

Coroner/Medical Examiner Services in Pennsylvania

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This research analyzed existing data and collected primary data via an online survey and interviews to provide information about coroner/medical examiners (C/MEs) and their offices in Pennsylvania. The analysis examined office caseloads, funding, facilities, forensic capacity, vehicles and equipment, and staffing and training resources. It also assessed how two simultaneous crises – the opioid epidemic and the COVID-19 pandemic – affected county C/ME offices.

Key Findings

- There is a lack of standardization of training, education, policies, and resources among C/ME offices in Pennsylvania, resulting in the inequitable application of death investigations statewide.
- Only a small number of C/ME offices are accredited by the International Association of Coroners and Medical Examiners (IACME). The multiple and complex county processes and standards make standardization of death investigation and performance impossible.
- Most rural and urban coroners reported neutral or inadequate support from county officials who control almost all of coroner funding.
- Most C/ME offices are operating below minimum annual funding requirements.
- Pennsylvania, like the rest of the U.S., has a severe shortage of forensic pathologists who can serve as medical examiners or perform autopsies.
- Forensic pathology trainees need to be recruited and retained through efforts such as increasing funding for pathologists' salaries and forensic pathology fellowships, supporting an increase in the number of accredited forensic pathology fellowship programs, and forgiving medical school loans.
- Eleven of Pennsylvania's 19 urban counties (58 percent) and 10 of its 48 rural counties (21 percent) had at least one person certified by the American Board of Medicolegal Death Investigators (ABMDI). Five counties have a nationally accredited C/ME office.
- Insufficient financial resources, lack of time for education and training, and the part-time nature of their position pose barriers to coroner certification or data collection and communication for many rural death investigators.
- The opioid crisis and the COVID-19 pandemic have had a significant impact on C/ME office operations and caseloads.
- Most C/ME offices lack expertise or funding for data management, analysis, or communication.
- The majority of C/MEs support investment in regional centers for autopsy/forensic pathology services as this would not be a significant change to their usual practice.
- Clear and efficient communication between C/ME offices and other agencies (law enforcement, health care facilities, public health departments) are critical for collaboration and information sharing, however cross-disciplinary education and training are needed.

Key Policy Considerations

Standardize or centralize operations and training through the following measures to help improve the quality and equitability of the current system:

- Amend the County Code (Coroner statutes) to require every C/ME office to have written standard operating procedures.
- Amend applicable state statutes to include more stringent coroner qualifications, certification, and training requirements (see below for specific recommendations).

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- Establish a state panel to explore whether a centralized state medical examiner system would better serve the future needs of Pennsylvania.

Consider the following measures to increase the number of forensic pathologists in Pennsylvania:

- Provide higher salaries for public sector forensic pathologists that are commensurate with those in the private sector.
- Provide medical school loan forgiveness for forensic pathologists working in the public sector for a minimum number of years (state funding).
- Implement a state grant program similar to the federal grant program (\$100,000 for one-year fellowship).

J-1 visa sponsorship to recruit forensic pathologists. Inadequate and unequal funding contributes to inequitable death investigations across the state. The following actions could be considered:

- Standardize coroner salaries, as in Ohio, a state of similar size that also has a county-based death investigation system.
- Increase Act 122 funding (Vital Statistics statutes) by increasing the proportion of death certificate fees going to C/MEs from \$1 to \$5 per certificate.
- Increase cremation authorization permit fees from \$50 to \$100.
- Require counties to fund C/ME offices at no less than 80 percent of the 2013 national per capita benchmark, adjusted for inflation.

Consider the following to address the qualifications, training, and certification of coroners:

- Emulate legislation in other states requiring some level of medical expertise in county/coroner offices.
- Require the coroner, lead investigator, and the majority of death investigators (deputy coroners) to be nationally certified by the American Board of Medical Death Investigators.
- Increase the Pennsylvania Coroners' Education Board (PCEB) annual continuing education hours from eight to at least 12.
- Expand PCEB services to deliver regional training programs.

Consider the following to address inadequate facilities, which are a major obstacle to national accreditation of C/ME offices:

- Implement periodic Pennsylvania Department of Labor and Industry inspection of all morgue and autopsy facilities where publicly funded forensic services are conducted.
- Require hospitals, nursing homes, and counties to have a minimum number of refrigerated morgue spaces for their occupancy or population.
- Fund construction or modernization of county or regional forensic pathology facilities (minimum catchment area of 500,000) with American Rescue Plan or federal infrastructure grants.

Consider the following to improve the quality and communication of data from C/ME offices:

- Increase grant payments directly to C/ME offices for fulfilling Pennsylvania Department of Health data requests and require the department to make coroner-sourced aggregate data publicly available.
- Counties with populations of 500,000 or more should employ at least one full-time data professional in the C/ME office to analyze and communicate data.
- Perform a state audit of death certificates by physician and coroner certifiers.
- Ensure C/ME offices have access to secure computer networks with robust case management systems.
- Require C/ME offices to post annual reports that meet IACME or National Association of Medical Examiners (NAME) accreditation standards.
- Require statistical summaries of C/ME death investigations to be posted monthly on office or county websites.
- Require the PCEB to include training in communication strategies and technology to enhance the quality and efficiency of C/ME offices.

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