

1 **Funding for Accreditation of Medicolegal Death Investigation Offices**
2 **and Certification of Medicolegal Death Investigation Personnel**
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5 Recommendations
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7 The National Commission on Forensic Science requests that the Attorney General of the United
8 States approve policy that recommends:
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- 10 1. All Medicolegal Death Investigators be certified within 5 years.
11 2. All offices, facilities or institutions performing medicolegal death investigation activities
12 will be accredited within 5 years.
13 3. The Department of justice’s Office of Justice Programs will support a grant program or
14 allow funds within existing programs to be utilized to help defray the costs associated
15 with certification and accreditation to ensure compliance.
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17 Background
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19 The National Research Council’s (NRC) report on strengthening the forensic sciences
20 recommends that all medicolegal death investigation offices be accredited and that personnel be
21 certified in their area of expertise. In general, accreditation applies to institutions, facilities, and
22 offices performing a certain task to become accredited, while certification is for the professionals
23 working within a specific area of expertise. This document discusses the need for mandatory
24 accreditation and certification, as well as identifies potential funding for the implementation to
25 accredit all U.S. medicolegal death investigation offices and facilities and to certify all death
26 investigation professionals.
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28 Accreditation of Offices
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30 Unlike most crime laboratories which are accredited, most medicolegal death investigation
31 offices, medical examiners and coroner offices, are not accredited. Of the estimated 2,366
32 medicolegal death investigation offices in the United States (See Table 1), less than 100 are
33 accredited by either the National Association of Medical Examiners (NAME) or the International
34 Association of Coroners and Medical Examiners (IAC&ME) which are currently the only two
35 accrediting bodies in the United States for medicolegal death investigation institutions.
36 Although NAME and IAC&ME offer accreditation, neither are formally recognized by an
37 external standards organization which approves entities to offer accreditation, such as the
38 International Organization for Standards (ISO) or the American National Standards Institute
39 (ANSI). Formal recognition of NAME or IAC&ME by an existing external standards
40 organization would likely require significant changes to these organizations current structure to
41 meet organizational standards.
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43 Certification of Staff
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45 The number of board certified forensic pathologists in the United States is relatively small, in
46 comparison to the overall number of medicolegal death investigators and non-physician coroners

47 currently employed. For the purposes of this proposal, medicolegal death investigator is
48 considered an investigator employed by a coroner or medical examiner's jurisdiction and has the
49 primary function of performing investigations to assist in determining the cause and manner of
50 death. A study done by the Scientific Working Group on Medicolegal Death Investigation
51 (SWGMDI), suggested that approximately 9 medicolegal investigators are needed per million
52 population to operate at needed capacity, therefore the pool of certified investigators needed in
53 the United States would potentially be approximately 3,000. Additionally, there are also
54 approximately 2,000 coroners in the United States, so it is likely that the total certifications
55 required for all such professionals could approach 5,000. The American Board of Medicolegal
56 Death Investigators (ABMDI) estimates that the number may approach closer to 8,000. At
57 present, only about 1,500 professionals are certified by the ABMDI. Thus, the pool of persons
58 needing certification is large.

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60 Traditionally physicians seeking board certification bear the cost of certification through well-
61 established certification bodies such as the American Board of Pathology (ABP). Such is not the
62 case for thousands of death investigators and non-physician coroners who may wish (or need) to
63 become certified by ABMDI. In most specialty areas of medicine, physicians have essentially
64 been required to possess certifications to work in their specialty areas, while the same has not
65 been true for coroners and death investigators.

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67 Accreditation and certification are critical because they show compliance with industry and
68 professional guidelines, standards, and performance criteria. Unfortunately, many government
69 bodies which fund death investigations offices do not give priority to death investigation systems
70 in comparison to other programs that require funding. Thus, budget lines for accreditation and
71 certification expenses are often non-existent.

72 73 Funding Accreditation

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75 In the past, some funding was available to pursue accreditation through the use of Paul Coverdell
76 Forensic Science Improvement grant funds. However, there were challenges; accreditation could
77 not be guaranteed, funding was short term, and there are associated ongoing costs to maintain
78 accreditation. A potential long term solution might be to reimburse offices and facilities for
79 expenses incurred to obtain initial accreditation and for maintaining accreditation after such
80 expenses have been incurred and accreditation has been secured.

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82 Costs associated with reimbursement can be analyzed for several types of offices as shown in
83 Table 1. There are offices which are full-service facilities (administration, scene investigation,
84 and autopsy) and others whose services are primarily administrative, investigative-only, or
85 autopsy only. Regardless of type, costs of accreditation include fees charged for the accreditation
86 process as well as the purchase of equipment and supplies or hiring of needed personnel to
87 qualify for accreditation. There is a perception that a lack of motivation and devoted effort are
88 perhaps the primary reason for failure of offices to become accredited, however the accreditation
89 fees are a real and significant hurdle for almost all offices. The Commission believes that
90 reimbursement for accreditation fees will encourage and enable more offices to become
91 accredited, and that a reimbursement will ensure efficient and appropriate spending of federal
92 funds. A plan can be developed for gradual implementation over a 5 year period.

93 Table 1. Number of potentially accredited offices by state and type.
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State	State ME Office	Branch State ME Offices	Autonomous County Medical Examiner Offices	Coroner Offices	Total Potential Accreditations
AL		3	1	64	68
AK	1				1
AZ			15		15
AR	1			75	76
CA			4	54	58
CO			1	62	63
CT	1				1
DE	1	1			2
FL			24 (District ME Offices)		24
GA	1	2	5	54	62
HI			1	4	5
ID				44	44
IL			1	101	102
IN				92	92
IA	1		99		100
KS			31 (district coroners)	105	136
KY	1	3		120	124
LA				64	64
ME	1				1
MD	1				1
MA	1				1
MI			83		83
MN			44	43	87
MS	1			82	83
MO			6	109	115
MT	1	1		56	58
NE				93	93
NV			1	16	17
NH	1				1
NJ	1	2	15		18
NM	1				1
NY			24	38	62
NC	1	1			2
ND	1	1		43	45
OH			2	86	88
OK	1	1			2
OR	1	2			3
PA			3	64	67
RI	1				1
SC				46	46
SD				66	66
TN	1	4			5
TX			11	243 (multiple JPs)	254
UT	1				1
VT	1				1
VA	1	3			4
WA			6	33	39
WV	1	1			2
WI			13	59	72
WY				23	23
TOTAL	25	25	390	1939	2379

95 Potential Accreditation Costs

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97 Fees charged by NAME and IAC&ME vary based on population, number of inspectors required,
98 whether the inspection is virtual (paper only) or on site, and whether the inspection is conducted
99 by NAME or IAC&ME. The costs shown in Table 2 are based on average costs and should give
100 a reasonable ballpark estimate of accreditation costs based upon the various types of offices.

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102 It is also important to take note that if NAME and IAC&ME were at some point accredited by
103 ISO or a similar body which approves entities to be accrediting bodies, the cost of initial
104 accreditation and ongoing accreditation costs would rise significantly above those depicted in
105 Table 2.

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107 ISO or similar approval for NAME and IAC&ME to be accrediting bodies

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109 As it stands now, NAME and IAC&ME would probably have difficulty in obtaining recognition
110 from ISO accrediting bodies. They lack adequate staff to meet the requirements, the accreditation
111 processes have to be an entity separate from the organization itself and have their own physical
112 plant. It is estimated that such approval would cost \$40,000 to \$60,000 per organization based
113 on the experience of other groups, and the process could take several years. Partnering with
114 existing ISO approved entities may make more sense.

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141 Table 2. Estimated costs for accreditation of each “tier” of office type.
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Office Type	Number	Estimated Cost Per	Initial Cost	Ongoing Yearly Cost at \$1000/per
State ME	25	\$5,000	125,000	25,000
Branch State ME	27	\$5,000	135,000	27,000
County ME or District ME or District Coroner	375	\$5,000	1,875,000	375,000
SUBTOTAL	427	\$5,000	2,135,000	427,000
Coroner Office (if paper only)	1939	\$1,000	1,939,000	1,939,000
Coroner office (if on-site visit)	1939	\$3,500	6,786,500	1,939,000
SUBTOTAL	1939	\$2,250 (average)	1,939,000 To 6,786,500	1,939,000
TOTAL	2366		4,074,000 To 8,921,500	2,366,000

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 146 Certification by ABMDI

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 148 It is difficult to know exactly how many professionals need to be certified by ABMDI. But
 149 foundationally as discussed above and shown in Table 1, there are 1,940 Coroner jurisdictions,
 150 plus the additional Deputy Coroners, Coroner Investigators, and Medical Examiner Investigators
 151 who would need to be accounted for as they require certification as well. Historically, some
 152 jurisdictions rely on police for conducting medicolegal death investigations, but this is generally
 153 because these offices have not traditionally had the resources to have their own dedicated
 154 professional medicolegal death investigators who would work closely with the forensic
 155 pathologists investigating cases from a medical perspective and support them in their
 156 determination of cause and manner of death. As previously outlined, based upon population, the
 157 estimated number of medicolegal death investigators needed nationally is approximately 3,000,
 158 however when accounting for all medicolegal professionals that would require ABMDI
 159 certification, the number approaches a total of 8,000, if all potentially eligible persons are
 160 included.

162 ABDMI certification costs \$450 and annual maintenance fees are \$50. Thus, estimated costs can
 163 be calculated as shown in Table 3.

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165 Table 3. Estimated cost of ABMDI certification

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Group	Number	Already ABDMI Certified or Registered (Estimated)	Need Certification	Initial Cost at \$450	Ongoing Maintenance Cost at \$50 per year
Investigators	6061	1200	4,861	2,187,450	303,050
Coroners	1939	300	1,639	737,550	96,950
Total	8000	1500	6,500	2,925,000	400,000

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168 In addition to the initial costs for certification, ABMDI requires 45 hours of continuing education
 169 credit every 5 years to maintain ABMDI certification. Some of this credit can be obtained via on-
 170 line continuing education programs, but it is recommended that funding be provided for the
 171 registration fee for two, one week CE-approved courses during the five year period for each
 172 eligible person. Thus, assuming an estimated \$600 registration fee for such courses, and that
 173 potentially 8,000 people would need to attend two courses during a five year period, the
 174 estimated costs to fund such training annually would be approximately \$1,920,000.

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176 Funding Strategy

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178 Federal funding to help defray costs associated with accreditation or certification could be
 179 dispersed via existing or new grant programs through Department of Justice agencies or offices
 180 such as the Office of Justice Program’s (OJP) National Institute of Justice (NIJ), or other federal
 181 entities such as the National Institute of Health (NIH). Agency reimbursement would occur
 182 when an entity or person produces proof of accreditation or certification, respectively.

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184 The estimated costs of such an endeavor, based on the assumption that a maximum expense
 185 approach is taken to ensure accreditation and certification of all eligible entities and
 186 professionals is as follows:

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Initial accreditation of all offices	\$8,921,500
Initial certification of all personnel	\$2,925,000
Total initial cost	\$11,846,500
Annual maintenance cost for accreditations	\$2,366,000
Annual maintenance cost for certifications	\$400,000
Annual cost of course registration fees	\$1,920,000
Total annual maintenance costs	\$4,686,000
ISO approval of NAME and IAC&ME	\$100,000 (plus staff and facility costs)

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189 The chart below shows an estimated need of federal funding to support reaching a 50%
 190 certification rate goal and a 75% accreditation rate goal over the next five years.
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Certification Rate	Certification Costs	Accreditation Rate	Accreditation Costs
10% Year 1	Initial \$292,500 Maintenance 40,000 Total \$332,000	15%	Initial \$1,338,225 Maintenance 354,900 Total \$1,693,125
10% Year 2	Initial \$292,500 Maintenance 80,000 Total \$372,000	15%	Initial \$1,338,225 Maintenance 709,800 Total \$2,048,025
10% Year 3	Initial \$292,500 Maintenance 120,000 Total \$412,000	15%	Initial \$1,338,225 Maintenance 1,064,700 Total \$2,402,925
10% Year 4	Initial \$292,500 Maintenance 160,000 Total \$452,000	15%	Initial \$1,338,225 Maintenance 1,419,600 Total \$2,757,825
10% Year 5	Initial \$292,500 Maintenance 200,000 Total \$492,000	15%	Initial \$1,338,225 Maintenance 1,774,500 Total \$3,112,725
50% of eligible persons certified within 5 years	Total \$2,060,000	75% of all eligible offices accredited within 5 years	Total \$12,014,625

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 193 As shown, the total cost for certification and accreditation would increase annually from a first
 194 year total of \$2,025,125 in year one to a total of \$3,604,725 by year five, with a total cost of
 195 \$14,074,625 over the five year period. This plan would enable certification of 50% of personnel
 196 and accreditation of 75% of offices. Added to this would be an approximate \$192,000 per year
 197 for continuing education course registration fees.

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