SENATE BILL NO. 436

May 12, 2021, Introduced by Senators MCCANN, BAYER, WOJNO, GEISS, CHANG, POLEHANKI, BULLOCK and BRINKS and referred to the Committee on Health Policy and Human Services.

A bill to amend 1953 PA 181, entitled

"An act relative to investigations in certain instances of the causes of death within this state due to violence, negligence or other act or omission of a criminal nature or to protect public health; to provide for the taking of statements from injured persons under certain circumstances; to abolish the office of coroner and to create the office of county medical examiner in certain counties; to prescribe the powers and duties of county medical examiners; to prescribe penalties for violations of the provisions of this act; and to prescribe a referendum thereon,"

by amending the title and sections 1c and 3 (MCL 52.201c and 52.203), sections 1c and 3 as amended by 2012 PA 171.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

TITLE

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2 An act relative to investigations in certain instances of the 3 causes of death within this state due to violence, negligence or 4 other act or omission of a criminal nature or to protect public 5 health; to provide for the taking of statements from injured persons under certain circumstances; to abolish the office of 6 7 coroner and to create the office of county medical examiner in certain counties; to prescribe the powers and duties of county 8 9 medical examiners and other state and local governmental officers 10 and entities; to prescribe penalties for violations of the 11 provisions of this act; and to prescribe a referendum thereon. 12 Sec. 1c. (1) The county medical examiner is in charge of the 13 office of the county medical examiner and may promulgate rules 14 relative to the conduct of that office. The county medical examiner 15 may delegate any functions of that office to a duly appointed deputy county medical examiner if the deputy county medical 16 17 examiner is a licensed physician. If the deputy county medical 18 examiner is not a licensed physician, his or her functions are 19 limited as provided by law.

20 (2) The county medical examiner may establish an elderly and 21 vulnerable adult death review team. The county medical examiner may 22 develop protocols to be used by the elderly and vulnerable adult 23 death review team in conducting a review of the matter. If 24 established, the county medical examiner or deputy county medical 25 examiner, physicians and other health care professionals 26 specializing in geriatric medicine, physicians and other health 27 care professionals employed by long-term care facilities, members 28 of relevant state and local law enforcement agencies, the county

prosecutor's office, and members representing the department of 1 2 health and human services who are involved with issues regarding adult protective services, adult foster care homes, and homes for 3 the aged shall be are allowed to participate on the elderly and 4 5 vulnerable adult death review team. The elderly and vulnerable 6 adult death review team may allow participation by others as 7 designated by the team, including, but not limited to, members 8 representing the long-term care ombudsman program, community mental 9 health, and the department of licensing and regulatory affairs who 10 are involved with the licensing and regulation of long-term care 11 facilities.

(3) The county medical examiner or county health officer may 12 establish a drug-fatality review team. The county medical examiner 13 14 or county health officer may develop protocols to be used by the 15 drug-fatality review team in conducting a review of the matter. If established, the county medical examiner or deputy county medical 16 17 examiner, medical examiner investigators, county health officer, 18 physicians and other health care professionals specializing in 19 forensic pathology and forensic toxicology, emergency medical 20 services personnel, members of relevant state and local law 21 enforcement agencies, the county prosecutor's office, and members 22 representing substance use disorder services programs and mental 23 health providers are allowed to participate on the drug-fatality 24 review team. The drug-fatality review team may allow participation 25 by others as designated by the team. As used in this subsection, 26 "county health officer" means a local health officer as that term is defined in section 1105 of the public health code, 1978 PA 368, 27 28 MCL 333.1105.

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Sec. 3. (1) Except as otherwise provided in this section, a

1 physician, an individual in charge of any hospital or institution,
2 or any other individual who has first knowledge of any of the
3 following shall immediately notify the county medical examiner or
4 deputy county medical examiner of that fact:

5 (a) An individual who died suddenly, unexpectedly,
6 accidentally, violently, or as the result of any suspicious
7 circumstances.

8 (b) An individual who died without medical attendance during
9 the 48 hours prior to before the hour of death unless the attending
10 physician, if any, is able to determine accurately the cause of
11 death.

12 (c) An individual who died as the result of what is commonly13 known as an abortion, whether self-induced or otherwise.

14 (2) If the physician, individual in charge of any hospital or 15 institution, or other individual who has first knowledge of the 16 death of an individual as described under subsection (1) has knowledge that there were 2 or more individuals involved in the 17 18 same incident who were approximately the same age, sex, height, weight, hair color, eye color, and race, then he or she shall make 19 20 the county medical examiner or deputy county medical examiner aware of that fact and whether or not any of those individuals survived 21 22 that incident when notifying the county medical examiner or deputy 23 county medical examiner of the death as required under subsection (1). If any of those individuals survived, the county medical 24 25 examiner or deputy county medical examiner shall must also be informed which hospital or institution those individuals were taken 26 27 to and the hospital or institution shall must also be made aware that the incident involved 2 or more individuals with similar 28 29 attributes.

(3) If a physician, an individual in charge of any hospital or 1 institution, or other individual with knowledge of the death of an 2 individual as described under subsection (1) has knowledge that the 3 death has already been reported to the county medical examiner or 4 5 deputy county medical examiner under subsection (1), the physician, 6 individual in charge of any hospital or institution, or other 7 individual is not required to notify the county medical examiner or 8 deputy county medical examiner of the death under subsection (1).

9 (4) If an elderly and vulnerable adult death review team is 10 established under section 1c, a county medical examiner or deputy 11 county medical examiner who receives notice of a death of an elderly or vulnerable adult who died unexpectedly or under 12 suspicious circumstances may refer the case to the elderly and 13 14 vulnerable adult death review team. Upon On receipt of a referral 15 under this subsection, the elderly and vulnerable adult death 16 review team shall conduct a review of this matter. Information 17 obtained under this subsection by an elderly and vulnerable adult death review team established under section 1c is confidential and 18 may be disclosed by the elderly and vulnerable adult death review 19 20 team only to the county medical examiner, the county prosecutor's office, local law enforcement, or another elder death review team, 21 as appropriate. The information obtained under this subsection by 22 23 an elderly and vulnerable adult death review team established under 24 section 1c is exempt from disclosure under the freedom of 25 information act, 1976 PA 442, MCL 15.231 to 15.246.

(5) If a drug-fatality review team is established under
section 1c, a county medical examiner or deputy county medical
examiner who receives notice of a death of an individual who died
as a result of a drug overdose or suspected drug overdose may refer

the case to the drug-fatality review team. On receipt of a referral 1 2 under this subsection, the drug-fatality review team shall conduct a review of this matter. Information obtained under this subsection 3 by the drug-fatality review team established under section 1c is 4 5 confidential and may be disclosed by the drug-fatality review team 6 only to the county medical examiner or another drug-fatality review 7 team, as appropriate. The information obtained under this 8 subsection by a drug-fatality review team established under section 9 1c is exempt from disclosure under the freedom of information act, 10 1976 PA 442, MCL 15.231 to 15.246.