

First Regular Session of the 121st General Assembly (2019)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2018 Regular and Special Session of the General Assembly.

SENATE ENROLLED ACT No. 561

AN ACT to amend the Indiana Code concerning state offices and administration.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 10-11-11 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

Chapter 11. Office of Forensic Medical Studies

Sec. 1. As used in this chapter, "office" refers to the office of forensic medical studies.

Sec. 2. The office of forensic medical studies is established as a division of the state police department.

Sec. 3. (a) The superintendent of the state police department appointed under IC 10-11-2-6, in consultation with the Indiana State Coroners Association, Indiana Sheriff's Association, and the coroners training board (established by IC 4-23-6.5-3), shall study the need and the feasibility of a state medical examiner's office and, if established, which state agency would administer the office. The superintendent of the state police department, with the approval of the state police board established by IC 10-11-2-5, may appoint a physician licensed under IC 25-22.5 to assist with the study.

(b) In selecting the physician, the superintendent and the board shall give preference to a physician who is an Indiana resident and has been practicing medicine in Indiana for at least five (5) years, and:

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(1) is certified in forensic pathology by the American Board of Pathology; or

(2) holds a subspecialty board certification in forensic pathology from the American Osteopathic Board of Pathology and the American Osteopathic Association.

Sec. 4. (a) If a physician is selected, the physician shall serve a two (2) year term as an employee or contractor of the state police department. During the two (2) year term, the physician shall assist the state police department in creating a comprehensive report. The report shall be presented to the state police superintendent, the state department of health, and the legislative council. The report must detail the findings of the state police department, or of the physician, if applicable, including:

(1) the need for a state medical examiner's office;

(2) various staffing models for the office;

(3) contracting options for assistant medical examiners;

(4) state forensic laboratory needs;

(5) contracting models for forensic laboratory facilities;

(6) certification and training standards for the state medical examiner and assistant examiners;

(7) accreditation considerations for the state medical examiner's office;

(8) under what circumstances the state medical examiner's office may be used; and

(9) under what circumstances the state medical examiner's office must be used.

(b) The report shall be:

(1) submitted on or before July 15, 2021; and

(2) in an electronic format under IC 5-14-6.

(c) The report may include any other information that the state police department or physician believes would be helpful.

SECTION 2. IC 36-2-14-6, AS AMENDED BY P.L.193-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) Whenever the coroner is notified that a person in the county:

(1) has died from violence;

(2) has died by casualty;

(3) has died when apparently in good health;

(4) has died in an apparently suspicious, unusual, or unnatural manner; or

(5) has been found dead;

the coroner shall, before the scene of the death is disturbed, notify a



law enforcement agency having jurisdiction in that area. The agency shall assist the coroner in conducting an investigation of how the person died and a medical investigation of the cause of death. The coroner may hold the remains of the decedent until the investigation of how the person died and the medical investigation of the cause of death are concluded.

(b) If the coroner reasonably suspects the cause of the person's death to be accidental or intentional overdose of a controlled substance (as defined by IC 35-48-1-9), the coroner shall do the following:

(1) Obtain any relevant information about the decedent maintained by the INSPECT program established by IC 25-1-13-4.

(2) Extract one (1) or more of the following bodily fluids from the decedent:

(A) Blood.

(B) Vitreous.

(C) Urine.

(3) Test a bodily fluid extracted under subdivision (2) to determine whether the bodily fluid contained any amount, including a trace amount, of a controlled substance at the time of the decedent's death.

(4) Report the results of the test conducted under this subsection to the state department of health after completing the medical investigation of the cause of the decedent's death.

(5) Provide the state department of health notice of the decedent's death, including any information related to the controlled substances involved, if any.

(c) The coroner:

(1) shall file a certificate of death with the county health department, or, if applicable, a multiple county health department, of the county in which the individual died, within seventy-two (72) hours after the completion of the death investigation;

(2) shall complete the certificate of death utilizing all verifiable information establishing the time and date of death; and

(3) may file a pending investigation certificate of death before completing the certificate of death, if necessary.

(d) If this section applies, the body and the scene of death may not be disturbed until:

(1) the coroner has photographed them in the manner that most fully discloses how the person died; and

(2) law enforcement and the coroner have finished their initial assessment of the scene of death.



However, a coroner or law enforcement officer may order a body to be moved before photographs are taken if the position or location of the body unduly interferes with activities carried on where the body is found, but the body may not be moved from the immediate area and must be moved without substantially destroying or altering the evidence present.

(e) When acting under this section, if the coroner considers it necessary to have an autopsy performed, is required to perform an autopsy under subsection (g), or is requested by the prosecuting attorney of the county to perform an autopsy, the coroner shall **arrange for the autopsy to be performed by a:**

(1) physician who:

(A) is certified by the American Board of Pathology; or

(B) holds a subspecialty board certification in forensic pathology from the American Osteopathic Board of Pathology and the American Osteopathic Association; or

(2) pathology resident acting under the direct supervision of a physician described in subdivision (1).

employ a:

(1) physician certified by the American Board of Pathology; or

(2) pathology resident acting under the direct supervision of a physician certified in anatomic pathology by the American Board of Pathology;

to perform the autopsy:

The A physician performing employed under subdivision (1) to perform the autopsy shall be paid a fee of at least fifty dollars (\$50) from the county treasury.

(f) If:

(1) at the request of:

(A) the decedent's spouse;

(B) a child of the decedent, if the decedent does not have a spouse;

(C) a parent of the decedent, if the decedent does not have a spouse or children;

(D) a brother or sister of the decedent, if the decedent does not have a spouse, children, or parents; or

(E) a grandparent of the decedent, if the decedent does not have a spouse, children, parents, brothers, or sisters;

(2) in any death, two (2) or more witnesses who corroborate the circumstances surrounding death are present; and

(3) two (2) physicians who are licensed to practice medicine in the state and who have made separate examinations of the



decedent certify the same cause of death in an affidavit within twenty-four (24) hours after death; an autopsy need not be performed. The affidavits shall be filed with the circuit court clerk.

(g) A county coroner may not certify the cause of death in the case of the sudden and unexpected death of a child who is less than three (3) years old unless an autopsy is performed at county expense. However, a coroner may certify the cause of death of a child described in this subsection without the performance of an autopsy if subsection (f) applies to the death of the child.

(h) After consultation with the law enforcement agency investigating the death of a decedent, the coroner shall do the following:

- (1) Inform a crematory authority if a person is barred under IC 23-14-31-26(c) from serving as the authorizing agent with respect to the cremation of the decedent's body because the coroner made the determination under IC 23-14-31-26(c)(2) in connection with the death of the decedent.
- (2) Inform a cemetery owner if a person is barred under IC 23-14-55-2(c) from authorizing the disposition of the body or cremated remains of the decedent because the coroner made the determination under IC 23-14-55-2(c)(2) in connection with the death of the decedent.
- (3) Inform a seller of prepaid services or merchandise if a person's contract is unenforceable under IC 30-2-13-23(b) because the coroner made the determination under IC 30-2-13-23(b)(4) in connection with the death of the decedent.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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