

**Testimony**  
**Health Services Interim Committee**  
**October 8, 2014**

Greetings Chairman Lee and members of the Interim Health Services Committee:

I am Mary Ann Sens, a forensic pathologist, educator, researcher and Chair of Pathology at the University of North Dakota School of Medicine and Health Sciences. I have been working with the Department of Health in various capacities since December, 2006 when I served as Interim State Forensic Examiner and assisting in recruitment of the current State Forensic Examiner. I am Coroner of Grand Forks County and have build a tri-state forensic and autopsy service at UNDSMHS. I am honored to provide some information to your committee regarding models and systems for medicolegal death investigation in North Dakota as well as potential funding and resources needed for the delivery and establishment of statewide standards and expectations for achieving national standards for death investigation.

A robust and modern medical examiner and death investigation system is critical to public health, population health, criminal justice and service to families within a community. A significant amount is accomplished but more remains to be done to fully realize this goal and best serve the citizens and families of North Dakota.

I fully support and was involved with the ad hoc working committee, ably chaired by Kirby Krueger. I am delighted our work continues as we continue to address the needs in an objective, thoughtful and proactive manner. Rather than repeating the findings of that committee, I would like to provide a longer range vision and identify decision points we, as a community and as a State, will have to make. I am not here to make conclusive recommendations on all of these issues; some we can address now, others we need to reflect on to come to better decisions in the future.

**Building issues:**

- 1) Are current facilities optimal, stable, capable of full service to state and capable of future NAME accreditation?
  - a. How will they be staffed and operated?
  - b. What services should be offered?
- 2) Are additional facilities needed and where? National standards call for a maximum travel time of 2 hours to a facility. This is met in every location except the NW corner of state, the site of an increasing case load.
- 3) Should provision for high risk (Biosafety level 3) be considered? Where?
- 4) How will modern imaging needs be met in State?
  - a. Lodox – Would meet overwhelming majority of imaging needs and greatly enhance services in Bismarck and Grand Forks. Cost: ~ 1 Million, one time funding.
  - b. CT/MRI: Not practical; protocols under development for acquisition in highly selected cases
- 5) How to integrate facilities and/or county facilities into disaster planning and routine case triage within the state.

**Financing and Cost-sharing to reduce infrastructure costs.** This may be important, particularly if construction of a facility in Williston/Minot/Watford City is contemplated. Potential for referrals from MT, SD to reduce infrastructure costs. There are also opportunities for hospital and family referrals.

**Larger health care issues for ND and healthcare workforce:** There are complementary needs for specialized medical services to all North Dakotans, educational needs for all health professional students and desire to reduce per case costs associated with delivery of needed forensic services. Access to some specialized areas of medical services, such as forensic pathology, neuropathology, pediatric/neonatal pathology cannot be supported by ND hospitals due to size and population. Autopsy services ARE NOT covered directly by ANY health insurance.

**Continue interim work group to recommend modernization of ND Century Code regarding Medicolegal death investigation with recommendations for legislative changes in 2017 biennium.** This should have strong physician Coroner input and would be a different composition than the current working group; it could be structured as a subgroup to the larger study.

- 1) Structure designed at Statehood (Physician Coroners) was best practice model at that time. Current best practice has system headed by forensic pathologists with regional and county death investigation. There are many ways long-standing physician coroners can work into a new model, while preserving decision base of State Forensic Examiner (currently in 2007 legislation) and allowing more meaningful health provider involvement when locally desired. This would be one focus of the structure study. Ultimate changes, if undertaken, would involve minor legislative changes.
- 2) Reporting structure may be better addressed within governance other than ND Department of Health, although the strong involvement of public and population health must be maintained. There are several national models with a more responsive and streamlined structure which should be considered. This change would require legislative involvement. This potentially could expand services and reduce costs, with streamlined administration.
- 3) General system improvements
  - a. Use of a common IT reporting structure for state. Possible development of system or expansion of JusticeTrax system in Grand Forks for statewide use.
  - b. Toxicology needs and protocols for state.
  - c. Death investigation training and certification of individuals; regionalized support structures and investigation; use of Community based EMS, public health nurses other existing personnel. UND has developed, with the assistance of a grant from the National Institute of Justice, an extensive, on-line curriculum in Death Investigation with an emphasis on rural investigators and first responders. This is free until September, 2015 when grant expires. This could be foundation of continuing education in the state and region.