

Senate Health Committee
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SB 311 – Coroner Update Bill
Proponent Testimony
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Thank you Chairman Huffman, Vice Chair Antani, Ranking Member Antonio and members of the Senate Health Committee for the opportunity to discuss the provisions of SB 311. As you may know, every 8-10 years, the Ohio Coroners Association approaches the General Assembly with issues that need to be updated in the Ohio Revised Code to take into consideration current practices and the changing landscape of Ohio's elected, physician coroner, death investigation system. The General Assembly last updated Section 313 in 2014.

We appreciate Senators Huffman & Johnson, both former coroners in Miami and Scioto Counties respectively, for introducing SB 311 that would update the following sections of the Ohio Revised Code as it pertains to the office of County Coroner:

1. ORC 313.02 would be changed to make it explicit that only MDs or DOs can be elected coroner in Ohio. There have been instances where a podiatrist, chiropractor or other "physician" (not an MD or DO) has filed petitions to run for the office of coroner. Usually, Board of Elections, if they do their due diligence properly, will not allow that category of physician to run for office. However, in the last election, the Board of Elections allowed a chiropractor to run for the office and they actually won. We are making it clear by this change who can hold the office of coroner.

2. ORC 313.10 would be changed to ensure that if a final autopsy has not been completed, the coroner MAY grant a journalist's request to view preliminary records. Currently the coroner SHALL grant a journalist's request. We believe it should be under the coroner's discretion to allow for the media to view preliminary records, especially if they are inconclusive in order for sensitive information about the case to not be released. We need to look no further than what happened a few years ago in Pike County where the coroner was compelled to release records on the preliminary findings of the case that, if it weren't for BCI to step in, would have potentially caused a breach in the investigation. There are some cases that are not criminal cases, that would potentially be compromised by a journalist "reviewing preliminary reports" and then publishing them. It has happened in other counties, most recently in two southwestern counties where a journalist "reviewed" the preliminary records, then published an inaccurate story that caused much pain and anguish for the family members of the deceased. The new language starts on line 144 of the bill.

3. ORC 313.12 would be changed to clarify and expand the persons that should notify the coroner of a suspicious or other unusual deaths as outlined in this section. The list is expanded to include “health care worker caring for the person”, not only a physician. Ohio’s coroners are requesting this addition in order to ensure, for example, hospice deaths, if they fall under the categories as outlined in this section, are reported to the coroner where they then can determine if it will become a coroner case.
4. ORC 313.161 would be changed to allow for coroners to bill back to the county where the injury causing death occurred, other than the county in which the autopsy was performed, to not only bill back for the costs of the autopsy, but also associated transportation costs. These transportation expenses, as well as the autopsy expenses will still all be credited to the coroner’s laboratory fund who performed the autopsy (or, more commonly referred to as one of Ohio’s seven forensic autopsy centers). This aspect of the law has not been changed.
5. ORC 325.15 would be changed to further clarify the definition of “private practice of medicine” to NOT include performing an autopsy at the request of another coroner. Since there is not only a severe shortage of forensic pathologists in Ohio, but the entire country, is it more important than ever that Ohio’s forensic pathologists be able to assist each other in performing autopsies. Without this specific clarification, it may be construed that performing autopsies is the “private practice of medicine”. This change would codify current practice.
6. ORC 2335.061 would be changed to align the fees a coroner or deputy coroner could charge for providing expert testimony or deposition in CIVIL cases only. Currently, for CIVIL trials, expert fees are \$65/hour for depositions and \$450/hour for expert testimony. This change would make it a flat fee of “\$350/hour for expert testimony at a trial, hearing or deposition in a civil action” (lines 449-451 of the SB 311). Expert testimony in the private sector ranges from \$350-\$3,000 per hour.
7. ORC 4723.431 would be changed to ensure that physicians that work with Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs) have in their Collaborating Agreements language that the physician SHALL sign the medical certificate of death regardless of coroner jurisdiction (lines 557-560 of the bill). Over the past ten years, the problem of Collaborating Physicians refusing to sign death certificates of their patients has increased dramatically. These are non-coroner, natural deaths that patients have been under the care of a PA or APRN through a Collaborating Physician. All other care has been signed off by the Collaborating Physician during the person’s lifetime, it should not end when the person dies. If the PA or APRN has determined it is a natural death, and it is a non-coroner case, the physician, under their Hippocratic Oath must sign their patient’s death certificate. This language will assist families during the final disposition of their loved ones in a timelier manner, without causing an undue burden on the physician, PA or APRN.

Thank you for your time and I would be happy to try and answer any questions you may have.