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SENATE BILL NO. 1232

Offered January 11, 2023

Prefiled January 10, 2023

A *BILL to amend and reenact § 32.1-283 of the Code of Virginia, relating to death investigations; individuals receiving services in a state hospital or training center.*

Patron—Dunnivant

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

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

§ 32.1-283. Investigation of deaths; obtaining consent to removal of organs, etc.; fees.

A. Upon the death of any person from trauma, injury, violence, poisoning, accident, suicide or 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 *or who was, immediately prior to admission to another hospital*, an individual receiving services in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services *whether the death of such individual was expected or unexpected*, or suddenly as an apparent result of fire, or in any suspicious, unusual or unnatural manner, or the sudden death of any infant the Office of the Chief Medical Examiner shall be notified by the physician in attendance, hospital, law-enforcement officer, funeral director, or any other person having knowledge of such death. Good faith efforts shall be made by any person or institution having initial custody of the dead body to identify and to notify the next of kin of the decedent. Notification shall include informing the person presumed to be the next of kin that he has a right to have identification of the 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 provided to the Office of the Chief Medical Examiner upon transfer of the dead body.

B. Upon being notified of a death as provided in subsection A, the Office of the Chief Medical Examiner shall take charge of the dead body and the Chief Medical Examiner shall cause an investigation into the cause and manner of death to be made and a full report, which shall include written findings, to be prepared. In order to facilitate the investigation, the Office of the Chief Medical Examiner is authorized to inspect and copy the pertinent medical records of the decedent whose death is the subject of the investigation. Full directions as to the nature, character, and extent of the investigation to be made in such cases shall be furnished each medical examiner appointed pursuant to § 32.1-282 by the Office of the Chief Medical Examiner, together with appropriate forms for the required reports and instructions for their use. The facilities and personnel of the Office of the Chief Medical Examiner shall be made available to any medical examiner investigating a death in accordance with this section. Reports and findings of the Office of the Chief Medical Examiner shall be confidential and shall not under any circumstance be disclosed or made available for discovery pursuant to a court subpoena or otherwise, except as provided in this chapter. Nothing in this subsection shall prohibit the Office of the Chief Medical Examiner from releasing the cause or manner of death or prohibit disclosure of reports or findings to the parties in a criminal case.

C. A copy of each report pursuant to this section shall be delivered to the appropriate attorney for the Commonwealth and to the appropriate law-enforcement agency investigating the death. A copy of any such report regarding the death of a victim of a traffic accident shall be furnished upon request to the State Police and the Highway Safety Commission. In addition, a copy of any ~~autopsy~~ report concerning an individual *who is receiving services or who, immediately prior to admission to another hospital received services* in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services shall be delivered to the Commissioner of Behavioral Health and Developmental Services and to the State Inspector General. A copy of any autopsy report concerning a prisoner committed to the custody of the Director of the Department of Corrections shall, upon request of the Director of the Department of Corrections, be delivered to the Director of the Department of Corrections. A copy of any autopsy report concerning a prisoner committed to any local correctional facility shall be delivered to the local sheriff or superintendent. Upon request, the Office of 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. At the discretion of the Chief Medical Examiner, an autopsy report may be released to the following persons in the following order of priority: (i) the spouse of the decedent, (ii) an adult son or daughter of the decedent, (iii) either parent of the decedent, (iv) an

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59 adult sibling of the decedent, (v) any other adult relative of the decedent in order of blood relationship,
60 or (vi) any appropriate health facility quality assurance program.

61 D. For each investigation under this article, including the making of the required reports, the medical
62 examiner appointed pursuant to § 32.1-282 shall receive a fee established by the Board within the
63 limitations of appropriations for the purpose. Such fee shall be paid by the Commonwealth if the
64 deceased is not a legal resident of the county or city in which his death occurred. In the event the
65 deceased is a legal resident of the county or city in which his death occurred, such county or city shall
66 be responsible for the fee up to \$20. If the deceased is an individual who receives services in a state
67 hospital or training center operated by the Department of Behavioral Health and Developmental
68 Services, the fee shall be paid by the Department of Behavioral Health and Developmental Services.

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