2008 SESSION

ENROLLED

[H 278]

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VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 An Act to amend and reenact § 32.1-283 of the Code of Virginia, relating to identification of body by next of kin.

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Approved

6 Be it enacted by the General Assembly of Virginia:

7 1. That § 32.1-283 of the Code of Virginia is amended and reenacted as follows:

8 § 32.1-283. Investigation of deaths; obtaining consent to removal of organs, etc.; fees. 9 A. Upon the death of any person from trauma, injury, violence, poisoning, accident, suicide or 10 homicide, or suddenly when in apparent good health, or when unattended by a physician, or in jail, prison, other correctional institution or in police custody, or who is a patient or resident of a state 11 12 mental health or mental retardation facility, or suddenly as an apparent result of fire, or in any 13 suspicious, unusual or unnatural manner, or the sudden death of any infant less than eighteen months of age whose death is suspected to be attributable to Sudden Infant Death Syndrome (SIDS), the medical 14 15 examiner of the county or city in which death occurs shall be notified by the physician in attendance, hospital, law-enforcement officer, funeral director or any other person having knowledge of such death. 16 Good faith efforts shall be made by such person or institution having custody of the dead body to 17 identify and to notify the next of kin of the decedent, and such identity, Notification shall include 18 19 informing the person presumed to be the next of kin that he has a right to have identification of the 20 decedent confirmed without due delay and without being held financially responsible for any procedures performed for the purpose of the identification. Identity of the next of kin, if determined, shall be 21 22 provided to the Chief Medical Examiner upon transfer of the dead body. After identification of the next 23 of kin, the person or institution, or agent of such person or institution, having custody of the dead body 24 shall attempt to obtain consent for removal of the pituitary or other organs, glands, eyes or tissues for 25 use in transplants or therapy.

26 B. Upon being notified of a death as provided in subsection A, the medical examiner shall take 27 charge of the dead body, make an investigation into the cause and manner of death, reduce his findings 28 to writing, and promptly make a full report to the Chief Medical Examiner. In order to facilitate his 29 investigation, the medical examiner is authorized to inspect and copy the pertinent medical records of 30 the decedent whose death he is investigating. Full directions as to the nature, character and extent of the 31 investigation to be made in such cases shall be furnished each medical examiner by the Chief Medical 32 Examiner, together with appropriate forms for the required reports and instructions for their use. The 33 facilities and personnel under the Chief Medical Examiner shall be made available to medical examiners 34 in such investigations. Reports and findings of the Medical Examiner shall be confidential and shall not under any circumstance be disclosed or made available for discovery pursuant to a court subpoena or 35 otherwise, except as provided in this chapter. Nothing in this subsection shall prohibit the Chief Medical 36 37 Examiner from releasing the cause or manner of death, or prohibit disclosure of reports or findings to 38 the parties in a criminal case.

39 C. A copy of each report pursuant to this section shall be delivered to the appropriate attorney for 40 the Commonwealth and to the appropriate law-enforcement agency investigating the death. A copy of 41 any such report regarding the death of a victim of a traffic accident shall be furnished upon request to 42 the State Police and the Highway Safety Commission. In addition, a copy of any autopsy report 43 concerning a patient or resident of a state mental health or mental retardation facility shall be delivered to the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services and to the 44 45 Inspector General for Mental Health, Mental Retardation and Substance Abuse Services. A copy of any autopsy report concerning a prisoner committed to the custody of the Director of the Department of 46 Corrections shall, upon request of the Director of the Department of Corrections, be delivered to the 47 Director of the Department of Corrections. A copy of any autopsy report concerning a prisoner 48 49 committed to any local correctional facility shall be delivered to the local sheriff or superintendent. 50 Upon request, the Chief Medical Examiner shall release such autopsy report to the decedent's attending physician and to the personal representative or executor of the decedent or, if no personal representative 51 or executor is appointed, then at the discretion of the Chief Medical Examiner, to the following persons 52 53 in the following order of priority: (i) the spouse of the decedent, (ii) an adult son or daughter of the 54 decedent, (iii) either parent of the decedent, (iv) an adult sibling of the decedent, (v) any other adult 55 relative of the decedent in order of blood relationship, or (vi) any appropriate health facility quality 56 assurance program.

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57 D. For each investigation under this article, including the making of the required reports, the medical 58 examiner shall receive a fee established by the Board within the limitations of appropriations for the 59 purpose. Such fee shall be paid by the Commonwealth, if the deceased is not a legal resident of the 50 county or city in which his death occurred. In the event the deceased is a legal resident of the county or 51 city in which his death occurred, such county or city shall be responsible for the fee up to \$20. If the 52 deceased is a patient or resident of a state mental health or mental retardation facility, the fee shall be 53 paid by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

64 E. Nothing herein shall be construed to interfere with the autopsy procedure or with the routine 65 obtaining of consent for removal of organs as conducted by surgical teams or others.