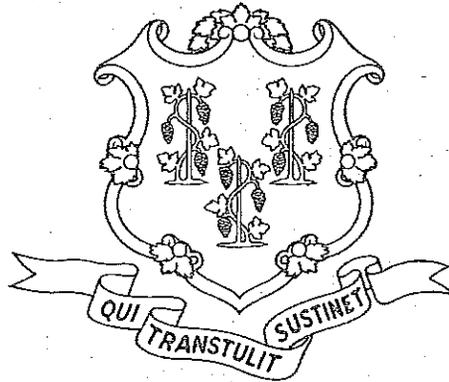


Connecticut General Assembly



Legislative Program Review and Investigations Committee

SUNSET REVIEW

Commission on Medicolegal Investigations

Vol. II-6

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CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated. In 1975 the General Assembly expanded the Committee's function to include investigations and changed its name to the Legislative Program Review and Investigations Committee. During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act to include "Sunset" performance reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

The Committee is composed of twelve members, three each appointed by the Senate President Pro Tempore and Minority Leader, and the Speaker of the House and Minority Leader.

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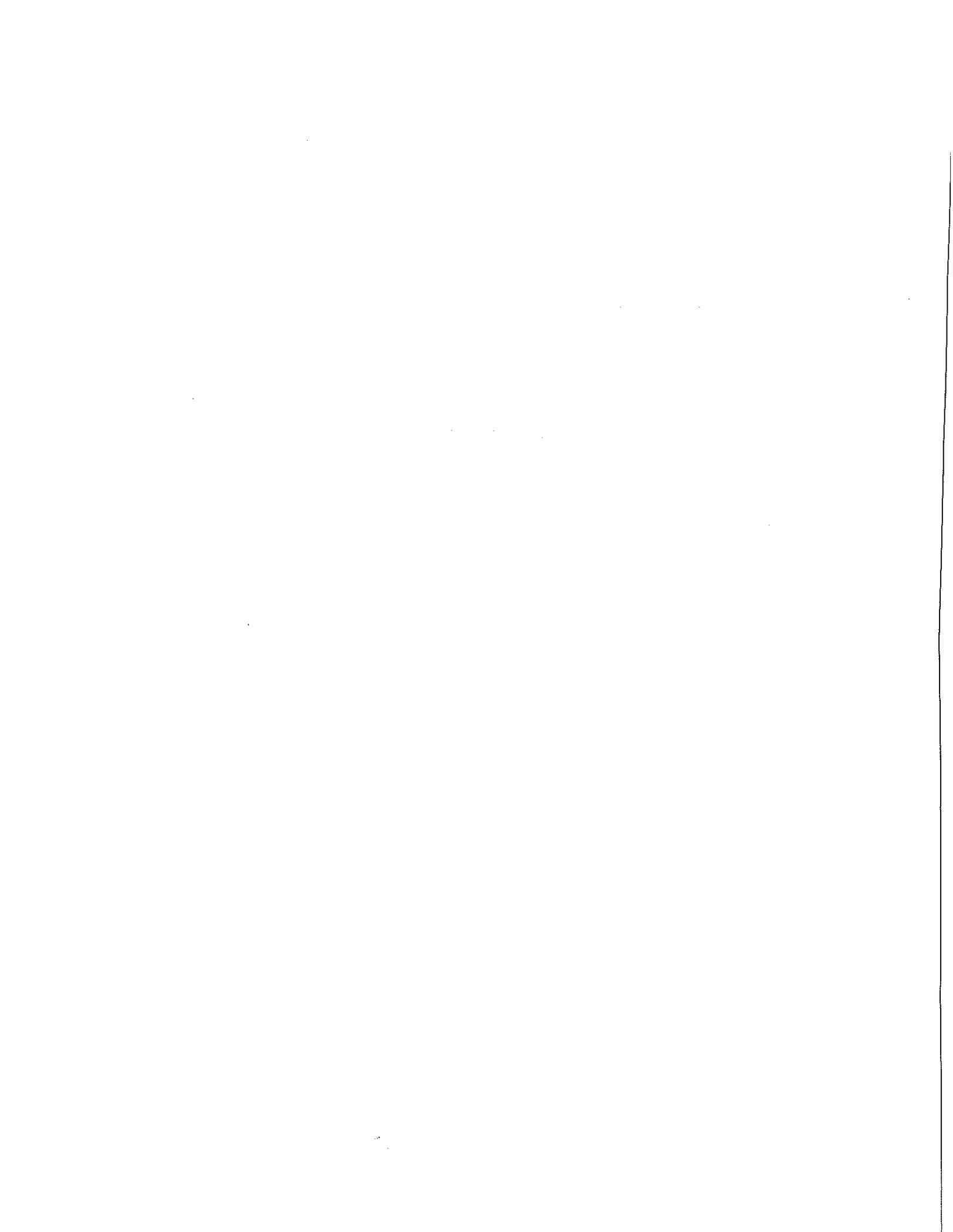
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SUMMARY

The Commission on Medicolegal Investigations was established along with a centralized medical examiner's office in 1969. The act creating both was the first significant reform of medicolegal investigations since the Coroner's Act of 1883. The purpose of the 1969 legislation was to professionalize medicolegal investigations and to insulate them from outside influences. The intended outcome was to create an impartial mechanism for the collection and analysis of medical evidence.

The commission is located within the Department of Health Services although this is for administrative purposes only. The commission is composed of nine members including: two full-time professors of pathology, two full-time professors of law, a member of the Connecticut Medical Society, a member of the Connecticut Bar Association, two members of the public at large and the state commissioner of health services. The commissioner of health services is an ex officio member of the commission, while the other eight members are appointed by, and serve coterminously with the governor.

The statutorily stated purpose of the Commission on Medicolegal Investigations is to control and supervise the Office of the Chief Medical Examiner. To meet this purpose, the commission is empowered to:

- promulgate regulations necessary to carry out the administrative provisions of the statutes pertaining to medicolegal investigations;
- hire the chief medical examiner, fix the term of office and the annual salary;
- approve the appointment of the deputy chief medical examiner and specify the type and qualifications of the other professional staff;
- direct the preparation of the budget; and
- develop and review the policies and procedures of the office of the chief medical examiner.

While the Commission on Medicolegal Investigations is required to meet only once a year, it held five meetings during

the 1979 calendar year.

At a typical meeting, the chief medical examiner gives a report after the commission has disposed of routine business. The report contains an overview of the activities performed by the chief medical examiner's office, including a review of expenditures. It also outlines issues related to the current and future operations and policies of the Office of the Chief Medical Examiner. This aspect of the chief medical examiner's report varies between explaining what activities have been undertaken and seeking approval and direction for future courses of action.

In most instances the commission members react to items introduced by the chief medical examiner. However, in the discussion of each item, the chief medical examiner is placed in the role of a resource person.

The Legislative Program Review and Investigations Committee's sunset review of the Commission on Medicolegal Investigations identified three issues for consideration. The issues were: (1) continuation/termination of the Commission on Medicolegal Investigations; (2) accessibility/responsiveness of the Commission on Medicolegal Investigations to its constituent groups; and (3) type of terms served by members of the Commission on Medicolegal Investigations.

In response to the issues identified, the Legislative Program Review and Investigations Committee made the following recommendation:

The Legislative Program Review and Investigations Committee recommends that the Commission on Medicolegal Investigations be continued.

The Legislative Program Review and Investigations Committee recommends that the Commission on Medicolegal Investigations hold at least one meeting a year with its constituent groups, which is directed at providing and receiving information.

The Legislative Program Review and Investigations Committee recommends that the terms served by members of the Commission on Medicolegal Investigations be staggered.

INTRODUCTION

Purpose and Authority for the Sunset Review

Chapter 28 of the Connecticut General Statutes provides for the periodic review of certain governmental entities and programs and for the termination or modification of those which do not significantly benefit the public health, safety, or welfare. This so-called "sunset" law was enacted in response to a legislative finding that there had been a proliferation of governmental entities and programs without sufficient legislative oversight.

The authority for undertaking the initial review in this oversight process is vested in the Legislative Program Review and Investigations Committee. This committee is charged under the provisions of section 2c-3 of chapter 28 with conducting a performance audit of each entity or program scheduled for termination. This audit must take into consideration, but is not limited to, the four criteria set forth in section 2c-7. These criteria include: (1) whether termination of the entity or program would significantly endanger the public health, safety, or welfare; (2) whether the public could be adequately protected by another statute, entity or program or by a less restrictive method of regulation; (3) whether the governmental entity or program produces any direct or indirect increase in the cost of goods or services and, if it does, whether the public benefits attributable to the entity or program outweigh the public burden of the increase in cost; and (4) whether the effective operation of the governmental entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

In addition to the criteria just outlined, the Legislative Program Review and Investigations Committee is required, when reviewing regulatory entities or programs, to consider, among other things: (1) the extent to which qualified applicants have been permitted to engage in any profession, occupation, trade, or activity regulated by the entity or program; (2) the extent to which the governmental entity involved has complied with federal and state affirmative action requirements; (3) the extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated; (4) the extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies; and (5) the manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to review.

In accordance with its legislative mandate the Legislative Program Review and Investigations Committee reviewed twelve entities and programs scheduled to terminate July 1, 1981. Contained in this report to the General Assembly is the result of the committee's review of the

Methodology

The Legislative Program Review and Investigations Committee's sunset review began with the transformation of the general and regulatory specific criteria into an analytical framework consisting of fifteen broadly based research questions. The questions, or areas of inquiry, were directed at uncovering information about the background, purpose, functions and results of each entity or program being reviewed.

Several methods were used by the committee and staff to obtain information. These included: (1) a review of the Connecticut statutes, records, minutes and history related to each entity or program; (2) a review of the relevant policies and statutes of selected states; (3) staff observations of selected meetings held by each entity between January and August of 1980; (4) surveys of persons serving on, staffing, or affected by each entity or program; (5) interviews of selected persons serving on, staffing or affected by each entity or program; and (6) written or oral testimony obtained at public hearings and workshops.

The general sequence adhered to in conducting the review was for the committee staff to collect quantitative and qualitative data from documents (e.g., statutes, records, minutes, etc.), surveys, observations of meetings and interviews. This information, after being organized by the staff, was given to each committee member. Subsequently, it was discussed with the full committee at briefing sessions held prior to public hearings.

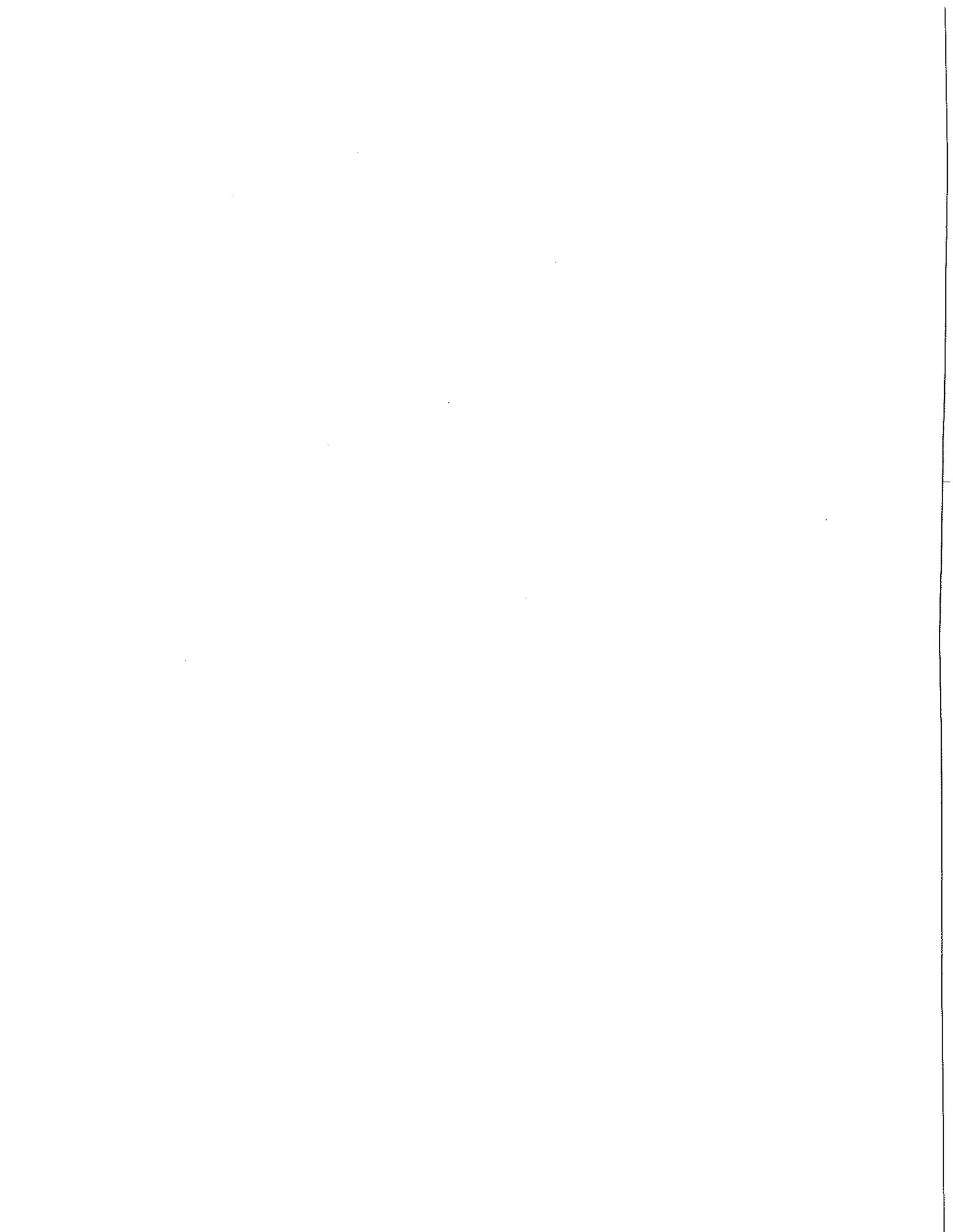
A total of five public hearings were held. Four were confined to specific topics and one was a general session. The hearings gave persons connected with each entity or program being reviewed an opportunity to discuss with committee members the public need for its reestablishment. In two instances, one involving the Commission on Hospitals and Health Care and the other involving the mental health boards, the committee held an additional workshop session with invited individuals. The purpose of these sessions was to obtain information not covered during the two scheduled public hearings.

Each public hearing or workshop was followed by a debriefing session. Here, questions arising from any of the committee's previous meetings were discussed with the staff. The primary focus of these discussions was to identify issues that the committee felt it needed to address.

At the completion of the issue identification stage, the staff researched and developed a range of options related to each issue. The particular option recommended by the staff, along with all the other options, were then given to the committee members for their discussion and action.

Organization of the Report

This introductory section is an overview of the scope, methods and organization of the Legislative Program Review and Investigation Committee's sunset report on the Commission on Medicolegal Investigations. Section II, Entity Profile, describes the background, structure, purpose and major activities of the commission. Section III, Analysis and Issue Identification, explores the information collected from interviews, records, surveys and testimony at the public hearing. This section presents the major sunset review issues identified by the committee. Section IV, Findings and Recommendations, restates the issues identified in the previous section and outlines the related options considered by the Legislative Program Review and Investigations Committee. Each issue is followed by the committee's formal recommendation and its accompanying rationale. The appendices to the report make up the final section. These include the questionnaires used in conducting the performance audit, and selected other materials considered by the committee during this sunset review.



ENTITY PROFILE

Background

In 1969, the Connecticut General Assembly passed the Medicolegal Investigations Act which created the Commission on Medicolegal Investigations and the Office of the Medical Examiner. Subsequently, the title of the latter was changed to the Office of the Chief Medical Examiner by P.A. 79-47. The commission is an independent administrative body responsible for the overall direction of the chief medical examiner's office. That office is responsible for the investigation of all human deaths which are violent, sudden or unexpected, suspicious, related to disease resulting from employment, or which constitute a threat to the public health.

Prior to the 1969 Medicolegal Investigations Act becoming law, Connecticut operated under a death investigation system which was essentially unchanged from that established by the Coroner's Act of 1883. Under the 1883 act, judges of the superior court, upon the recommendation of the state's attorney for each judicial district, appointed a district coroner. The coroner was an attorney charged with investigating deaths suspected of having been caused by a criminal act, omission or carelessness of another person. The coroner had the authority to appoint a physician from each town in the district to serve as the local medical examiner.

A criticism of this system was that it placed responsibility for the investigation of sudden deaths in the hands of coroners and medical examiners who, because of the part-time nature of the job, often lacked experience in legal medicine. A major concern about this system centered on the fact that the medical examiner was under the control of the coroner and could not exercise independent judgement over even such basic decision as the need to conduct an autopsy. There was also concern about the implications associated with the coroner's appointment being subject to a recommendation from a state's attorney, whose responsibility it was to obtain criminal convictions. All of these factors raised questions about whether this type of death investigation system could ensure beyond a reasonable doubt the impartial collection and analysis of medical evidence.

In response to these concerns, the 1969 Medicolegal Investigations Act was passed by the General Assembly. This act was patterned after a proposed model state medicolegal investigative system first published by the National Municipal League in 1951.

The 1969 act, as previously noted, provided for a centralized medical examiner's office and a commission on medicolegal investigations to oversee the central office. In addition, the act authorized positions of chief medical examiner to direct the medical examiner's office and the investigation of all human deaths in specified categories, a deputy medical examiner, assistant medical examiners and such other staff as are determined by the commission. The act also identified categories of human death subject to the investigation of the chief medical examiner. The categories are:

- violent deaths;
- sudden or unexpected deaths not caused by readily recognizable disease;
- deaths under suspicious circumstances;
- deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination;
- deaths related to disease resulting from employment or accident while employed; and
- deaths related to disease which might constitute a threat to public health.

The 1969 act requires any death falling into one of these categories to be reported to the chief medical examiner's office. Under provisions of the act, the chief medical examiner has the authority to require an autopsy in any reportable death. During the 1979 fiscal year, 8,412 deaths subject to medicolegal investigation were reported to the chief medical examiner's office, resulting in a total of 1,445 autopsies being performed. Five hundred and three of these autopsies were conducted at the chief medical examiner's office in Farmington.

Although the 1969 act made significant changes in the state's medicolegal investigation system, it did not eliminate the county coroner's offices. These offices remained until 1979 when they were abolished by P.A. 79-619. Therefore, for a period of ten years, Connecticut maintained a dual, although somewhat accommodating, system of medicolegal investigations.

In summary, a commission on medicolegal investigations was established along with a centralized medical examiner's office in 1969. The act creating both was the first significant reform

of medicolegal investigations since the Coroner's Act of 1883. The purpose of the 1969 legislation was to professionalize medicolegal investigations and to insulate them from outside influences. The intended outcome was to create an impartial mechanism for the collection and analysis of medical evidence.

Structure

The Commission on Medicolegal Investigations is located within the Department of Health Services, although this is for administrative purpose only. The commission is composed of nine members including: two full time professors of pathology, two full time professors of law, a member of the Connecticut Medical Society, a member of the Connecticut Bar Association, two members of the public at large and the state commissioner of health services. The commissioner of health services is an ex officio member of the commission, while the other eight members are appointed by, and serve coterminously with, the governor.

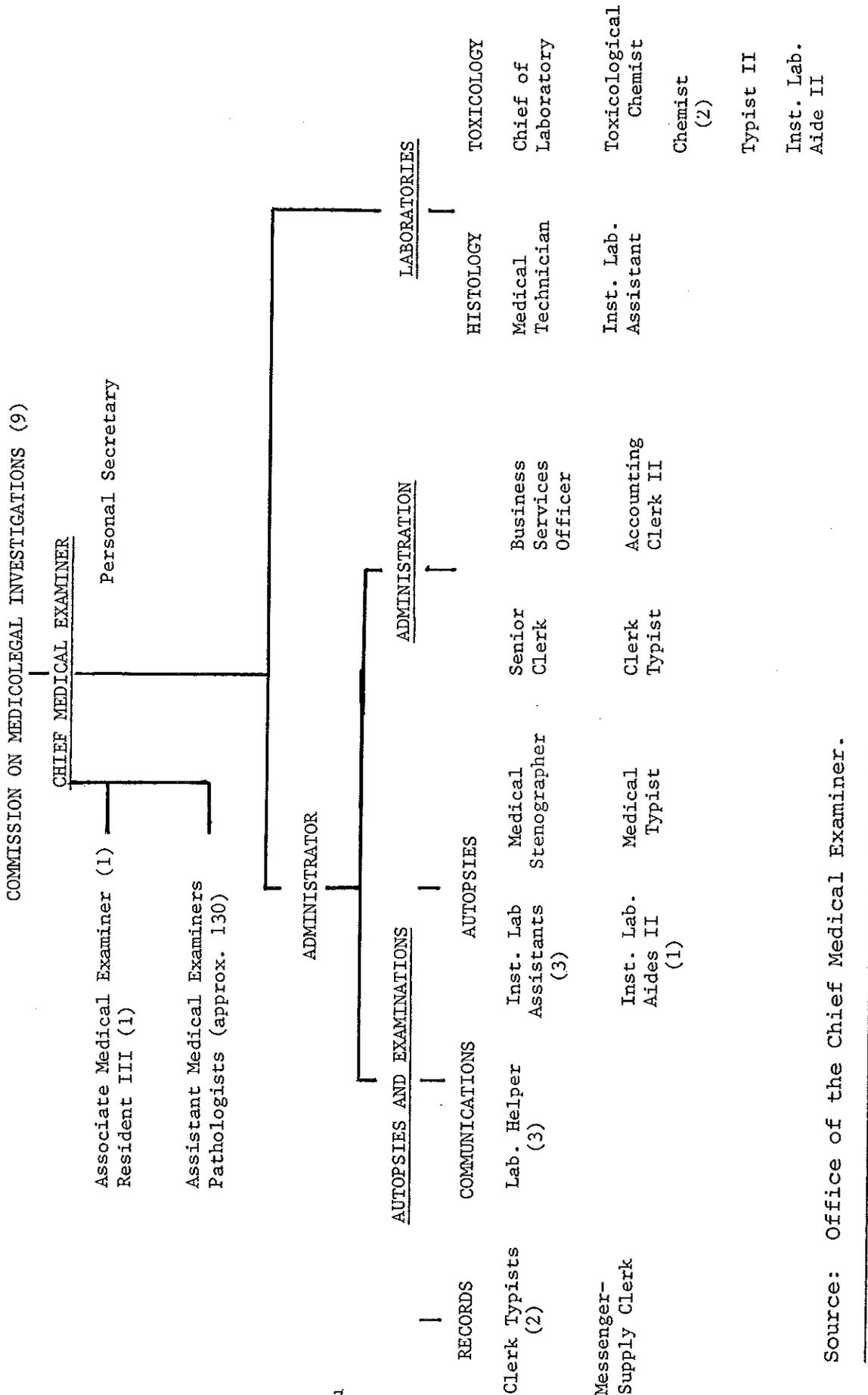
As previously noted, the commission oversees the chief medical examiner's office, which has a full time staff of 26. In addition to the full time staff, there are approximately 130 assistant medical examiners and pathologists serving on an "as needed" basis in communities throughout the state. A complete organizational chart is contained in Figure 1.

Purpose and Functions

The statutorily stated purpose of the Commission on Medicolegal Investigations is to control and supervise the Office of the Chief Medical Examiner. To meet this purpose, the commission is empowered to:

- promulgate regulations necessary to carry out the administrative provisions of the statutes pertaining to medicolegal investigations;
- hire the chief medical examiner, fix the term of office and the annual salary;
- approve the appointment of the deputy chief medical examiner and specify the type and qualifications of the other professional staff;
- direct the preparation of the budget; and
- develop and review the policies and procedures of the office of the chief medical examiner.

Figure 1. Office of the Chief Medical Examiner.



Source: Office of the Chief Medical Examiner.

Activities

While the Commission on Medicolegal Investigations is required to meet only once a year, it held five meetings during the 1979 calendar year. All five meetings took place at the chief medical examiner's office in Farmington. The average attendance per meeting was six commissioners.

Prior to each regularly scheduled meeting, the chairman of the commission meets with the chief medical examiner to prepare a detailed agenda. A skeleton version of the agenda is mailed to each commission member before the meeting, along with the minutes from the previous meeting, statistics covering the operation of the Office of the Chief Medical Examiner, and other background information pertaining to issues that are scheduled for discussion.

Table 2 presents a classification of all items reported in the minutes of the five 1979 meetings. The table illustrates that policy direction issues represent the single largest category of items discussed (32%). These items included such matters as establishing a satellite facility for performing autopsies, setting fees for funeral directors and developing a position on donation of human organs for transplants. When the category for reviewing existing policy and general oversight is added to policy development, it becomes clear that much of the commission's time (42.6%) is spent on items related to policy matters affecting the operation of the chief medical examiner's office.

Table 2 also shows that personnel items represent the second largest category appearing in the commission minutes. However, this category largely reflects the routine approval of applicants seeking to be added to the list of assistant medical examiners.

At a typical meeting, the chief medical examiner gives a report after the commission has disposed of routine business. The report contains an overview of the activities performed by the chief medical examiner's office, including a review of expenditures. It also outlines issues related to the current and future operations and policies of the Office of the Chief Medical Examiner. This aspect of the chief medical examiner's report varies between explaining what activities have been undertaken and seeking approval and direction for future courses of action.

In most instances, the commission members react to items introduced by the chief medical examiner. However, in the discussion of each item, the chief medical examiner is placed in the role of a resource person.

Table 2. Classification of Items Reported in the Commission's Minutes.

Meeting Date	Promulgating Regulations	Policy Direction	Policy Review & Oversight	Preparing Budget	Reviewing Expenditures	Personnel Matters	Other
February 10, 1979	-	6	4	-	2	4	5
May 11, 1979	-	8	1	-	1	5	4
August 10, 1979	-	7	3	1	2	4	6
September 14, 1979	1	5	1	1	1	6	2
November 16, 1979	-	7	2	-	2	8	4
Totals	1 (.9%)	33 (32%)	11 (10.6%)	2 (1.9%)	8 (7.7%)	27 (26.2%)	21 (20.4%)

Source: LPR&IC Staff Analysis.

ANALYSIS AND ISSUE IDENTIFICATION

The central issue in any sunset review is whether an entity or program should be continued. The review of the Commission on Medicolegal Investigations is not an exception.

The Legislative Program Review and Investigation Committee's first concern was not whether any major problems or flaws existed, but whether the commission was fulfilling its intended purpose. An examination of materials related to the creation of the commission indicated the intent of the empowering legislation was to provide independence for and oversight of the medical examiner's office. The apparent dual purpose of the legislation gave the committee two avenues to explore before making a recommendation to continue or terminate of the commission.

In studying the independence issue, the committee relied on interviews conducted by its staff, testimony presented at a public hearing, and a mail survey of individuals associated in varying ways with the chief medical examiner's office.

In interviews with the committee staff, both the acting and the former chief medical examiners were adamant in stating the need for the chief medical examiner's office to be independent from groups representing police, prosecution, defense attorneys, hospital and political interests. They both cited the insulation the commission provides for the chief medical examiner's office as the principal loss that would be associated with its termination.

In testimony before the committee, the chief state's attorney and a representative of the Connecticut Bar Association stated there was a need for the independence the commission provides to the Office of the Chief Medical Examiner. Similar sentiments were expressed by members of the commission who testified at the public hearing.

A survey of all nine commission members found six citing the need to insulate the medical examiner's office as the best reason for continuing the commission (see Appendix A, Question 19). However, this view was not shared by most respondents in a sample of individual members of groups which have dealings with the chief medical examiner's office. Table 3 shows that in this sample, only 16 percent cited insulation of the office of medical examiner as something that should be a major purpose of the commission.

Table 3. Purpose of the Commission on Medicolegal Investigation.

In your opinion, what should be the major purpose of the Commission on Medicolegal Investigation? (Please circle only one)

- 8 (14%) Advocate for the Office of the Medical Examiner
- 17 (29%) Shape the policies and procedures of the Office of the Medical Examiner
- 14 (24%) Review the policies and procedures of the Office of the Medical Examiner
- 2 (3%) Hire the Chief Medical Examiner and approve all other hirings
- 9 (16%) Insulate the Office of the Medical Examiner from excessive outside influence
- 8 (14%) Other (specify) _____

Source: LPR&IC Survey.

With respect to the second issue, committee staff interviews with the former and acting chief medical examiners and with the chairman of the commission, as well as a review of the minutes of the commission's meetings indicated that it is actively engaged in oversight of the chief medical examiner's office. Although this oversight is usually confined to the policy level and seldom deals with the day to day operation, the method of oversight usually involves the chief medical examiner seeking the formal approval of the commission for a future action. After considerable discussion, the commission generally accepts the recommendation of the chief medical examiner. Table 1 in the previous section shows the oversight areas in which the commission is engaged.

The committee also surveyed the other New England states to determine what type of medicolegal investigation system they employ. The results showed that all six states have statutes providing for a chief medical examiner's office with statewide jurisdiction. But only three of the six, including Connecticut, have statutorily established commissions, while another has an ad hoc commission. However, the Massachusetts statute, which is one of the three providing for a commission, is considered

unworkable and has never been implemented. Therefore, only two states actually have statutorily established commissions.

In order to gauge how the commission is viewed by what might be considered its constituent groups, namely police, prosecutors, defense attorneys and hospitals, the committee sent a questionnaire to ten state's attorneys, 11 public defenders, 26 police chief and 36 hospital administrators. The response rate was 71 percent. A copy of the questionnaire is contained in Appendix C.

It is important to keep in mind that the questionnaire was used for the purpose of identifying issues affecting the commission and not for drawing final conclusions and recommendations. The committee fully recognized the sample was not representative and was therefore cautious in making any judgements based upon data provided in it.

When asked to describe their degree of satisfaction with the office of the medical examiner, 51 percent of the 58 respondents indicated they were less than satisfied. A breakdown of the responses by reporting groups is contained in Table 4.

Table 4. Constituent Group Satisfaction with the Commission on Medicolegal Investigations.

	<u>Police</u>	<u>State's Attorneys</u>	<u>Public Defenders</u>	<u>Hospital Administration</u>	<u>Total</u>
Very Satisfied	1	3	1	4	9
Satisfied	6	1	1	11	19
Somewhat Satisfied	5	1	2	6	14
Not Satisfied	7	2	1	6	16

Source: LPR&IC Survey.

Table 5 summarizes the responses of each group to a question concerning the commission's awareness of the respondents needs and problems. Table 6 contains the responses to a question about each respondent's perceived access to the commission.

Table 5. Perception of the Commission's Awareness of the Needs and Problems of its Constituent Groups.

	<u>Police</u>	<u>State's Attorneys</u>	<u>Public Defenders</u>	<u>Hospital Admin.</u>	<u>Total</u>
Commission is aware	2	5	2	5	14
Commission is not aware	8	1	2	9	20
Do not know	9	1	1	13	24

Source: LPR&IC Survey.

Table 6. Perception of Constituent Group Access to the Commission.

	<u>Police</u>	<u>State's Attorneys</u>	<u>Public Defenders</u>	<u>Hospital Admin.</u>	<u>Total</u>
Yes	5	4	4	9	22
No	12	2	1	15	30
No Opinion	-	-	-	3	3

Source: LPR&IC Survey.

Table 5 and Table 6 show an overall negative perception of the commission by respondents. This is especially the case when the "No Opinion" and "Do not Know" responses are viewed as negative indicators of the commission's statute with the responding groups. The tables also demonstrate that most of this negative perception is accounted for by police and hospital administrators.

In addressing the question of responsiveness to constituent groups, the chairman of the commission testified before the committee that the commission's meetings were open to the public and individuals or groups were welcome to attend and

discuss problems they were having with the chief medical examiner's office. The chief state's attorney testified that he had fewer problems dealing with the Office of the Chief Medical Examiner than in dealing with the other providers of evidentiary services.

An examination of the minutes of all the commission's 1979 meetings and one meeting from each of the previous four years revealed nothing to indicate it was not open to outside groups. On the other hand, neither the records nor interviews the committee staff had with commissioner members and other affected individuals revealed any active effort by the commission to initiate contact with constituent groups. All these factors caused the Legislative Program Review and Investigations Committee to become concerned about the accessibility and responsiveness of the commission to its constituent groups.

In interviews with the committee staff and in testimony at the public hearing, both the chairman of the commission and the former chief medical examiner advocated a change from coterminous to staggered terms for the eight appointed commission members. The Connecticut Bar Association also endorsed reverting to the six year staggered appointments in effect prior to the 1977 Executive Reorganization Act. All advocates argued that staggered term appointments helped assure continuity and independence.

With respect to continuity, an examination of the data showed that although terms are now coterminous, the average length of service among the current commissioners exceeds the length of a single term by nearly three years. The concern about the loss of independence associated with coterminous appointments did not lend itself to quantitative analysis. Rather, the analyses have rested on the committee's judgement of the degree of influence a governor should exert through appointments on this particular commission.

During much of the time the commission was under review, its members were intently concerned with appointing a new chief medical examiner. The previous one had resigned in 1979 and as of November 1980 had still not been replaced. The commission conducted a national search and explained that the delay reflected its desire to obtain the best possible person.

In summary, the Legislative Program Review and Investigations Committee's sunset review of the Commission on Medicolegal Investigations identified three issues for consideration. The issues were: (1) continuation/termination of the Commission on Medicolegal Investigations; (2) accessibility/responsiveness

of the Commission on Medicolegal Investigations to its constituent groups; and (3) type of terms served by members of the Commission on Medicolegal Investigations.

FINDINGS AND RECOMMENDATIONS

I. CONTINUATION/TERMINATION OF THE COMMISSION ON MEDICOLEGAL INVESTIGATIONS

The central issue reviewed by the Legislative Program Review and Investigations Committee with respect to the Commission on Medicolegal Investigations was whether the Office of the Chief Medical Examiner needed a mechanism such as the commission to insulate it from pressures that could be exerted by groups representing medical, political, law enforcement and legal interests. Two general options were considered by the committee. One was to continue the Commission on Medicolegal Investigations as an insulating mechanism. The other was to abolish the commission and make the office of the chief medical examiner directly responsible to either the governor or a state government department.

The Legislative Program Review and Investigations Committee recommends that the Commission on Medicolegal Investigations be continued.

The committee believed the purpose of the chief medical examiner's office was to provide for the impartial collection and analysis of medical evidence. It understood that the commission was created to insure this by insulating the medical examiner system from the influence of any interest group. The committee reasoned that if any one of these interests appeared to be able to exert influence by having the authority to hire or fire personnel, or direct policy, then the objectivity and hence, the purpose of the office of the chief medical examiner would be compromised.

In reviewing the consequences of terminating the commission, the committee recognized that such action would, as a practical matter, require the office of the chief medical examiner to be organizationally assigned to one of the several interests previously identified. The committee was concerned that this could lead to a reduction in the responsiveness of the Office of the Chief Medical Examiner to the other interests.

The committee concluded that the commission, with its existing mix of interests, insures objectivity by preventing the domination of any single interest or the appearance of such domination.

II. ACCESSIBILITY/RESPONSIVENESS OF THE COMMISSION ON MEDICOLEGAL INVESTIGATIONS TO ITS CONSTITUENT GROUPS

The Legislative Program Review and Investigations Committee considered several options in response to the accessibility/responsiveness issue. One option was to continue the current practice of having access to the commission be the responsibility of the constituent groups. Another was to specify representation on the commission from each major constituent group. A third option was to have the commission annually identify and develop a plan for meeting the needs and problems of its constituency. A fourth was to have the commission hold regional meetings and distribute its agenda and minutes to all constituent groups. The final option considered was to have the commission hold at least one meeting per year directed at providing and receiving information from its constituency.

The Legislative Program Review and Investigations Committee recommends that the Commission on Medicolegal Investigations hold at least one meeting a year with its constituent groups, which is directed at providing and receiving information.

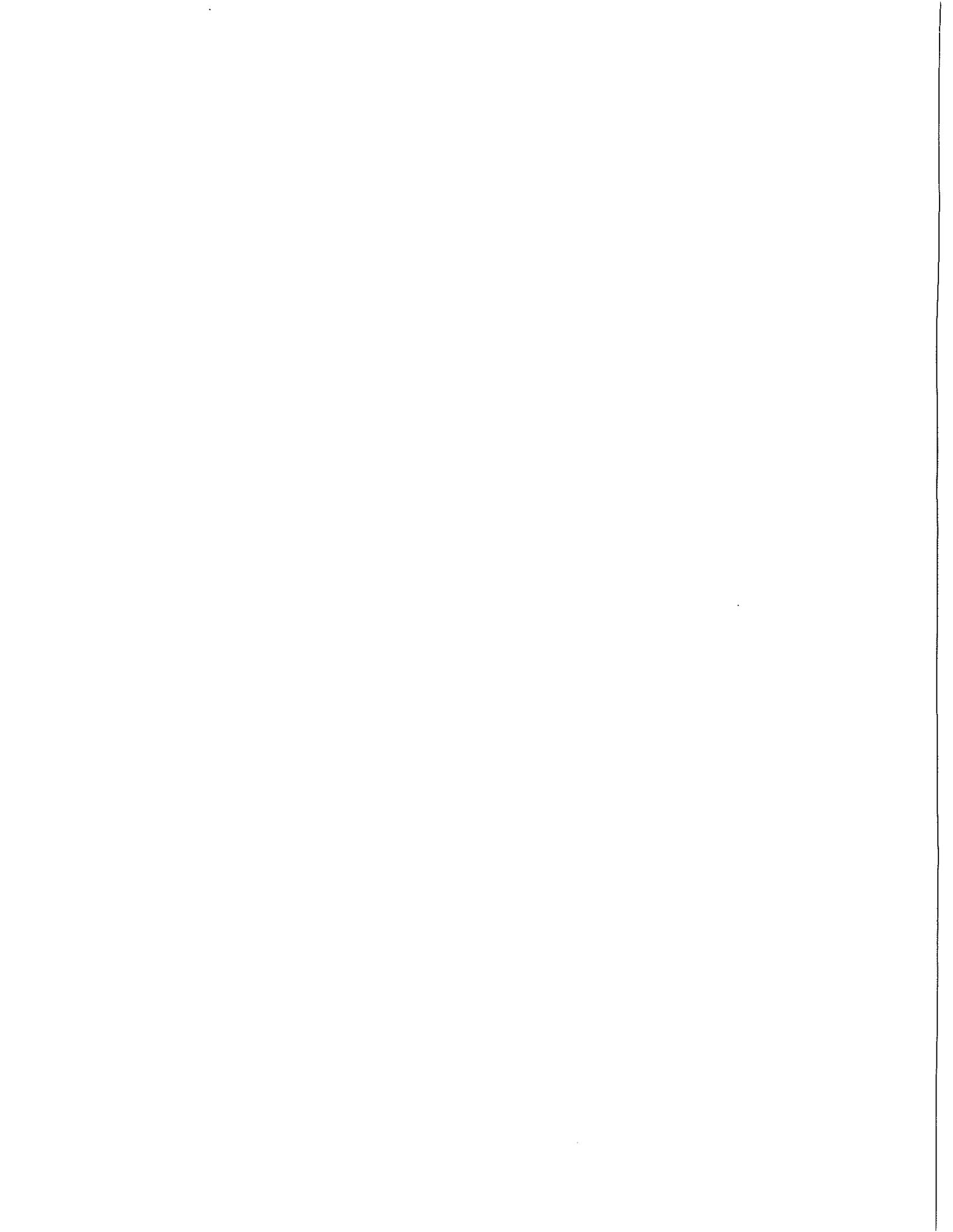
The committee believed that the responsibility for relieving concern about the accessibility/responsiveness of the commission did not rest solely with the commission. It found nothing in the commission's activities to indicate that it was not open to outside groups. On the other hand, the committee did not find the commission took a very proactive stance in addressing this issue. The committee concluded that the least disruptive solution to what in fact may be only a perceptual problem would be to simply require the commission to hold an annual meeting with its constituency.

III. TYPE OF TERMS SERVED BY MEMBERS OF THE COMMISSION ON MEDICOLEGAL INVESTIGATIONS

The committee reviewed the nature of the terms served by appointees to the Commission on Medicolegal Investigations. It considered whether to recommend changing the terms from being coterminous with the governor to the staggered terms used prior to the Executive Reorganization Act (P.A. 77-614).

The Legislative Program Review and Investigations Committee recommends that the terms served by members of the Commission on Medicolegal Investigations be staggered.

The committee felt that the very nature of the commission was to provide the Office of the Chief Medical Examiner with a measure of insulation from political and other influences. It strongly believed that the best way of maintaining this in the political area, while still keeping some responsiveness to, and understanding of, the political system, was to reinstitute staggered terms for appointed members of the commission. Accordingly, the committee recommended a return to staggered terms.



APPENDIX A

SUNSET - 1981

Summary Sheet

NAME: Commission on Medicolegal Investigations

YEAR CREATED: 1969

TYPE: Governing Board

ORGANIZATIONAL LOCATION: Department
of Health Services (Adm. only)

PURPOSE: To control and supervise the Office of the Chief Medical Examiner

FUNCTIONS:

- Promulgate regulations necessary to carry out the administrative provisions of the statutes pertaining to medicolegal investigations.
- Hire the chief medical examiner, fix the term of office and the annual salary.
- Approve the appointment of the deputy chief medical examiner and specify the type and qualifications of the other professional staff.
- Direct the preparation of the budget.
- Develop or review the policies and procedures of the office of the chief medical examiner.

GENERAL DESCRIPTORS:

Commission
Costs FY-79: -0-
Number of Members: 9
Appointing Authority: Governor
Terms: Coterminous
Average Time on
Commission: 6-2/3 years
Number of Meetings 1979: 5
Average Attendance 1979: 6

Office of the Chief
Medical Examiner
Costs FY-79: \$1,017,495
Personnel: 26 Full - 2 Part
Deaths Reported: 8,404
Autopsies: 942 Hospitals
503 Office Chief Med.
1,445 Total

COMMISSION ON MEDICOLEGAL INVESTIGATIONS

Discussion Areas

- I. The need to insulate the Office of the Chief Medical Examiner from real or potential pressures brought by groups with vested interests (e.g., police, prosecution, defense, medical community, political).

- II. The responsiveness of the Commission to the needs and problems of individuals and groups in contact with the Office of the Chief Medical Examiner.

Of those surveyed and responding, only 22% felt that the Commission was aware of their needs and problems and only about one-third clearly stated that they felt they had access to the Commission.

- III. The composition of the Commission - all current members are either medical doctors, lawyers or both.

APPENDIX B

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

1981 SUNSET REVIEW
of
COMMISSION ON MEDICOLEGAL INVESTIGATIONS

Survey of Commission Members

This questionnaire has been constructed to elicit information about the Commission on Medicolegal Investigations. Please follow the directions for each question as the results will not be valid unless you do so.

Please feel free to provide additional comment on either a specific question or the medicolegal investigation field in general. Any such comment may be included directly on the questionnaire or in a separate attachment.

3	1	0		
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1. Approximately how long have you been a member of the Commission on Medicolegal Investigations? $\frac{6}{\text{Years}}$ $\frac{8}{\text{Months}}$

INSTRUCTIONS: For questions 2, 3, 4 and 5, please circle the number to the left of the most appropriate response. Please circle only one number per question.

2. Why did you agree to serve on the Commission? (Circle only one number)

3 Interest in the medicolegal investigations area

1 Desire to serve the public

2 Position is related to professional concerns

1 Other (specify) Statutory requirement

3. What percentage of the Commission meetings do you attend?

- 6 Almost 100%
- 3 More than 50%
- 25% to 50%
- less than 25%

4. On a quarterly basis (3 months), how much time outside of the Commission meetings do you spend on Commission business?

- 1 0-4 hours
- 4 5-8 hours
- 1 9-16 hours
- 3 17 plus hours

5. Other than the agenda, how often do you receive materials prior to a Commission meeting?

- 7 Always
- 1 Generally
- 1 Sometimes
- Never

INSTRUCTIONS: For questions 6 and 7, place the appropriate numbers in the space provided to the left of each statement.

6. Using a scale of 1 = Excellent, 2 = Good, 3 = Fair and 4 = Poor, how would you rate the materials you receive from the staff on each of the following:

- 6 excellent
3 good Timeliness
- 6 excellent
3 good Clarity
- 7 excellent
2 good Completeness
- 6 excellent
2 good Relevancy

7. Using a scale of 1 = Excellent, 2 = Good, 3 = Fair and 4 = Poor, how would you rate the utility of the information provided by the staff, for taking action in the following areas?

3 excellent

4 good Promulgating regulations

5 excellent - 1 fair

1 good Developing policies and procedures

5 excellent - 1 fair

1 good Reviewing existing policies and procedures

4 excellent - 1 fair

3 good Directing the preparation of the budget

5 excellent - 1 poor

5 good Approving appointments of the chief medical examiner

INSTRUCTIONS: For questions 8 and 9, you may choose more than one response. However, if you do choose more than one, you must number your choices in descending order. (Example: 1 = Most Important, 2 = Less Important, etc.)

8. How does the Commission determine the needs and problems that it must address?

1 Information provided by the staff of the office of the medical examiner

3 Information provided through performance of your normal job

2 Information provided by professionals in the field (e.g. pathologists, police, prosecutors, etc.)

4 Information provided by community leaders and private citizens

* Other (specify) Discussion at Commission meeting

9. Who are the recipients of the actions taken by the Commission?

2 Judicial system

3 Medical system

4 Police

1 Office of the medical examiner

* Other (specify) Public

INSTRUCTIONS: Questions 10, 11, 12, 13 and 14 include a number of statements. Please circle the number of the most appropriate option to the left of EACH of the statements.

10. On a scale from 1 = Very Important to 4 = Not Important, how important is it that the Commission have a significant input into the following?

<u>Very Important</u>		<u>Not Important</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
4	3	2		Promulgating regulations
7		1		Developing policies and procedures
6	1	2		Reviewing existing policies and procedures
3	5		1	Preparing the budget
2	4	1	2	Approving personnel appointments of the chief medical examiner

11. What is the Commission's primary role in each of the following?

<u>Initiate Action</u>	<u>React to Staff Proposals</u>	<u>Not Involved</u>	
<u>1</u>	<u>2</u>	<u>3</u>	
4	3		Promulgating regulations
5	2		Developing policies and procedures
5	3		Reviewing existing policies and procedures
1	7		Preparing the budget
2	7		Approving personnel appointments of the chief medical examiner

12. On a scale from 1 = Very Influential to 4 = Not Influential, how influential is the Commission in making the final decision for each of the following?

<u>Very Influential</u>		<u>Not Influential</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
5	2	1	1	Promulgating regulations
5	2		2	Developing policies and procedures
5	2	1	1	Reviewing policies and procedures
2	6		1	Preparing the budget
4	3	1	1	Approving personnel appointments of the chief medical examiner

13. Do you feel the effective operation of the Commission is impeded by any of the following?

<u>Yes</u>	<u>No</u>	<u>No Opinion</u>	
<u>1</u>	<u>2</u>	<u>3</u>	
2	5	2	Existing statutes
	7	2	Existing regulations
4	2	3	State budgetary policies
4	3	2	State personnel policies

14. On a scale from 1 = Very Important to 4 = Not Important, how important do you think the Commission's actions are in protecting each of the following?

<u>Very Important</u>		<u>Not Important</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
5	3	2		Public health
6		3		Public safety
5	2	2		Public welfare

INSTRUCTIONS: For questions 15 through 19, please circle the number to the left of the most appropriate response. Please circle only one number per question.

15. To what degree would greater public participation increase the effectiveness of the Commission?

1 Substantially

1 Moderately

7 Not at all

16. Do you think that one or more members of the Commission should be police officers?

1 Yes

8 No

No opinion

17. If the Commission were eliminated, where would you prefer to see the Office of the Medical Examiner?

4 Department of Health Services

1 Judicial Department

1 Department of Public Safety

3 Other (specify) - If the Commission is eliminated, then also eliminate the Office of the Medical Examiner.
- Independent

18. If the Commission were eliminated and the Office of Medical Examiner were established in the Judicial Department under conditions similar to that of the Office of the Chief State's Attorney, which of the following would be the most probable and serious consequence? (Circle only one number)

2 Decrease in resources due to a low priority within the department

1 Overemphasis on the criminal aspects of the Office of the Medical Examiner

2 Loss of insulation from outside influences

2 Loss of objectivity or the appearance of objectivity

2 Other (specify) - Will not consider the possibility
- All of the above except decrease in resources

19. Which of the following is the best reason for continuing the Commission?
(Circle only one number)

- 1 Continuous review and development of the policies and procedures of the Office of the Medical Examiner
 - 6 Insulation of the Office of the Medical Examiner
 - 1 Need to have an advocate for the Office of the Medical Examiner
 - 1 Other (specify) The current system is a model
-
-

APPENDIX C

Legislative Program Review and Investigations Committee

1981 SUNSET REVIEW
of
COMMISSION ON MEDICOLEGAL INVESTIGATION

INSTRUCTIONS: For each question, please circle the number to the left of the most appropriate response. Please choose only one response-- choosing more than one will invalidate the entire response.

Please feel free to provide additional comment on either a specific question or the medicolegal investigation field in general. Such comment may be included directly on the questionnaire or in a separate attachment.

3	1			
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1. Which of the following best describes your degree of satisfaction with the policies and procedures of the Office of the Medical Examiner (e.g. who to contact and under what circumstances, handling of evidence, feedback mechanisms, etc.)?

- 8 Very Satisfied
- 18 Satisfied
- 13 Somewhat Satisfied
- 12 Not Satisfied

2. In your opinion, how important is the role of the Commission on Medicolegal Investigations in the operation of the Office of the Medical Examiner?

- 13 Very Important
- 9 Important
- 4 Somewhat Important
- 6 Not Important

19 No Opinion

RESPONDENTS

- 6 Public Defenders
- 19 Police Departments
- 7 State's Attorney
- 27 Hospitals
- 59

3. Do you feel that the Commission is aware of the needs and problems of your office as they relate to the Office of the Medical Examiner?

- 11 Yes
- 18 No
- 22 Do Not Know

4. Do you feel that you have access to the Commission for the purpose of developing or changing policies and procedures that impact your office?

- 19 Yes
- 29 No
- 4 No Opinion

5. If the Commission were eliminated, where would you prefer to see the Office of the Medical Examiner located?

- 14 Department of Health Services
- 14 Judicial Department
- 10 Department of Public Safety
- 12 No Opinion

6. In your opinion, what should be the major purpose of the Commission on Medicolegal Investigation? (Please circle only one)

- 8 Advocate for the Office of the Medical Examiner
 - 14 Shape the policies and procedures of the Office of the Medical Examiner
 - 14 Review the policies and procedures of the Office of the Medical Examiner
 - 1 Hire the Chief Medical Examiner and approve all other hirings
 - 8 Insulate the Office of the Medical Examiner from excessive outside influence
 - 7 Other (specify) _____
-
-

APPENDIX D

Sunset 1981

Commission on Medicolegal Investigations
Interview Schedule

1. In your opinion, what is the purpose of the Commission on Medicolegal Investigations?
2. What functions does the Commission perform?
3. What procedures does the Commission follow in carrying out its functions?
4. Who are the recipients of the actions taken by the Commission?
5. How important is the Commission in protecting the public health, safety and welfare?
6. What are the strengths and weaknesses of the Office of the Medical Examiner?
7. What are the strengths and weaknesses of the Commission?
8. What statutes, regulations or policies impede the operation of the Commission? The Office of the Medical Examiner?
9. Within the last five years, what changes in statutes, regulations or policies has the Commission recommended?
10. What does the Commission do to encourage participation by the general public or by those affected by its actions?
11. If the Commission were eliminated, where would you recommend that the Office of the Medical Examiner be located?
12. What problems would be created by the elimination of the Office of the Medical Examiner?
13. In your opinion, what would be the ideal medicolegal investigations structure?

APPENDIX E

Legislative Changes

Section 19-526 of the Connecticut General Statutes should be amended to require the Commission on Medicolegal Investigation to hold at least one meeting a year with its constituent groups.

Section 4-9a(d) of the Connecticut General Statutes should be amended to allow members of the Commission on Medicolegal Investigations to be appointed to six year staggered terms.

