



The National Association of Medical Examiners®

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The National Association of Medical Examiners (NAME) is the national professional organization of physician medical examiners, medicolegal death investigators and death investigation system administrators who perform the official duties of the medicolegal investigation of deaths in the United States.

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The opioid crisis is defined by the number of overdose deaths. Each death should be autopsied by a forensic pathologist and a complete forensic toxicologic analysis performed. The cause and manner of death should be determined from the circumstances of the death, the medical history, an autopsy, and the interpretation of the toxicology results and then officially documented on a death certificate, which goes to the Centers for Disease Control and Prevention (CDC) for inclusion in the National Vital Statistics System. The forensic pathologist performs this medicolegal death investigation as a medical examiner or for a coroner. Indeed, it is the duty of medicolegal death investigation authorities to accurately determine the cause and manner of non-natural deaths. On behalf of society, central and peripheral blood, vitreous, bile, gastric content, liver, kidney, and brain are collected for toxicologic analysis that complies with standards useful to courts of law. No other agency has such authority to perform such comprehensive testing, that may be more sensitive, specific, and capable of testing novel psychoactive substances than clinical labs. Medical examiner and coroner offices are being recognized for the drug surveillance function that they perform--as noted in the congressional testimony of Dr. Debra Houry on Mar 21, 2017 (<https://www.cdc.gov/washington/testimony/2017/t20170321.htm>). It was the medical examiner community that first became aware of deaths due to fentanyl, carfentanyl, and other fentanyl derivatives. This mortality data is the basis for declaring the opioid crisis a national emergency. This mortality data is used to apportion funding to states on the basis of need. This mortality data will be used to measure the federal governmental response. The linkage of mortality to the drug use has been the basis for recent temporary emergency scheduling of new fentanyl derivatives. Unfortunately, there are many nodes in death investigation that are responsible for missed cases, including failures of referral, investigation, testing, interpretation, and certification. Some have estimated a 20% under-reporting of drug overdose deaths. Opioids and novel psychoactive substances also result in deaths from motor vehicle accidents, violence from drug dealing, and suicides. The caseload across the nation have strained medical examiner and coroner offices (see for example: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/07/06/opioid-overdose-deaths-swamp-medical-examiners> or <https://www.nbcnews.com/health/health-news/overdose-deaths-overwhelm-coroners-n598001>). Some medical examiner offices have lost accreditation or are facing loss of accreditation due to workload standards (see: <https://www.usnews.com/news/connecticut/articles/2017-02-15/connecticut-medical-examiners-office-loses-accreditation>), while some other offices have chosen to forego autopsies or even to forego forensic toxicology testing (see <https://apnews.com/08e507efe2b440fb81eda5278f5c05c5>) --ironically due to the fiscal impact of the opioid crisis. Crucially, the prevention, interdiction, and treatment efforts by the government have overlooked the need to adequately resource the forensic pathology and forensic toxicology community that are on the frontlines of this crisis.

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The Commission should consider the following recommendations:

- An Office of Forensic Medicine should be established within the CDC to assist the medical examiner and coroner community.
- CDC efforts for data sharing should be expanded.
- The federal government should make efforts to increase the forensic pathology workforce by: 1) subsidizing forensic pathology fellowships (currently the only area of medical education not subsidized by HHS because the programs are not part of the healthcare system), 2) expanding the NIJ forensic pathology fellowship grant program, 3) granting waivers to stay in the U.S. to H1 visa holders in forensic pathology fellowships, 4) permit J1 visas for foreign forensic pathologists, and 5) student loan waivers for practicing forensic pathologists.
- Instrumentation grants for forensic toxicology should be established for medical examiner and coroner offices and forensic academic programs.
- The NIJ Coverdell grant program should be expanded to provide formula grant operational assistance to state and local medical examiner offices towards the goal of detection of all overdose cases and autopsy and full toxicology testing in all cases.
- Ensure all medical examiner and coroner offices have facile access to Prescription Drug Monitoring Programs.
- Ensure that NIDA generates information of novel psychoactive substance pharmacology and effects for potential metabolite testing and interpretation of levels.

*Indicates Member of Executive Committee