Health and Human Services (Secretary) appoints the Chief Medical Examiner (CME). Adds a requirement that in order to maintain the appointment as CME, the CME must fulfill continuing education requirements of GS 130A-382 and carry out the duties and responsibilities set out in Article 16 (Postmortem Investigation and Disposition) of GS Chapter 130A and as assigned by the Secretary.

Amends GS 130A-379 to specify that the duties and powers of the CME include: (1) ensuring that the Office of the CME obtains and maintains accreditation by the National Association of Medical Examiners or an alternative national entity offering accreditation approved by the Secretary and (2) performing autopsies but limits the number of autopsies performed by the CME to no more than 100 autopsies annually. Permits the CME to assume primary responsibility for any case under the jurisdiction of the Office of the CME within the restrictions as indicated regarding the total number of autopsies that the CME may perform in a single year.

Requires the CME to employ board-certified forensic pathologists, medical examiners, medico-legal death investigators, and administrative personnel to serve as staff in each of the regional offices. Additionally provides that the CME may employ forensic chemists to provide toxicological and related support to the regional offices.

Amends GS 130A-382 to provide that the CME is to hire (was, CME appointed county medical examiners for a three-year term) county medical examiners based on qualifications and training of the applicants. Directs DHHS to establish continuing education requirements for medical examiners employed by the Office of the CME. Provides additional criteria regarding continuing education requirements, including a mandatory, annual in-service training program for medical examiners. Requires that each medical examiner be assigned to a specific regional office at the direction of the CME based on the total population of each region.

Enacts new GS 130A-382A, which requires the CME to assign medico-legal death investigators to each of the regional offices. Provides details as to the required qualifications, the duties, certification requirements, and continuing education requirements for persons filling positions as medico-legal death investigators.

Provides that regardless of the provisions of GS 130A-382A as enacted by this act, a person hired as a medico-legal death investigator between July 1, 2015, and July 1, 2019, who has served as a coroner in North Carolina, has two years from the date of hire to successfully complete the certification program established by DHHS under GS 130A-382A(d), as amended by this act. Effective July 1, 2015.

Amends GS 130A-383 regarding the jurisdiction of a medical examiner. Clarifies circumstances under which a death occurs or is believed to have occurred that requires notifying the nearest regional medical examiner's office.

Amends GS 130A-385 to specify the duties of the medico-legal death investigator as well as those of the medical examiner upon receipt of a notice of a death under GS 130A-383, as amended by this act.

Changes to Medical Examiner Investigation and Autopsy Fees

Amends GS 130A-387 to increase the fee to be paid to a medical examiner for each investigation and prompt filing of the required report to \$250 (was \$100). Specifies that this fee does not apply to investigations and reports completed by employees of the Office of the CME. Directs the Office of the CME to use its own employees to complete investigations and required reports to the maximum extent possible. Effective July 1, 2015; however, repeals GS 130A-387, as amended by this act, effective July 1, 2019.

Amends GS 130A-389 to set the fee for an autopsy as \$2,800 (was, \$1,250). Provides that this fee does not apply to autopsies or other studies performed by employees of the office of the CME. studies to the maximum extent possible. Effective July 1, 2015; however, repeals GS 130A-389, as amended by this act, effective July 1, 2019.

Status Report on Implementation of Organizational Changes

Declares that it is the intent of the General Assembly to have the Office of the CME achieve full implementation of the organizational changes in this act by July 1, 2019. Requires that the Office of the CME, beginning January 2016, and every six months thereafter until the organizational changes are fully implemented, provide status reports to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. Specifies minimal information and data on the progress of the organizational changes to be covered in the status reports. Effective July 1, 2015.

Appropriations

Effective July 1, 2015, appropriates funds in unspecified amounts from the General Fund to DHHS, Division of Public Health, Office of the CME, to establish additional full-time equivalent positions for forensic pathologists, medical examiners, and certified medico-legal death investigator positions. Also appropriates an unspecified amount of funds from the General Fund to DHHS, Division of Public Health, Office of the CME, to establish forensic pathologist fellowships at the state's regional autopsy centers located at Wake Forest University and East Carolina University. Appropriates an unspecified amount of funds from the General Fund to DHHS, Division of Public Health, Office of the CME, to fund the increase in the death investigation fee and also appropriates an unspecified amount from the General Fund to DHHS, Division of Public Health, Office of the CME, to fund the increase in the autopsy fee. Provides that each of these unspecified amount appropriations are for the 2015-16 and the 2016-17 fiscal years. Provides that the effective date for all of the appropriations is July 1, 2015.

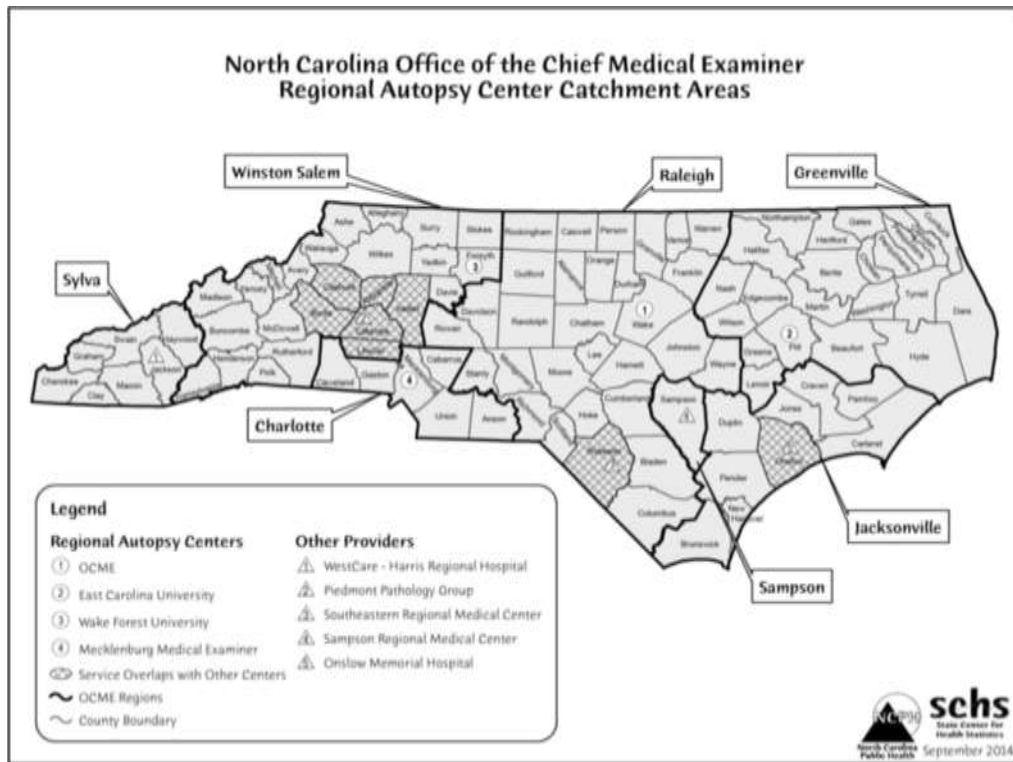
Except as otherwise indicated, this act becomes effective July 1, 2019

ASSUMPTIONS AND METHODOLOGY:

Background

The Office of the Chief Medical Examiner (OCME) oversees the North Carolina medical examiner system. The Office is located in Raleigh and is part of the Division of Public Health within the NC Department of Health and Human Services. The OCME office in Raleigh is the only State-operated autopsy facility and functions as the regional autopsy center for 30 counties in the central portion of the State. OCME contracts with the Mecklenburg County Medical Examiner's Office,

Wake Forest University Health Services, and ECU Brody School of Medicine to operate regional autopsy centers for the rest of the State. OCME also contracts with other providers around the State to perform autopsies: WestCare-Harris Regional Hospital, Piedmont Pathology Group, Southeastern Regional Medical Center, Sampson Regional Medical Center and Onslow Memorial Hospital.



In FY 2012-13, there were over 78,000 deaths in the State. Medicolegal examinations (death investigations) were completed for nearly 11,000 of the deaths, about 14 percent. Based on examination findings, nearly 4,000 autopsies were performed.

There are approximately 450 appointed county medical examiners in the State. OCME defines the medical examiner’s role as:

The medical examiner is a county-level position. This is the official who, when contacted about a death, makes the decision as to whether the case falls under medical examiner jurisdiction. If it does, the medical examiner takes charge of the body, makes inquiries regarding the cause and manner of death, reduces the findings to writing, files this report with the Office of the Chief Medical Examiner and completes a death certificate. This is a three-year appointment made by the Chief Medical Examiner. The Chief Medical Examiner shall give preference to physicians licensed to practice medicine. These physicians are not usually specialists in pathology or forensic pathology. All forensic pathologists are also medical examiners in North Carolina. The Chief Medical Examiner may also appoint licensed physician assistants, nurse practitioners, nurses, coroners or

emergency medical technician-paramedics. The medical examiner usually is not required to be a specialist in death investigation or pathology.

County medical examiners are part-time positions, with most of them having other full-time employment. They are not employees of the State. As set forth in statute, medical examiners receive \$100 per case. If the deceased person was a resident of the medical examiner's assigned county, about 80 percent of the cases, the county pays for the examination. If the deceased did not reside in the medical examiner's assigned county, the State pays the medical examiner.

Autopsies are performed at the four regional autopsy centers and other entities contracted by OCME. The autopsy fee, \$1,250, is set by statute. The county pays for the autopsy if the deceased was a resident of the county in which the death occurred, approximately 90% of the cases. The State pays for the autopsy if the deceased was not a resident of the county in which the death occurred.

S.B. 395, Reform Medical Examiner System, proposes major reforms affecting the entire system. The assumptions and methodology used to estimate the fiscal impact follows.

PART I. Organizational Changes

Section 1

Under existing statute, the Department of Health and Human Services (DHHS) is required to maintain a central office and authorized to maintain district offices to conduct postmortem medicolegal examinations. Section 1 of S.B. 395 revises current statute to specify that DHHS shall establish and maintain five regional offices, including a central office, to ensure that postmortem medicolegal examinations and services are available statewide. To comply with S.B. 396, DHHS would construct a State-operated autopsy center in Asheville. DHHS estimates that it would cost \$14.6 million nonrecurring to construct and equip the center on state-owned land. The estimated construction cost, \$13,328,947, is the inflation-adjusted amount spent to construct a new facility for the Mecklenburg Medical Examiner's Office in 2011. The Asheville OCME facility would be approximately the same size and design. The remaining \$1,273,097 is for one-time equipment purchases.

The Department estimates that 14 new positions would be needed for the ongoing operations of the Asheville facility. This includes six forensic pathologists to perform autopsies, considerably more than is currently employed by existing regional autopsy centers. However, as set forth in Section 3 of the proposed bill, OCME forensic pathologists would be limited to performing no more than 100 autopsies annually, about two per week. Currently, non-board certified forensic pathologists complete approximately 30% of all autopsies. H.B. 395 would require the OCME to staff regional autopsy centers with board-certified forensic pathologists only. To meet these new mandates, all of the regional autopsy centers will require approximately 2.5 times the number of forensic pathology staff compared to existing staffing practices.

Section 2

H.B. 395 sets forth a new requirement that the Chief Medical Examiner must fulfill continuing education as a condition of maintaining the appointed position. As DHHS did not provide a cost

estimate, for the purposes of this fiscal note, the Fiscal Research Division assumes that any cost associated with Sec. 2 can be accommodated within existing OCME resources.

Section 3

H.B. 395 requires that OCME attain and maintain accreditation by the National Association of Medical Examiners or an alternative national entity that accredits postmortem medicolegal examination services, effective July 1, 2019. Obtaining national accreditation would require that OCME facilities, information technology system, staffing, and equipment all meet accreditation standards. Due to the age and physical condition of facilities, two of the three existing contracted regional autopsy centers cannot meet accreditation standards. The existing information technology system, Medical Examiner Information System (MEIS), is dated and uses obsolete software and hardware technology. County medical examiners collect data manually and submit paper reports to OCME. OCME staff enters data from the paper reports into the MEIS and use typewriters to produce the death certificates. National accreditation standards require that board-certified forensic pathologists perform all autopsies. Currently, there are 14 board-certified forensic pathologist employed statewide by OCME and the contract entities. Non-board certified pathologists are used to perform 20 percent of autopsies in the State.

To meet new requirements set forth in H.B. 395, including Section 3, the State would have to replace the three contractual autopsy centers with State-operated facilities. OCME would have to construct new facilities for the three existing regional autopsy centers. DHHS estimates that it would take about three years and cost up to \$14.6 million nonrecurring to construct and equip each replacement center. The estimated construction cost ranges from \$12,457,882 to \$13,328,947, and the balance for one-time equipment purchases. The regional autopsy centers would also require additional board-certified forensic pathologists and other operating staff to meet national accreditation standards. The annual operating costs for supplies, utilities, and purchased services would be \$463,795 per autopsy center.

OCME would need to replace the existing Medical Examiner Information System (MEIS) to meet national accreditation standards. The replacement system would be purchased from a vendor, and then customized to meet OCME needs. The estimated non-recurring cost would be \$3,969,548 over a two-year period. Once implemented, \$295,192 recurring would be needed for ongoing maintenance and vendor support costs.

Section 3 also limits the number of autopsies performed by the Chief Medical Examiner to no more than 100 per year. The OCME in Raleigh would need 10 additional forensic pathologists to ensure the autopsies are completed in a timely manner and complies with this and other S.B. 395 requirements. OCME estimates that the annual salary for a board-certified forensic pathologist is \$186,963. Additional compensation costs, FICA, retirement, and health insurance, of \$43,873 bring the total cost to \$230,836 per position in FY 2015-16. Autopsy technicians assist the Forensic Pathologists in performing autopsies. By the fifth year, three new technician positions would be needed to support the 10 additional forensic pathologists. The autopsy technician's annual salary is \$42,482, with additional compensation costs bringing the total position cost to \$57,385 in FY 2019-2016.

Summary of Estimated Fiscal Impact – S.B. 395, Section 3

	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Obtain National Accreditation					
Construct and equip three replacement regional autopsy centers		\$39,115,776		\$2,343,699	\$84,207
Replace and upgrade information technology system		\$2,011,384	\$2,548,584	\$295,192	\$295,192
Chief Medical Examiner Performs No More Than 100 Autopsies Per Year					
Additional Forensic Pathologist Needed	10	10	10	10	13
Cost of Additional Pathologists and autopsy technicians	\$2,308,360	\$2,31,8394	\$2,350,849	\$2,387,338	\$2,592,846

Section 4

S.B. 395, Section 4 requires the Chief Medical Examiner to employ the following staff in each regional office:

- Board-certified forensic pathologists
- Medical examiners
- Medicolegal death investigators
- Administrative personnel who shall provide direct assistance to the Chief Medical Examiner, medical examiners, and certified medicolegal death investigators

Presently, OCME operates only one of the four regional offices and contracts with outside entities for the operation of the remaining three regional offices. OCME does not hire or employ any of the staff in the contracted regional offices. To meet the requirements of Section 4, it is assumed that OCME would have to operate all regional autopsy centers and could no longer use contracts for this purpose.

Section 4 limits the number of autopsies that the forensic pathologists may perform to no more than 100 per year. Current N.A.M.E. accreditation standards recommend that forensic pathologists perform no more than 250 autopsies per year. Thus, under H.B. 395, the State would need 2.5 times the number of forensic pathologist positions currently recommended for accreditation. To comply with the 100-autopsy limit, the regional autopsy centers would have to employ 35 additional forensic pathologists, effective July 1, 2018. The projected FY 2018-19 cost for the 35 pathologists would be \$8,355,684. In the following fiscal year, an additional 30 new positions, including autopsy technicians, facility managers, medical examiner specialists, transcriptionists, and processing assistants, would be needed to support the new forensic pathologists at the three existing regional autopsy centers. OCME staff report that there are only about 500 full-time, board-certified forensic pathologists in practice nationwide. It will be challenging to recruit and hire the 45 additional forensic pathologists required by Sections 3 and 4.

	FY 2018-19	FY 2019-20
# Forensic Pathologists	35.00	35.00
# Operating/support staff		30.00
Cost	\$8,355,684	\$10,196,292

There are about 450 county medical examiners that function as contractors and receive \$100 payment per case. Most county medical examiners have full-time jobs and complete death investigations on a part-time basis. Over half of them are physicians. S.B. 395, Section 4 eliminates the appointed county-level medical examiners and replaces them with medical examiners employed by the State. The Chief Medical Examiner would hire and assign medical examiners to work in each regional office. To ensure statewide 24-hour, seven days a week coverage, DHHS estimates that OCME would need to create and employ 300 full-time medical examiner positions. Nurse-practitioners and physician assistants would be the likely candidates for these positions, with an annual salary of \$100,000 plus benefits (\$128,238). Creating, recruiting, and hiring 300 positions would be phased in over a three-year period, beginning in FY 2015-16.

	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
# State Employed Medical Examiners	150	225	300	300	300
Cost	\$19,235,700	\$28,974,227	\$39,180,757	\$39,797,373	\$40,360,986

Section 4 of the Act requires the Chief Medical Examiner to employ *medicolegal death investigators* (MDI) in each of the regional offices. Current statute does not include a reference to or definition of a MDI and it is not listed among the position classifications authorized by the NC Office of State Personnel. Therefore, OCME would have to develop the specifications and get approval for this new position classification. In March 2015, OCME submitted the *NC Statewide Medical Examiner System Report on the Use of Medicolegal Death Investigators*. The report included recommendations to create three new positions to support, not replace, the work of local medical examiners and to improve their ability to provide quality medicolegal death investigations:

1. Medicolegal Death Investigator - Responsible for: (1) conducting an investigation, examination and report of sudden, unexpected, unnatural or violent deaths that fall under Medical Examiner jurisdiction; (2) determining the jurisdiction of the OCME over such cases; and (3) completing work related to death investigations as required. (Proposed salary: \$51,502)
2. Medicolegal Death Investigator Manager – Responsible for the supervision and oversight of regionally located medicolegal death investigator positions in a newly formed state-level unit in the Office of the Chief Medical Examiner. (Proposed salary: \$55,922)
3. Medicolegal Death Investigation Unit Director - Responsible for the direction, monitoring and evaluation of a newly formed state-level unit in the Office of the Chief Medical Examiner

comprised of regional Medicolegal Death Investigator Managers and local Medicolegal Death Investigators. (Proposed salary: \$60,963)

OCME would phase-in the creation, recruitment, and hiring of the medicolegal death investigation positions over a three-year period, beginning in FY 2015-16.

	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
# Medicolegal Death Investigators	3.0	12.0	50.0	50.0	50.0
# Medicolegal Death Investigator Managers	0	1.0	6.0	6.0	6.0
# Medicolegal Death Investigation Unit Director	1.0	1.0	1.0	1.0	1.0
Cost	\$ 286,237	\$980,906	\$4,022,637	\$4,083,715	\$4,139,542

The recommendation for 50 MDI positions is based on national recommended standards of 0.5 Full Time Equivalent (FTE) per 100,000 population. The recommendation for the six managers is consistent with other states' practices related to supervision and oversight of medicolegal death investigation staff. Using a phased-in approach will allow OCME to develop policies and procedures around the use of MDIs, develop training materials, and perform continuous quality improvement activities before rolling out the program statewide.

Section 4 requires the Chief Medical Examiner to employ personnel to provide administrative assistance to the medical examiners and medicolegal death investigators in each of the regional offices, effective July 1, 2019. DHHS estimates that 20 administrative staff positions will be needed statewide.

Position	Salary	# Pos	Total Salary/Benefit Cost
Processing Assistant IV	\$33,619	4.00	\$194,706
Processing Assistant V	\$36,148	1.00	\$51,947
Accounting Clerk V	\$36,148	2.00	\$103,895
Systems Programmer	\$90,000	1.00	\$121,602
Business & Tech IT	\$90,000	1.00	\$121,602
IT Technical Support Specialist	\$80,000	2.00	\$217,335
IT Technical Support Technician	\$70,000	2.00	\$191,466
Business Officer II	\$63,699	1.00	\$87,583
Business Officer III	\$69,629	1.00	\$95,253
Purchasing Agent I	\$43,626	1.00	\$61,620
Purchasing Agent II	\$49,364	1.00	\$69,042
Personnel Analyst I	\$51,502	1.00	\$71,807
Personnel Technician II	\$43,626	2.00	\$123,240
Cost	\$790,980	20.00	\$1,511,099

The table below summarizes the total estimated fiscal impact of S.B. 395, Section 4:

Summary -Estimated Fiscal Impact - S.B. 395, Section 4

	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Forensic pathologists perform \leq 100 autopsies per year				\$8,355,684	\$10,196,292
Replace appointed county medical examiners with State-employed medical examiners	\$19,235,700	\$28,974,227	\$39,180,757	\$39,797,373	\$40,360,986
Employ medicolegal death investigators	\$ 286,237	\$980,906	\$4,022,637	\$4,083,715	\$4,139,542
Employ personnel to provide administrative assistance to the medical examiners and medicolegal death investigators					\$1,511,099
Cost	\$19,521,937	\$29,955,133	\$43,203,394	\$52,236,772	\$56,207,919

Section 5

S.B. 395, Section 5 requires DHHS to establish annual continuing education requirements for medical examiners employed by OCME, effective July 1, 2019. The Act directs OCME to develop and implement a mandatory annual in-service training program for medical examiners. Section 5 also directs that OCME assign each medical examiner to a specific regional office. The number of medical examiners assigned to each region shall be based upon the total population of the region. S.L. 2014-100, Sec. appropriated \$1,000,000 recurring for FY 2014-15 to address operational issues in the statewide medical examiner system. OCME is using the expansion funds to implement statewide mandatory training for all medical examiners.

Section 6

S.B. 395 sets forth the duties, qualifications, and certification requirements for the medicolegal death investigators. Applicants for the position shall submit fingerprints and undergo a criminal background check. It's assumed that applicants shall pay for the cost of the criminal background investigations and there is no cost for the State. Section 6 also requires OCME to establish a MDI certification program, specifically board certification from the American Board of Medicolegal Death Investigators (ABMDI). The cost of annual ABMDI certification, \$450 per position, is included the fiscal estimate of Section 4 above. Annual certification costs would range from \$1,800 in the first year when four MDI positions are established to \$27,855 in Year 5 when all 57 positions have been filled.

PART II. Changes to Medical Examiner Investigation and Autopsy Fees

Section 9

Section 9 increases the fee paid to the appointed county medical examiners for each death investigation. The current \$100 fee was set in 2005. S.B. 395 increases the fee to \$250 per case, effective for the period July 1, 2015 to June 30, 2019. The State pays for 20% of the nearly 11,000 medical examinations performed each year. The proposed fee will increase the State's cost by \$330,000 annually until July 1, 2019, when the fee increase is repealed and the fee returns to \$100 per case. Counties pay the fees for the remaining 80% of medical examinations. The proposed fee will increase county costs by \$1,320,000 annually through July 1, 2019. DHHS plans to continue using appointed county medical examiners during FY 2019-20 to ensure coverage during the transition to State-employed medical examiners and medicolegal death investigators. OCME shall not pay the medical examination fee for investigations conducted by State-employed medical examiners.

Section 10

Current statute sets the autopsy fee at \$1,250. Section 10 increases the autopsy fee by \$1,550 to \$2,800, effective July 1, 2015. OCME and the contracted autopsy centers complete about 4,000 autopsies a year. Counties pay for 90% of autopsies. The proposed fee will increase autopsy costs for 70 counties combined by \$3.2 million each year.

	# Autopsies	# Paid by State	# Paid by Counties
OCME	1,300	130	1,170
3 Regional Autopsy Centers	2,700	270	2,430
Total	4,000	400	3,600

Sec. 10.(a) states *The fee established in subsection (a) of this section does not apply to autopsies or other studies performed by employees of the Office of the Chief Medical Examiner. To the maximum extent possible, the Office of the Chief Medical Examiner shall use its own employees to complete these autopsies and other studies.* Effective July 1, 2015, no fee shall be charged for any autopsies performed by OCME employees. OCME staff performs 1,300 autopsies annually. For 30 counties in the central portion of the State, OCME functions as the fourth regional autopsy center. These counties will no longer pay for autopsies performed by OCME. The remaining 70 counties will not pay for autopsies performed by the OCME Raleigh facility. As a result, OCME will lose \$1,462,500 in receipts, about one-third of its total budget, for 1,170 autopsies that will no longer be billed to counties. These counties will continue to pay the fee for autopsies performed by the three contracted regional autopsy centers. For counties, the net impact of Section 10 is increased cost of \$2,304,400 annually through July 1, 2019. After that date, OCME employees will perform all autopsies in the State at no charge to counties.

PART III. Appropriations

Section 12 appropriates an unspecified amount to establish forensic pathologists, medical examiner, and medicolegal death investigator positions. The estimated cost of these positions is \$21,830,297 in FY 2015-16 and \$32,273,527 in FY 2016-17. An unspecified appropriation is provided to establish one forensic pathologist fellowship each at the Wake Forest University and East Carolina University regional autopsy centers. The estimated cost of both fellowships is \$250,000 recurring beginning in FY 2015-16. An unspecified appropriation is provided to fund the \$150 medical examination fee increase that goes into effect July 1, 2015. The estimated annual cost is \$330,000 recurring, the amount that OCME would pay for medical examinations.

SOURCES OF DATA: Division of Public Health, DHHS

TECHNICAL CONSIDERATIONS: H.B. 395, Section 2 sets forth a new requirement that the Chief Medical Examiner must fulfill continuing education requirements of G.S. 130A-382 as a condition of maintaining the appointed position. However, G.S. 130A-382 does not address continuing education requirements for the Chief Medical Examiner. It sets forth the requirements for the Chief Medical Examiner to appoint county medical examiners:

The Chief Medical Examiner shall appoint one or more county medical examiners for each county for a three year term. In appointing medical examiners for each county, the Chief Medical Examiner shall give preference to physicians licensed to practice medicine in this State but may also appoint licensed physician assistants, nurse practitioners, nurses, coroners, or emergency medical technician paramedics. A medical examiner may serve more than one county. The Chief Medical Examiner may take jurisdiction in any case or appoint another medical examiner to do so.

FISCAL RESEARCH DIVISION: (919) 733-4910

PREPARED BY: Denise Thomas

APPROVED BY:

Mark Trogdon, Director
Fiscal Research Division

DATE: April 29, 2015



Signed Copy Located in the NCGA Principal Clerk's Offices