

CHAPTER 62

AN ACT establishing the Office of the Chief State Medical Examiner in the Department of Health, supplementing Title 26 of the Revised States, and amending and repealing parts of the statutory law.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.26:6B-1 Short title.

1. This act shall be known and may be cited as the “Revised State Medical Examiner Act.”

C.26:6B-2 Findings, declarations relative to the “Revised State Medical Examiner Act.”

2. The Legislature finds and declares that:

a. The enactment of a “Revised State Medical Examiner Act” is necessary in order to reform the current decentralized and fragmented medical examiner system in this State;

b. The linchpin of this reform is to be the establishment of a new Office of the Chief State Medical Examiner, to be led by a single officer known as the Chief State Medical Examiner, with significant statutory authority and operational oversight to ensure the effective and efficient operation of the entire medical examiner system in New Jersey;

c. This new office is to be established in, but not of, the Department of Health in order to ensure its independent status, and the Chief State Medical Examiner is to exercise explicit supervisory authority over the entire medical examiner system, with the power to intervene at his discretion in any medicolegal death investigation in this State;

d. The Chief State Medical Examiner is to be responsible for ensuring that the entire medical examiner system is adequately equipped to effectively deliver medicolegal death investigation services throughout the State, including appropriate funding for staff, equipment, and facilities for all medical examiner offices;

e. The Chief State Medical Examiner is to establish operating and performance standards for every medical examiner office in New Jersey, including uniform procedures for medicolegal death investigations; and

f. The reforms entailed in this act will result in a more efficient and effective medical examiner system that will better meet the needs of this State and thereby serve the public interest.

C.26:6B-3 Definitions relative to the “Revised State Medical Examiner Act.”

3. As used in this act:

“Commissioner” means the Commissioner of Health.

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

a. that a dissection or autopsy is essential to the criminal investigation of a homicide of which the decedent is the victim;

b. that the discovery of the cause of death is necessary to meet an immediate and substantial threat to the public health, and that a dissection or autopsy is essential to ascertain the cause of death;

c. that the death was that of an inmate of a prison, jail, or other correctional facility;

d. that the death was that of a child under the age of 12 years suspected of having been abused or neglected or suspected of being a threat to public health, and the cause of whose death is not apparent after diligent investigation by the medical examiner; or

e. that the need for a dissection or autopsy is established pursuant to the provisions of this act.

“Department” means the Department of Health.

“Friend” means any person who, prior to the decedent's death, maintained close contact with the decedent sufficient to render that person knowledgeable of the decedent's activities, health, and religious beliefs, and who presents an affidavit stating the facts and

circumstances upon which the claim that the person is a friend is based, and stating that the person will assume responsibility for the lawful disposition of the body of the deceased.

“Medicolegal death investigator” means a person, other than a medical examiner, who is not a physician, but who is authorized to investigate a death that falls under the jurisdiction of the medical examiner, including all suspicious, violent, unexplained, and unexpected deaths.

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

C.26:6B-4 Office of the Chief State Medical Examiner.

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

C.26:6B-5 Certain office abolished; functions, powers duties transferred to the Office of the Chief State Medical Examiner.

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

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

c. All contracts or agreements that have been executed, as of the effective date of this act, between the Office of the Attorney General and the Northern or Southern Regional Offices of the State Medical Examiner shall be transferred to the Office of the Chief State Medical Examiner in the Department of Health, and continued as if the Office of the Chief State Medical Examiner was the original party to the contract or agreement.

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

C.26:6B-6 Supervision by Chief State Medical Examiner over State medical examiner system; qualifications, appointment.

6. a. The Office of the Chief State Medical Examiner shall be under the immediate and sole supervision and authority of the Chief State Medical Examiner, who shall direct, control, and oversee the medical examiner system in this State.

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

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

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

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

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

C.26:6B-7 Duties, functions, powers, responsibilities.

7. The Chief State Medical Examiner shall have the following general duties, functions, powers, and responsibilities:

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

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

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

(2) establish recommended standards of funding for the operations, staffing, capital equipment, laboratories, and facilities of the county and intercounty medical examiner offices;

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

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

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

c. The Chief State Medical Examiner shall:

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

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

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

(4) establish minimum training and experiential requirements of eligibility for those persons appointed as Deputy Chief State Medical Examiner or as a county or intercounty medical examiner, in addition to the other qualifications set forth in this act;

(5) retain direct supervisory power over all operations and personnel employed by the Office of the Chief State Medical Examiner;

(6) have direct supervision and oversight of any county or intercounty medical examiner facility that the Chief State Medical Examiner reasonably determines is experiencing problems that preclude its effective functioning, except that such direct supervision and oversight shall not be authorized in the case of a county or intercounty medical examiner facility that is accredited and subject to inspection by the National Association of Medical Examiners (NAME);

(7) provide professional oversight concerning the operations of the county and intercounty medical examiner offices as they relate specifically to the conduct of medicolegal death investigations and the performance of autopsies;

(8) require county and intercounty medical examiners to timely enter case information into the Case Management System maintained by the Chief State Medical Examiner, and to complete any training offered by the Office of the Chief State Medical Examiner on the proper use of the Case Management System; and

(9) establish a forensic pathology fellowship program that is designed to increase the pool of medical examiners in the State, and collaborate with, and encourage collaboration between, the State's educational institutions for the purposes of implementing the fellowship program.

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

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

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

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

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

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

g. The Chief State Medical Examiner is authorized to enter into agreements with the State Department of Health, the Attorney General, or any State-operated college or school of medicine, or any public hospital, for the use of certain of its laboratories, morgues, and other technical facilities, and space in its buildings as offices and laboratories for the Chief State Medical Examiner and his staff, and may make assistant medical examiners available to such educational institutions for the teaching of legal medicine and other subjects closely related to their duties.

8. a. The position of Deputy Chief State Medical Examiner is created in the Office of the Chief State Medical Examiner.

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

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

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

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

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

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

h. If the Deputy Chief State Medical Examiner appointed pursuant to this section assumes the duties of a county or intercounty medical examiner, the Deputy Chief State Medical Examiner shall have all the authority conferred by law upon a county or intercounty medical examiner and may appoint such assistants, aides, investigators, or other personnel as the Deputy Chief State Medical Examiner deems necessary. In that event, the treasurer of the county or the treasurers of the counties, as the case may be, shall reimburse the Office of the Chief State Medical Examiner or its designated representative for all costs incurred in properly conducting death investigations on behalf of the county or counties and performing all other functions of the county or intercounty medical examiner.

C.26:6B-9 Office of the county medical examiner, intercounty medical examiner.

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

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

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

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

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

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

f. Each county medical examiner, intercounty medical examiner, assistant county medical examiner, and assistant intercounty medical examiner shall: be a licensed physician of recognized ability and in good standing in the State; be a graduate of a regularly chartered and legally constituted medical school or college or osteopathic medical school or college; and possess such minimum training and experience requirements as are established by the Chief State Medical Examiner. Either: the county medical examiner or intercounty medical examiner, as the case may be; or the assistant county medical examiner or intercounty medical examiner, as the case may be, shall additionally be certified in forensic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

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

h. The salaries and expenses incurred by the office of the county or intercounty medical examiner shall be included in the annual budget of the county or counties served by that office, and the governing body of the county or the governing bodies of the counties shall fix the compensation to be paid to the county or intercounty medical examiner and assistant

medical examiners and other personnel of the office. The governing body of the county or the governing bodies of the counties shall provide suitable quarters and equipment necessary for the performance of the duties of the county or intercounty medical examiner, and shall consult recommended standards adopted by the Chief State Medical Examiner with regard to funding for the staff, quarters, and equipment necessary for the performance of the duties of the office of the county or intercounty medical examiner. The budget for, and spending by, the office of the county or intercounty medical examiner shall: be available for review by the Chief State Medical Examiner; be published and available to the public as part of the budget approved by the governing body of the county or the governing bodies of the counties; and include all direct and indirect costs associated with the operation of the medical examiner office.

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

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

C.26:6B-10 Criteria for conduct of a medicolegal investigation of a death.

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

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

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

(3) death under suspicious or unusual circumstances;

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

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

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

(7) suicide;

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

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

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

(11) death within 24 hours of admission to a hospital or a nursing home;

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

- (13) death related to occupational illness or injury;
- (14) death due to thermal, chemical, electrical, or radiation injury;
- (15) death due to toxins, poisons, medicinal or recreational drugs, or a combination thereof;
- (16) known or suspected non-natural death;
- (17) any person found dead under unexplained circumstances;
- (18) the discovery of skeletal remains;
- (19) death for which investigation is in the public interest; or
- (20) a death occurring under such other circumstances as prescribed by regulation of the Chief State Medical Examiner.

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

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

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

(3) A person who willfully neglects or refuses to report the death, or who, without an order from the office of the county or intercounty medical examiner or the Office of the Chief State Medical Examiner, willfully touches, removes, or disturbs the decedent's body or touches, removes, or disturbs the clothing upon or near the body, is guilty of a crime of the fourth degree.

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

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

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

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

(b) The law enforcement officer present at the investigation, or the medical examiner or medicolegal death investigator if no officer is present, shall, in the absence of the next-of-kin

of the deceased person: take possession of all property of value found on the decedent; make an exact inventory thereof on his report; and deliver the property to the law enforcement agency for the municipality in which the death occurred, which shall surrender the property to the person entitled to its custody or possession.

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

(4) The Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, assistant county or intercounty medical examiner, or medicolegal death investigator shall consult with law enforcement officers and agencies, county prosecutors, public health agencies, or other appropriate entities in matters within their expertise, when conducting a medicolegal death investigation. The medical examiner or medicolegal death investigator, as the case may be, shall be provided with an Originating Agency Identification Number, and access to the State's motor vehicle registries and fingerprint registries, for the purposes of identifying the remains of a deceased individual under this section.

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

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

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

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

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

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

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

(b) Upon the request of a parent or legal guardian of the child, a pediatric pathologist, if available, shall assist in the performance of the autopsy under the direction of a forensic pathologist. The Chief State Medical Examiner or county or intercounty medical examiner shall notify the parent or legal guardian of the child that they may request that a pediatric

pathologist assist in the performance of the autopsy. The medical examiner shall include any findings and conclusions by the pathologist from the autopsy with the information filed with the Office of the Chief State Medical Examiner, and with the appropriate county or intercounty medical examiner office and the county prosecutor, pursuant to subparagraph (a) of this paragraph. The Chief State Medical Examiner or the county or intercounty medical examiner shall make available a copy of these findings and conclusions to the closest surviving relative of the decedent within 120 days of the receipt of a request therefor, unless the death is under active investigation by a law enforcement agency.

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

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

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

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

C.26:6B-11 Determination of necessity for autopsy.

11. a. The Chief State Medical Examiner, a county or intercounty medical examiner, an assignment judge of the Superior Court, a county prosecutor, the Attorney General, or the commissioner may deem an autopsy necessary after a preliminary death investigation is performed.

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

c. If, in the opinion of a medical examiner, there is a compelling public necessity to perform a dissection or autopsy, and a member of the decedent's immediate family or, in the absence thereof, a friend of the decedent objects to the procedure on the grounds that it is

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

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

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

e. Bodies shall be treated with dignity and respect commensurate with the goals of this act.

C.26:6B-12 Examination, autopsy in manner, timeliness for donation of organs.

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

b. A health care professional, who is authorized to remove an anatomical gift from a donor whose death is under investigation pursuant to this act, may remove the donated part from the donor's body for acceptance by a person authorized to become a donee, after giving notice to the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, or assistant county or intercounty medical examiner, as applicable, if the examination, autopsy, or analysis has not been undertaken in the manner and within the time provided for in this act. The Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, or assistant county or intercounty medical examiner, as applicable, shall be present during removal of the anatomical gift if, in that medical examiner's judgment, his presence is deemed necessary. In that case, the applicable medical examiner may request a biopsy of those tissues or organs

or deny removal of the anatomical gift. The applicable medical examiner shall explain in writing the reasons for determining that those tissues or organs may be involved in the cause of death, and shall include that explanation in the records maintained pursuant to this act.

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

C.26:6B-13 Sudden Child Death Autopsy Protocol Committee.

13. a. The Chief State Medical Examiner, in consultation with the commissioner, shall develop standardized protocols for autopsies performed in those cases in which the suspected cause of death of a child under one year of age is sudden infant death syndrome and in which the child is between one and three years of age and the death is sudden and unexpected.

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

c. The protocols shall include requirements and standards for scene investigation, criteria for ascertaining the cause of death based on autopsy, criteria for specific tissue sampling, and such other requirements as the committee deems appropriate. The protocols shall take into account nationally recognized standards for pediatric autopsies.

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

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

f. The sudden infant death syndrome autopsy protocol shall provide that if the findings in the autopsy are consistent with the definition of sudden infant death syndrome specified in the protocol, the person who conducts the autopsy shall state on the death certificate that sudden infant death syndrome is the cause of death.

C.26:6B-14 Findings, declarations relative to causes of deaths, sudden deaths.

14. a. The Legislature finds and declares that: advances in genetics, biochemistry, and other areas of medical research have yielded, and continue to yield, new information about the specific causes of death and sudden death, including in the areas of sudden infant death syndrome and sudden, unexpected death in epilepsy (SUDEP); and it is in the public interest

to accelerate research efforts to identify actual causes of death. The Legislature further finds and declares that there is a need to enhance awareness among medical examiners with respect to various diseases and types of death, and there is value to be had in establishing awareness programs that would address knowledge deficiencies in this area.

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

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

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

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

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

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

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

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

(d) the research project is to develop a plan that provides for the disposal of a decedent's tissue in the event that consent is not obtained for use of the tissue, and for disposal of the decedent's tissue upon completion of the research in those cases in which consent is obtained; and further, which incorporates accepted procedures for disposal of surgical biopsies and biohazardous materials, and procedures to inform the deceased's family members, as well as the Research Oversight Committee, of the disposal plan;

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

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

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

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

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

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

d. The Chief State Medical Examiner, in consultation with the commissioner and the State Board of Medical Examiners, shall, as deemed appropriate, establish awareness programs to educate medical examiners in the State about various types of death, including, but not limited to, sudden infant death syndrome, and sudden, unexpected deaths in epilepsy.

C.26:6B-15 Cooperation with Office of the Chief Medical Examiner.

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

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

C.26:6B-16 Procedure regarding disinterment; powers of Chief State Medical Examiner.

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

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

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

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

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

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

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

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

C.26:6B-17 Maintenance of records.

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

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

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

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

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

C.26:6B-18 Medical Examiner Review Team.

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

b. The Medical Examiner Review Team shall include nine members, as follows:

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

(2) the Chair of the Department of Pathology from one of the medical schools or colleges or osteopathic medical schools or colleges in New Jersey, to be appointed by the Governor; and

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

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

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

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

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

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

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

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

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

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

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

C.26:6B-19 Annual report.

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

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

(1) the budget and expenditures for each medical examiner office in this State, including its direct and indirect expenses, including a summary of the terms and conditions of each

contract for the professional services of the Office of the Chief State Medical Examiner and the office of each county or intercounty medical examiner;

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

(3) statistics of determined causes of death; and

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

C.26:6B-20 Causes for removal of medical examiner.

20. The Governor shall be authorized to remove the Chief State Medical Examiner from office, and the Chief State Medical Examiner shall be authorized to remove any county or intercounty medical examiner from office, for any of the following causes:

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

C.26:6B-21 New Jersey State Medical Examiner Toxicology Laboratory.

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

b. The Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, and assistant county or assistant intercounty medical examiner requiring the services of a toxicology laboratory are encouraged to enlist the services of the New Jersey State Medical Examiner Toxicology Laboratory. Use of another lab is permitted, provided that the laboratory meets national accreditation standards.

c. The Chief State Medical Examiner shall ensure that the Attorney General and each county prosecutor, as applicable, promptly receive copies of all final toxicology laboratory testing results from the New Jersey State Medical Examiner Toxicology Laboratory or another lab as permitted by subsection b. of this section for toxicology specimens submitted from the Office of the Chief State Medical Examiner or any county or intercounty medical examiner's office. The Attorney General or county prosecutor may obtain copies of the final toxicology testing results as the Attorney General or county prosecutor deems necessary for the fulfillment of his or her official duties.

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

C.26:6B-22 Request to correct findings and conclusions.

22. a. Except in a case in which there is a finding of homicide, a person in interest may request the Office of the Chief State Medical Examiner to correct the findings and conclusions on the cause and manner of death recorded on a death certificate within 60 days after the Chief State Medical Examiner, Deputy Chief State Medical Examiner, county or intercounty medical examiner, or assistant county or assistant intercounty medical examiner files those findings and conclusions.

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

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

(2) describe the requested change precisely; and

(3) state the reasons for the change.

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

d. If the Chief State Medical Examiner denies the request to change findings and conclusions on the cause of death, the person in interest may appeal the denial in writing within 15 days of the denial to the commissioner; and the commissioner, within 15 days of receipt of the appeal, shall refer the matter to the Office of Administrative Law.

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

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

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

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

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

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

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

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

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

Definitions.

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

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

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

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

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

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

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

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

C.26:6B-23 Immunity from liability.

24. The Chief State Medical Examiner, a Deputy Chief State Medical Examiner, an Assistant Medical Examiner, their employees, the members of any committees established pursuant to this act, and any other persons who are authorized to undertake actions pursuant to this act, shall be immune from civil or criminal liability, and from professional disciplinary action, for any acts or omissions that are undertaken thereby, in good faith, in accordance with the provisions of this act.

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

Duty to furnish particulars; verification.

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

Within a reasonable time, not to exceed 24 hours after the pronouncement of death, the attending, covering, or resident physician, the attending advanced practice nurse pursuant to section 10 of P.L.1991, c.377 (C.45:11-49), or the county or intercounty medical examiner or the assistant county or intercounty medical examiner shall execute the death certification. The burial particulars shall be supplied by the funeral director. The attending, covering, or resident physician, the attending advanced practice nurse, the attending registered professional nurse, or the county or intercounty medical examiner or the assistant county or intercounty medical examiner and the funeral director shall certify to the particulars supplied by them by signing their names below the list of items furnished, or by otherwise authenticating their identities and the information that they have provided through the NJ-EDRS. If a person acting under the direct supervision of the Chief State Medical Examiner,

Deputy Chief State Medical Examiner, a county or intercounty medical examiner or the assistant county or intercounty medical examiner, funeral director, attending, covering, or resident physician, attending advanced practice nurse, or licensed health care facility or other public or private institution providing medical care, treatment, or confinement to persons, which is registered with the NJ-EDRS, is not authorized to authenticate the information required on a certificate of death or fetal death, that person may enter that information into the NJ-EDRS in anticipation of its authentication by the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or a county or intercounty medical examiner or the assistant county or intercounty medical examiner, funeral director, attending, covering, or resident physician, attending advanced practice nurse, local registrar, deputy registrar, alternate deputy registrar or subregistrar, as applicable.

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

C.26:6-8.2 Notification.

1. If the attending physician, registered professional nurse, physician assistant, or the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or county or intercounty medical examiner or assistant county or intercounty medical examiner who makes the actual determination and pronouncement of death determines or has knowledge that the deceased person was HIV positive or infected with hepatitis B virus or that the deceased person suffered from AIDS, or any of the contagious, infectious, or communicable diseases as shall be determined by the Commissioner of Health, the attending physician, registered professional nurse, physician assistant, or the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or county or intercounty medical examiner or assistant county or intercounty medical examiner shall immediately place with the remains written notification of the condition and shall provide written notification of the condition to the funeral director who is responsible for the handling and the disposition of the body.

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

Death occurring without medical attendance.

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

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

C.26:6-78 Definitions relative to anatomical gifts.

2. As used in this act:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Medical examiner" means the Chief State Medical Examiner, Deputy Chief State Medical Examiner, a county or intercounty medical examiner or assistant county or intercounty medical examiner, performing their duties pursuant to P.L.2018, c.62 (C.26:6B-1 et al.).

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

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

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

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

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

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

"Prospective donor" means a person who is dead or whose death is imminent and has been determined by a procurement organization to have a part that could be medically suitable for

transplantation, therapy, research, or education, but does not include an individual who has made a refusal.

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

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

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

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

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

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

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

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

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

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

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

C.26:6-94 Cooperation of medical examiner with procurement organization.

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

b. A part shall not be removed from the body of a decedent under a medical examiner's jurisdiction for transplantation, therapy, research, or education, nor delivered to a person for research or education, unless the part is the subject of an anatomical gift. The provisions of this section shall not be construed to preclude a medical examiner from performing an investigation as provided in P.L.2018, c.62 (C.26:6B-1 et al.) of a decedent under the medical examiner's jurisdiction.

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

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

Definitions.

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

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

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

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

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

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

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

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

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

C.26:8-24.1 New Jersey Electronic Death Registration System (NJ-EDRS)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c. A provider of information that is required to complete a death certificate, or who is subject to the provisions of law governing the NJ-EDRS, shall not be deemed to be acting as a local registrar, deputy registrar, alternate deputy registrar or subregistrar solely by virtue of

permitting other providers of information to gain access to the NJ-EDRS by using those other providers' identifying information.

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

C.26:8-24.3 Means of accessing NJ-EDRS; requirements.

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

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

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

Correcting death certificates, procedure.

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

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

C.26:13-7 Actions during state of public health emergency, coordination.

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

a. The commissioner, Chief State Medical Examiner, and Commissioner of Environmental Protection shall coordinate and consult with each other on the performance of

their respective functions regarding the safe disposition of human remains, to devise and implement measures which may include, but are not limited to, the following:

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

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

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

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

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

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

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

C.26:13-18 Emergency powers regarding health care personnel.

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

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

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

(1) The appointment of out-of-State emergency health care providers may be for such period of time as the commissioner deems appropriate, but shall not exceed the duration of the public health emergency. The commissioner may terminate the out-of-State

appointments at any time or for any reason if the termination will not jeopardize the health, safety and welfare of the people of this State.

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

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

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

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

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

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

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

C.26:13-29 Additional powers of Chief State Medical Examiner.

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

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

Medical examiners.

40A:9-46. In every county, the board of chosen freeholders shall appoint a county medical examiner, or join in the appointment of an intercounty medical examiner, in accordance with the provisions of P.L.2018, c.62 (C.26:6B-1 et al.), who shall meet the qualifications for appointment as provided in that act and prescribed by regulation of the Chief State Medical Examiner.

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

Assistant medical examiners.

40A:9-47. The county medical examiner of any county or an intercounty medical examiner may, subject to the approval of the board or boards of chosen freeholders, as

applicable, appoint one or more assistant county or intercounty medical examiners to operate under their direction and supervision in accordance with the provisions of P.L.2018, c.62 (C.26:6B-1 et al.), and as prescribed by regulation of the Chief State Medical Examiner.

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

Appointment of licensed physician to act in certain cases.

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

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

Payment for burial of unidentified, unclaimed bodies.

40A:9-49. Pursuant to section 22 of P.L.2003, c.261 (C.45:27-22), the county or intercounty medical examiner or assistant county or intercounty medical examiner, upon taking charge of unidentified or unclaimed dead bodies, shall make burial arrangements. If the decedent left an ascertainable estate able to pay for the burial, the cost thereof certified by the official in charge shall be payable out of such estate. If the decedent left no ascertainable estate able to pay for the burial, the cost of burial shall be borne:

- a. if the decedent was an adult or emancipated child with surviving spouse, by the surviving spouse,
- b. if the decedent was an unemancipated child with a surviving parent, by the surviving parent, or
- c. if there is no surviving spouse or parent, as applicable, by the county.

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

Morgues, morgue keepers; appointments.

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

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

Morgue keepers; duties; burial certificates; fees and expenses.

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

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

Unidentified, unclaimed dead bodies in morgues; disposition.

40A:9-54. Unidentified or unclaimed dead bodies shall be viewed by the county or intercounty medical examiner or by the assistant county or intercounty medical examiner, or

a regularly licensed and practicing physician deputized for that purpose by the county or intercounty medical examiner. Thereafter, the body shall be buried by the morgue keeper at the expense of the county.

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

Delivery of identified dead bodies to proper persons; records.

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

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

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

Disposition of unidentified, unclaimed dead bodies, no morgue keeper.

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

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

Police to report finding of dead body.

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

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

Disposition of personal property of unknown decedent.

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

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

C.52:14-15.108 Salary ranges for departmental officers, directors.

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

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

Community Affairs Department

- Assistant Commissioner of Community Affairs
- Director, Division of State and Regional Planning
- Director, Division of Local Government Services
- Director, Division of Housing and Urban Renewal
- Director, Office of Aging Programs
- Director, Office on Women

Environmental Protection Department

- Director, Division of Water Resources
- Director, Division of Parks and Forestry
- Director of Fish, Game and Shell Fisheries
- Director, Division of Marine Services
- Director, Division of Environmental Quality

Health and Senior Services Department

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

Corrections Department

- Chairman, State Parole Board
- Associate Member, State Parole Board
- Public Defender

Labor and Workforce Development Department

- Director, Workplace Standards

Law and Public Safety Department

- Colonel and Superintendent, State Police
- Director, Division of Alcoholic Beverage Control
- State Superintendent of Weights and Measures

Public Utilities Department

- Director, Office of Cable Television
- Executive Director, Public Broadcasting

State Department

Transportation Department

- Assistant Commissioner for Highways
- Assistant Commissioner for Public Transportation
- Chief Administrator, New Jersey Motor Vehicle Commission

Treasury Department

- Director, Division of Budget and Accounting
- Director, Division of Taxation
- Director, Division of Purchase and Property
- Director, Division of Pensions and Benefits
- Director, Division of State Lottery.

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

C.52:17B-219 Custody of human remains, notification if remains unidentified.

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

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

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

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

C.52:17B-220 Responsibilities of county, intercounty medical examiner.

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

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

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

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

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

d. Unidentified human remains shall not be cremated.

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

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

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

- (1) information for the National Crime Information Center within 24 hours;
- (2) DNA profiles and information shall be entered into the National DNA Index System (NDIS) within five business days after the completion of the DNA analysis and procedures necessary for the entry of the DNA profile; and
- (3) information sought by the Violent Criminal Apprehension Program database as soon as practicable.

h. Nothing in this act shall be construed to preclude any medical examiner office, the State Police, or any local law enforcement agency from other actions to facilitate the

identification of unidentified human remains, including efforts to publicize information, descriptions, or photographs that may aid in the identification of the unidentified remains, including allowing family members to identify a missing person; provided that in taking these actions, all due consideration is given to protect the dignity and well-being of the missing person and the family of the missing person.

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

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

C.52:27D-43.17c Membership of board, terms, compensation.

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

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

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

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

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

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

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

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

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

A:9-71 Domestic Security Preparedness Planning Group.

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

b. The members of the planning group shall include the Director of the New Jersey Office of Emergency Management, the Adjutant General of Military and Veterans' Affairs or his designee, the Commissioner of Agriculture or his designee, the Commissioner of Community Affairs or his designee, the Commissioner of Corrections or his designee, the Commissioner of Environmental Protection or his designee, the Commissioner of Health or his designee, the Commissioner of Human Services, or his designee, the Commissioner of Transportation or his designee, the Executive Director of the New Jersey Transit Corporation or his designee, the State Treasurer or his designee, the Chief State Medical Examiner or his designee, the President of the Board of Public Utilities or his designee, a representative of the New Jersey County Emergency Management Coordinators Association, a representative of the New Jersey State Fire Chiefs Association, and a representative of the New Jersey State Police Chiefs Association. The planning group may include, to the extent such individuals may be made available for such purpose, a representative of the Federal Emergency Management Agency, a representative of the Federal Bureau of Investigation, a representative of the American Red Cross, and a representative of such other charitable groups as may be appropriate. The chairperson of the task force shall appoint the chair and vice chair of the planning group.

Repealer.

53. The following are repealed:

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

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

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

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

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

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

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

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

P.L.2013, c.91 (C.52:17B-88.12 et seq.).

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

Approved July 3, 2018.