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S.B. 311
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Bill Analysis

Version: As Introduced

Primary Sponsors: Sens. S. Huffman and Johnson

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SUMMARY

- Authorizes a coroner, while an autopsy is pending, to deny a journalist access to preliminary autopsy and investigative notes and findings, photographs taken by a coroner, and suicide notes (access must be granted once a final autopsy report and final death certification are complete).
- Requires health care workers who obtain knowledge of facts related to an individual's suspicious or unusual death, including criminal and violent deaths, suicides, and deaths of individuals with developmental disabilities, to immediately notify the coroner of those facts.
- Specifies that autopsy costs include any component of an autopsy, as well as costs to transport the body.
- Defines "private practice of medicine" for purposes of coroner compensation, and specifies that it does not include performing an autopsy at the request of another coroner.
- Establishes a \$350 per hour fee for a coroner for time spent preparing for and giving expert testimony at a trial, hearing, or deposition in a civil action.
- Requires that collaboration agreements between advanced practice registered nurses and collaborating physicians, and supervision agreements between physician assistants and supervising physicians, contain an agreement that the physician must complete and sign the medical certificate of death, regardless of coroner jurisdiction.

DETAILED ANALYSIS

Journalist access to preliminary autopsy results

The bill delays journalist access to preliminary autopsy results. Under current law, coroner records are generally public records, except that certain records, including the

following, are not public records: (1) preliminary autopsy and investigative notes and findings, (2) photographs taken by a coroner, and (3) suicide notes. Even though those records are not public records, journalists are authorized to request to view preliminary autopsy and investigative information, suicide notes, and coroner photographs, and a coroner is required to grant access if such a request is made. Instead, the bill permits, but does not require, a coroner to grant the request if it is made before the final autopsy report and final death certification are complete. After that time, a coroner must grant a journalist's request to view preliminary autopsy and investigative information, suicide notes, and coroner photographs.¹

Notice of facts related to suspicious and unusual deaths

The bill expands the individuals who are required to notify a coroner that a person has died through criminal or violent means, by casualty, by suicide, or in a suspicious or unusual manner, or when any person dies suddenly when in apparent good health, or when any person with a developmental disability dies regardless of the circumstances. Under current law, the following individuals must immediately notify the coroner of the known facts concerning the circumstances of the death: the physician called in attendance; and any member of an ambulance service, emergency squad, or law enforcement agency who obtains knowledge of the death arising from the individual's duties. The bill adds that a health care worker caring for the person also must notify the coroner of any related facts obtained arising from the health care worker's duties.²

The bill defines "health care worker" as any individual licensed or otherwise authorized to practice a health care profession in Ohio and any other individual who provides health-related services in any setting as part of the individual's employment or otherwise for remuneration.³

Autopsy costs

The bill specifies that existing law governing payment of autopsy costs applies to individual components of autopsies, as well as costs to transport the body. Under current law, whenever an autopsy is performed, if the injury causing the death occurred within the boundaries of a county other than the county performing the autopsy, the other county must pay the costs of the autopsy. The bill maintains this requirement and specifies that the payment applies to any individual component of an autopsy, including transportation costs.⁴

The bill makes a similar change to a similar provision that requires that when an individual who dies was an inmate of a state correctional facility, the Department of

¹ R.C. 313.10(A) and (D).

² R.C. 313.12(A).

³ R.C. 313.12(B)(2).

⁴ R.C. 313.161(A).

Rehabilitation and Correction or the Department of Youth Services, as appropriate, must pay for the costs of the autopsy.⁵

Coroner qualification

The bill clarifies that the only individuals eligible to the office of coroner are physicians who are licensed to practice medicine and surgery or osteopathic medicine and surgery under Revised Code Chapter 4731.⁶ That chapter governs physician licensure by the State Medical Board.

Coroner compensation related to private practice of medicine

Current law establishes compensation schedules for coroners, which vary depending on whether the coroner has a private practice. The bill defines, for purposes of that continuing law, “private practice of medicine” to mean the provision of services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease for remuneration. It does not include performing an autopsy at the request of another coroner.⁷ Thus, a coroner who performs autopsies at the request of another coroner will not be considered to be engaged in the private practice of medicine.

Coroner fees for expert testimony

The bill establishes a flat \$350 per hour fee for a coroner for time spent preparing for and giving expert testimony at a trial, hearing, or deposition in a civil action. Under current law, fees are based on an hourly rate that is determined by coroner compensation schedules established under continuing law, and the fee varies depending on whether the coroner is preparing for and giving testimony at a deposition or trial. The testimonial fee for trial testimony is six times the rate for deposition testimony. The distinction between deposition and trial testimony is eliminated by the bill.⁸

Physician completion of medical certificates of death

Related to circumstances where an individual who was under the care of an advanced practice registered nurse or physician assistant dies, the bill requires that standard care arrangements between advanced practice registered nurses and collaborating physicians, and supervision agreements between physician assistants and supervising physicians, contain an agreement that the physician must complete and sign the medical certificate of death,

⁵ R.C. 313.161(B)(1).

⁶ R.C. 313.02(A).

⁷ R.C. 325.15(E).

⁸ R.C. 2335.061(A) and (C).

regardless of coroner jurisdiction.⁹ The bill does not otherwise modify existing requirements concerning completion of death certificates by physicians.¹⁰

HISTORY

Action	Date
Introduced	03-10-22

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⁹ R.C. 4723.431(B)(5) and 4730.19(B)(2)(e).

¹⁰ R.C. 3705.16, not in the bill.