

Appropriations Committee  
Deficiency Hearing  
November 12, 2015

Testimony of Dr. James Gill, Chief Medical Examiner,

Good morning Senator Bye, Representative Walker, Senator Kane, Representative Ziobron and distinguished members of the appropriations committee. I am James Gill, Chief Medical Examiner. Thank you for your support of our office and for giving me the opportunity to describe our current financial situation. We have a projected deficiency of \$400,000 (agency budget \$6,210,356, 6% deficit) and I want to briefly explain the main cause of this shortfall and then answer any questions.

Over the course of 2014 and 2015, the number of autopsy investigations that we have performed have increased substantially (over 50% in two years, 1,438 to 2,209). This is partly due to an increase in drug intoxication deaths (increased 91% over 3 years; 355 to projected 679 in 2015). Scene attendance by our investigators also has improved (now routinely over 90% compared to 60% in 2013). With this has come greater scrutiny of the circumstances of death and therefore the identification of more deaths that require further investigation. We firmly believe in the value of scene investigation and will continue to fully investigate these deaths. We believe that this approach is making important impacts on public health and safety including identifying a case of meningitis in a college student; tracking changes in accidental drug deaths; and diagnosing unexpected homicides, accidents, and suicides.

We have witnessed how a profound increase in the number of autopsies can strain an office – more autopsies result in more body transports, laboratory testing, report transcriptions, filing, mailings, data storage, phone calls, gloves, scalpels, etc. And of course all of this affects costs. To keep our office in balance we have been developing a strategic hiring and management plan with our in house management team and State Government Liaisons. We are a 24/7/365 day agency and have needed to use premium overtime until our administrative plans are approved and the staff is hired and trained. Implementing the plan will reduce overtime costs later this fiscal year and dramatically reduce the overtime costs in FY17. I also should note that we recently separated administratively from UCHC, transferring back to a small in-house administrative management staff and now fully operational in CORE-CT. Unfortunately hospital-based accounting is very different than GAAP (generally accepted accounting principles) compliant CORE which has made it challenging to project budgeting and reconcile various accounts on a historical basis.

Our work in some manner touches on over 19,000 of the ~28,000 deaths that occur in CT each year. Each affected family is the most important recipient of our work. Slowing or removing any of the cogs that keep our investigations moving efficiently ultimately affects these families. If we cut our transport services, families will have to wait longer with the body in their home. If we cut our technical services, families (and funeral directors) will have to wait days for their loved one to be released for funeral arrangements. Delays in reports and death certificates prevent families from collecting life insurance benefits that hampers the family's ability to pay for funeral arrangements and it also may impede police investigations. Our goal is that if the decedent is brought to our office by 8 AM, the autopsy is done that same day. OCME never wants to add to the burden and stress that a family is already experiencing. You need only to look to our neighbors to the north to see what happens to families when the medical examiner's office is understaffed and backlogged (excerpt below). We also saw it in CT 2 years ago with our toxicology delays (excerpt below).

We want to maintain our office's national accreditation and continue to provide each family and other interested parties with timely answers to their questions regarding a death. Our office recently received our annual re-accreditation but with it came a warning about staffing levels given our increasing autopsy numbers. Recognizing the fiscal realities, we are doing our best to achieve saving while addressing staffing levels that will meet the dramatic increase in autopsies and examinations. I should note that from our cremation investigations, our office deposits over \$2,000,000 each year to the State's general fund (FY16 est: \$2,460,000).

Thank you for the opportunity to address the Committee on our projected deficiency. My administrative staff and I are happy to answer any questions that you may have.



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Excerpt from Fox News Boston September 19, 2014

***"Backlog at Massachusetts Medical Examiner's Office Causing Heartache for Families"***

National standards call for 90 percent of all autopsy reports to be finished within 90 days of the initial exam, but Massachusetts is failing miserably. According to state data, only 45 percent of reports are completed in that time frame [Connecticut currently has 95% of reports done within 90 days].

They [Massachusetts] are doing fewer full autopsies and opting instead for less thorough external examines, like in the case of a car crash victim. But in a mandated accountability report to the legislature earlier this year, Chief Medical Examiner Henry Niels said the new way poses risks, does not meet national standards, and might cause examiners to miss actual causes of death, including in homicide cases.

Excerpt from Eyewitness News 3 November 11, 2013

***Medical examiner backlog causing heartache***

By Eric Parker

FARMINGTON, CT (WFSB) -

Posted: Nov 11, 2013 2:14 PM EST

A backlog at the medical examiner's office in Farmington is causing heartache for families all over the state.

To be blunt there's just not a good situation where someone is awaiting autopsy results, but the families the I-Team talked to all agree it's even worse when the results are delayed.

And the problem has been growing.

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Quick-Stats	2013	2014	2015*	2 year change
Accessions	19,093	19,626	20,764	+8%
Cremations	14,798	15,464	16,380	+10%
Autopsies	1,438	1,702	2,209	+53%



- \*10 months actual, 2 months estimated;
- Limited Autopsy/Externals average an additional 475 cases

**Connecticut Accidental Drug Intoxication Deaths**  
**Office of the Chief Medical Examiner**

	2012	2013	2014	2015 (Jan-Sept)	2015 (Year Projected)
<b>Accidental Intoxication Deaths*</b>	<b>355</b>	<b>490</b>	<b>558</b>	<b>509</b>	<b>679</b>
-Heroin, Morphine, and/or Codeine detected	195	284	347	305	406
-Heroin in any death	174	257	325	286	381
-Heroin alone	86	109	115	78	104
-Heroin + Fentanyl	1	9	37	65	87
-Heroin + Cocaine	50	69	73	70	93
-Morphine/Opium/Codeine NOS	21	27	22	19	25
-Cocaine in any death	105	147	126	111	148
-Cocaine alone	46	53	22	19	25
-Oxycodone in any death	70	74	101	76	101
-Methadone in any death	33	47	51	57	76
-Hydrocodone in any death	15	19	15	13	17
-Fentanyl in any death**	14	37	75	106	141
-Fentanyl + Cocaine	2	16	14	16	21
-Fentanyl + Prescription Opioid	4	7	14	19	25
-Fentanyl + Heroin	1	9	37	65	87
-Hydromorphone	1	0	9	14	19
-Amphetamine/Methamphetamine	7	4	11	14	19
-MDMA	0	0	2	1	1

\*Some deaths had combinations of drugs; pure ethanol intoxications are not included.  
 \*\* Including 12 acetyl-fentanyl intoxications  
 NOS, not otherwise specified