Testimony of Mary Ann Sens, MD, PhD
August 18, 2015

Testimony
Health Services Interim Committee
August 18, 2015

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

I am honored to provide some information to your committee regarding models and systems for medicolegal death investigation in North Dakota and to review the accomplishments to date:

Review of accomplishments for 2015 session:

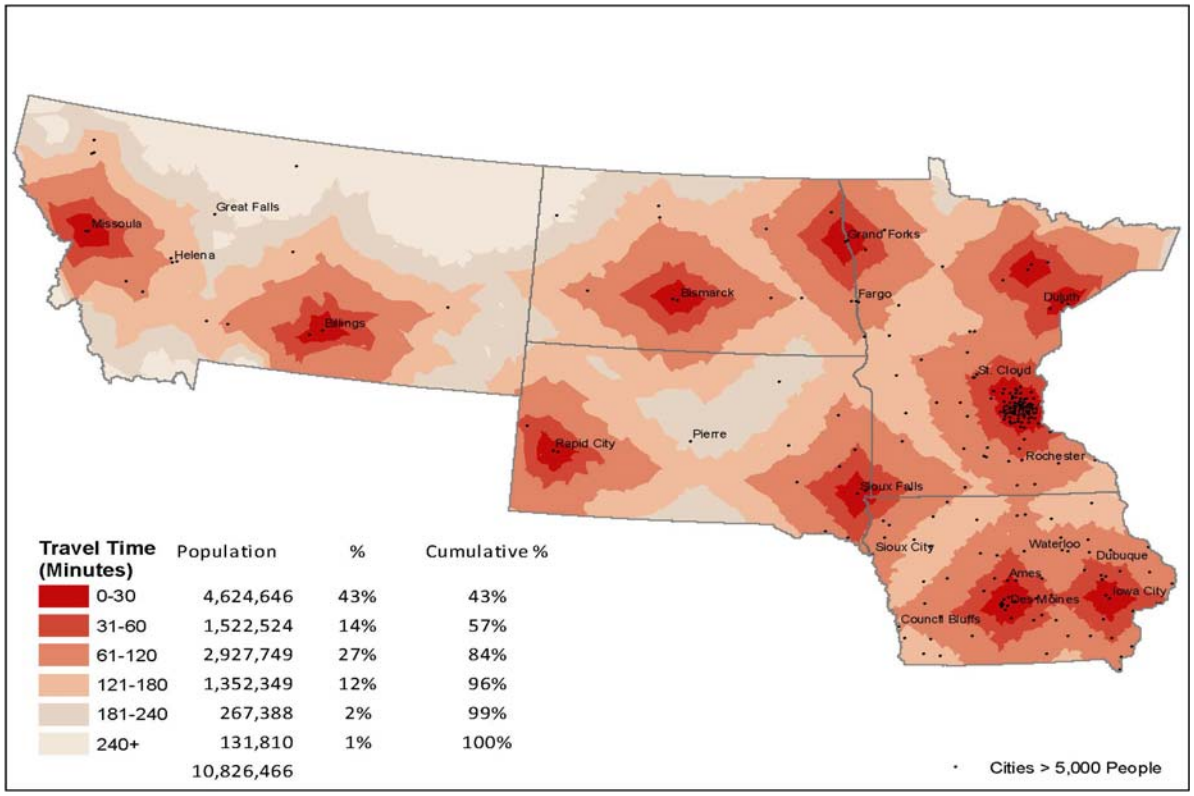
1) Successful transfer of Eastern and North-central counties: Grand Forks is now providing services for 21 counties in North Dakota, serving a population of 349,465 over a land area of 24,000 square miles. This represents about 48% of the population of the state and 35% of land mass.
2) Funding base for operations from initial $480,000 in 2013-2015 appropriation with an additional $160,000 in the 2015 – 2017 biennial budget, bringing total state support to $640,000 per biennial budget.
3) Accomplishments of Grand Forks facility
    a. Successful delivery of services, maintaining operations 365 days a year to serve citizens and families.
    b. Coverage of entire state during absence or overload of Bismarck operations
    c. Successful CARA (**C**ollege of American Pathologists **A**ccreditation **R**eadiness **A**ssessment) Inspection and application for full CAP Accreditation.
    d. Application for National Association of Medical Examiners (NAME) Accreditation.
    e. Expansion of faculty to four forensic pathologists to serve educational mission of UNDSMHS and provide clinical services in autopsy and forensic pathology to the state.
    f. Educational mission of death scene and forensic investigation. These activities are strongly supported in the Grand Forks office. With the addition of more personnel, we anticipate expansion of this service for the state, particularly within our region.
        i. On-line free course in death investigation and forensic pathology: Over 12,500 enrollees over six (6) modules since enrollment started in 2014 (Numbers as of June 30, 2015). There is high enrollment from North Dakota and surrounding region.
        ii. In-person education seminars and presentations as requested for law enforcement, first responders and others involved in death investigation.
    g. Recent successful recruitment of fourth forensic pathologist to help meet current and future needs

Current needs:

At the time of Statehood, North Dakota established a premier death investigation system, far ahead of most States, by establishing physician Coroners in counties. Over a century later, this system needs to reflect the increasing complexities, growth and health care work-force changes which exist today. North Dakota has a foundation to provide forensic and death investigation services. Among the key planning issues for assuring solid, respectful and competent services to the citizens of North Dakota now and in the future include:

1) Work force issues: Modern death investigation systems are headed by forensic pathologists with local support and investigations by a variety of health care professionals and first responders. There are variations on the delivery and structure but care must be assured for all citizens at all times. Death investigation is needed by all families and citizens at some time and is rarely thought of by an individual prior to the need for this medical service. Both the good and bad experiences of death investigation will be contained in the fabric of that family forever. The structure and delivery of the death investigation system needs to be a major focus. Final implementation will likely involve considered changes in Century Code.

2) Location of facilities:
   a. Time and service: National standards call for an ideal maximum transport time, one way of two hours to a forensic facility. Acceptable, but less desirable transport times range from 2 ½ to 3 hours. Currently, most of the state is covered within this time period EXCEPT FOR PARTS OF NORTHWESTERN NORTH DAKOTA, an area of expanding growth for the State. The study must include where the forensic facilities receiving state support are located and if an additional site is desired.



Travel Time (Minutes)	Population	%	Cumulative %
0-30	4,624,646	43%	43%
31-60	1,522,524	14%	57%
61-120	2,927,749	27%	84%
121-180	1,352,349	12%	96%
181-240	267,388	2%	99%
240+	131,810	1%	100%
	10,826,466		

   b. Economics: Facilities and the professionals to staff facilities are expensive. There is great economy to minimize the number of facilities and concentrate the professionals. A balance is needed between economics of service and delivery to citizens. This is no different than other health care delivery models in rural areas.

3) Staffing and system issues: There are health care workforce issues regarding specialized needs of the state which would impact the system, staff and facilities within the forensic death investigation system. Study of

these contingencies and needs will assure future excellence for the citizens and allow the planning needed by the legislature. A partial list includes:

a. High-risk autopsy facilities for bioterrorism or highly infectious public health emergencies
b. Routine incorporation of modern imaging (radiology, LoDox, CT, MRI) within death investigation and autopsies. This is becoming standard throughout the country, both in autopsy performance and in judicial presentation / review of cases.
c. Mass fatality planning, especially in rural and remote areas.
d. Coverage of smaller office(s), maintaining expectations of service throughout state.
e. Establishing certification of individuals within the system and accreditation of facilities. Currently, there are no accredited facilities in North Dakota and certification standards are mandated only for the State Forensic Examiner.
f. Provision of specialized testing, exotic / designer drugs, genetic testing, DNA and other diagnostic needs.
g. Transportation standards and issues – further equalizing the system.
h. Equitable and predictable funding model for facilities and systems.

The entire death investigation system involves death notification, response, investigation and appropriate adjudication, including referral and performance of an autopsy in some cases. The system must also focus on quality improvement, identification and reporting of risks and hazards, changing patterns of deaths, such as prescription drug or violent deaths, reporting to appropriate State agencies, such as Child Fatality, suicide prevention and others. State and county expectations for review and utilization, prevention and identification of risks, trends and hazards, appropriate planning and implementation, advancement of knowledge. There is a wealth of information from death investigation outside of the information needed for adjudication of a particular case. Barriers to full utilization of forensic death investigation exist and must be identified, then corrected through regulation or law.

4) Accountability and improvement in health, safety and security of citizens.
   a. Current providers: There is variation in county practices, resources and access to expertise in death investigation in North Dakota. This occurs in both larger and more rural counties. The population density, large rural areas and geography of North Dakota will mandate more facile and coordinated access to forensic pathologists and systems for every county. The physician county Coroners are fewer in number and planning for a health care delivery for forensic medical services must be a component of this study.
   b. State / Agency responsibilities for Service: Service expectations are critical in areas such as access and responsiveness; fairness and equalization across state, timeliness of service delivery, reports and other performance expectations. Some of these will require legislative input and appropriations; some can be accomplished with rule, regulatory or policy changes.

These are the major considerations for the committee. Virtually ALL of these are tied to healthcare workforce issues. There are complex issues to study to optimize the system. I strongly recommend the use of third parties, such as the existing School of Medicine and Health Sciences Advisory Council to guide this study for the Committee. I am willing to provide national and regional metrics and information for this important study.