Dr. Todd Thoma, President of the organization, called the meeting to order.

Dr. Teri O'Neal, secretary/treasurer, presented a brief financial report. $100,000 has been placed in a savings account, due to CD interest rates being very low at present. This will allow flexibility to move the deposit if a better opportunity develops. There was a brief review of expenses for the past year (see attached report). Current paid membership includes 44 parishes and 102 members. Dr. Thoma requested a list of the unpaid parishes to enable contact with them to encourage membership.

Dr. Beau Clark, 2nd vice president, and legal counsel Mr. Chuck Credo presented a recap of legislative endeavors in the past year. NOTE THAT ALL BILLS DISCUSSED WILL APPEAR ON MR. CREDO’S WEBSITE LOUISIANA FORENSIC INSTITUTE, IF YOU WOULD LIKE TO REVIEW THEM.

ACT 302, HB 195 BY REP MORRIS. This became effective August 1, 2015, and alters RS 911, adding RNs and PAs to the individuals who can provide information to allow a coroner to pronounce death remotely. Information in the death report should include the name of the person reporting, and the time of death (time of discovery).

Amendment 5705. Updates classification of deputies and assistant coroners. Highlights include:
1) a deputy coroner must have the same qualifications as the coroner, and may work part time in more than one parish. All other individuals under the coroner will be termed assistants (or investigators). 2) Deputy coroners cannot be appointed for a term longer than that of the coroner. Also the coroner cannot enter into any contract that exceeds his elected term. 3) BY MARCH 2016 ALL EMPLOYEES SHOULD COMPLETE AN OATH OF OFFICE. This should be completed and filed with the Secretary of State, then the Clerk of Court in their jurisdiction. This can provide for protection in the event of a suit/etc. These individuals must be appropriately identified as deputies or assistants (Investigators).

Clarification regarding execution of a PEC/CEC. The requirements for a PEC are licensed physician, licensed psychologist, or advanced practice nurse with mental health certification. The requirements for a CEC are the same except the individual must also be a coroner or deputy coroner.

Regarding the laws indicating which deaths should be under investigation by the coroner, the phrase “unless seen by a physician within 24 hours” has been deleted.

ACT 317, HB 301 BY REP. DOVE. Provides for the expansion of time for AOT, extending treatment time to allow treatment to be completed.

ACT 390 BY REP. K. JACKSON. Provides that Medicaid will not deny payment for services to a patient under a PEC or CEC.

HB 311 BY REP. MORENO. Provides for payment of charges relative to a sexual assault exam/treatment. (further discussion in later presentation)

ACT 340 BY REP. REYNOLDS. Provides for creation of a tax district/millage for the Webster coroner.
HB 627. Regarding increased fees for coroners. Died in Committee. Sympathetic response from legislators, obtained a concurrent resolution from the House, and this will be under “further study”. This will be pursued when the economic climate improves.

HB 732. “HAN SOLO BILL” Died in committee. We opposed this bill which would severely limit investigation time after a death in the event that the decedent had arranged for cryofreezing.

ACT 270. SB 208 BY SEN. RISER. “FUNERAL DIRECTORS BILL”. Outlines procedures for disposition of unclaimed remains. This has resulted after 2 years of negotiation/compromise with the funeral directors association. This is very extensive (I recommend that everyone review this on Chuck’s website—Teri). Highlights of this and related legislation included: 1) “disposition” now includes cremation as a possibility 2) an “interested person” can be a crematory agent. 3) Coroner can release remains to “interested person” after oral or written refusal of next of kin to claim them. 4) mechanisms for the funeral home to return custody of remains to a coroner if unclaimed/abandoned. The requisites are extensive for the funeral home to determine previous employment, known assets/insurance etc. THE CORONER SHOULD NOT ACCEPT CUSTODY OF THE REMAINS WITHOUT A NOTARIZED AFFIDAVIT BY THE FUNERAL HOME REGARDING THIS REQUIRED INFORMATION. 5) There are mechanisms for the coroner to attempt to obtain payment for disposition of remains, one method is to file a succession lien with the Clerk of Court. (there was extensive discussion about multiple possibilities to obtain access to “assets” of the decedent) 6) responsibility for disposition of remains is with the CORONER OF THE PARISH OF DOMICILE IF A LOUISIANA RESIDENT, OR THE CORONER OF THE PARISH OF DEATH IF NOT A LOUISIANA RESIDENT.

SB 186. Provides that unclaimed gaming tickets monies be used to cover expenses for sexual assault exams.

Dr. Thoma added that POST certification for University Police officers passed the legislature, and now coroners’ deputies and assistants are eligible for the class/certification. Recommended to any personnel who carry a weapon.

Mr. Credo advises that there is a Federal Civil case by an insurance provider against police regarding 28:53L, providing for police and EMTs to take into protective custody an individual upon their personal observation that the person is a danger to self, danger to others, or gravely disabled. FEDERAL CASE READS THIS AS “AND GRAVELY DISABLED”. Mr. Credo to review further, but be aware that this case may come up and you may be asked about it by local authorities. Also, the HAZNE case states that officers do NOT have to consider the ADA (Americans with disabilities Act) when dealing with a psychiatric emergency. This contradicts a previous ruling in San Francisco.

PRESENTATION BY MS. TIFFANY HOWARD FROM DHH. Regarding ACT 229, which provides for a Sexual Assault Response Plan to be implemented in each region of the state. A high profile assault recently caused the governor to issue an executive order that DHH would be responsible for development of these plans, with a DEADLINE OF NOVEMBER 1, 2015 FOR SUBMISSION AND FEBRUARY 1, 2016 FOR IMPLEMENTATION. Extensive information and discussion on multiple points. It appears that Federal monies received by Louisiana are not being directed to needed services. Use of the Crime Victims’ Reparations Fund is planned to reimburse costs of sexual assault exam/treatment to “healthcare providers”. This is still being worked out. At present there is a somewhat arbitrary amount of $1000 designated to cover the costs for a victim, but no specifics on how this should be divided between hospitals and coroner/SANE programs. Dr. Thoma recommends that future planning include a definite amount/percentage be designated for the facility and the exam.
A question arose about the status of the Sexual Assault Task Force. Ms. Howard advised that the task force completed their job earlier this year and is no longer functional since the Executive Order became law.

Ms. Howard advises that there is still information needed to complete regional plans, including who will be responsible for providing/storing kits. Also, she encouraged all coroners to be in contact with advocacy groups in their region. THE PLAN ALLOWS FOR PARTICIPATING AGENCIES TO MOVE FORWARD WITH IMPLEMENTATION IN SPITE OF FAILURE OF INTERESTED PARTIES TO PARTICIPATE. The plan is to be an “annual plan” with review and updates as needed. Discussion was had regarding whether to have a “LEAD CORONER” in each region, or whether each coroner would continue to be responsible for their own jurisdiction. Dr. Thoma interjected that the law still mandates that each coroner is responsible until this is changed by legislation.

Ms. Howard addressed the hospital side of compliance with a regional plan. The hospitals will be held accountable by DHH and will be liable for sanctions if they fail to comply. Patient information pamphlets will be distributed to all sexual assault victims with a contact number at DHH to report inappropriate actions/inaction by a healthcare facility.

Dr. Thoma advised that there will be 3 SANE trainings in Louisiana in 2016, and one pediatric training. Offered state wide, contact Olivia Jones at the Caddo Coroner office. Encourages regions without SANEs to send participants.

BRIEF RECESS.

Dr. Thoma resumed the meeting with election of officers. Dr. O’Neal decided not to seek another term as secretary treasurer for the organization. No coroner was willing to take the position, and all agreed with Dr. Thoma’s nomination of Erin Deutsch, Caddo investigator. The vote was unanimous in favor of Erin Deutsch as the new secretary treasurer. Dr. Thoma was elected for a second term as President, with no opposition, and Dr. Beau Clark was elected to the position of 1st vice president, without opposition. Dr. LJ Mayeux was elected to the position of 2nd vice president, without opposition.

There are 2 meetings of the LSAC planned for 2016, the first being our annual LOPA Forensic Collaborative to be held in Lafayette in February. Pam advised that information regarding dates and registration will be forthcoming. The second meeting will be in the fall, date and location to be determined.

ADDITIONAL ISSUES TO BE ADDRESSED, mediated by Dr. Thoma and Dr. Clark

1. Plan for a spring training meeting for new coroners. Education committee volunteers to coordinate with Erin. (Yancy Guerin, Beau Clark, and Don Smith) Pam Carter also advised that LOPA would like to be involved.
2. Changes forthcoming regarding the transportation safety fatality forms that are required. Will hopefully change the time requirement to 60 days, to allow for toxicology/alcohol results to be available. Also a new report form is being developed and will hopefully be eligible for reimbursement (similar to the SUID report). Additionally the North Louisiana Forensic Center will be opening and make toxicology more readily available to the north Louisiana parishes. The problem with state troopers insisting that blood be drawn on the scene of an accident is being addressed within LSP.
3. Further discussion regarding possible changes in the constitution to remove sexual assault investigation from the coroner’s responsibility. General consensus seems to be that coroners
agree with this. Hopefully future will include a state wide program with coroner INPUT but not individual responsibility.

4. RECENT CHANGE IN THE LAW MAKES CORONER'S RESPONSIBLE FOR BLIND REPORTS. Originally the coroner was responsible if the case was “under police investigation" but this clause has been deleted. The evidence kits will also be kept for ONE YEAR instead of the previous 30 day requirement. Details are still being worked out as to who will be responsible for availability and storage of kits.

5. Brief update on the state CDRP (child death review panel). Coroners can expect communication from DHH asking for additional information about SIDS and discouraging the use of this diagnosis as cause of death. Problems have arisen as a result of the American Forensic Pathology Board directive to their membership to use SUID (sudden unexplained infant death) as the COD. We are reminded that the coroner has FINAL authority for cause and manner of death. If pathology report indicates SUID, but coroner has information indicating positional asphyxia, etc. then the coroner is obligated to use the “correct” diagnosis in their opinion.

6. Discussion regarding supporting legislation requiring adults present when a child death occurs at a residence to undergo toxicology testing. The coroner cannot direct this, as this doesn’t pertain to examination of the decedent. Additional legislation probably needed to ensure that law enforcement/CPS can obtain toxicology AND that it will be admissible in court. DA association has noted in the past that “probable cause” was needed in order to force an individual to comply.

7. IF ADDITIONAL ISSUES ARISE, PLEASE FORWARD THEM TO DR. THOMA OR DR. CLARK.

Pam Cart with LOPA reminded all to sign up for CME/CEU credit for the educational section of the meeting.

LUNCH.

PRESENTATION BY DR. JOHN TRESTRAIN “MURDER BY POISON”.

ADJOURN.

RESPECTFULLY SUBMITTED,

ger

TERI B. O'NEAL, MD
SECRETARY TREASURER FOR LSCA