

DEATH REGISTRATION WORKGROUP MEETING NOTES

January 27, 2016

Regular text = paraphrased discussion

Italics=Department's response

Bold, italics, and indented=rule with changes highlighted

R9-19-302(A)(1)(d)(iii)

A comment was made that “dead on arrival” is listed on the Death Worksheet, but is never used. An individual pronounced dead at an emergency department would be listed as an outpatient of the hospital.

There is a field in the specifications for the National Center for Health Statistics (NCHS) that includes “dead on arrival” as a possible field entry. The Department has documentation that the field entry is used. To be consistent with the specifications, the Department will continue to list the entry as a possible response, even if it is not used often. The Department does not plan to make a change to the rule.

R9-19-302(A)(1)(j)

A comment was made that the subsection should reference tribal membership.

The Department reviewed other places in the rules where tribes or a tribal community were mentioned. To be consistent with other places in the rules, the Department plans to change the rule as follows:

- i. If the deceased individual was a member of a tribe recognized by the Federal Bureau of Indian Affairs Office of Federal Acknowledgement under 25 CFR Part 83, the name of the tribe:***

R9-19-303

A comment was made that most funeral homes have their own electronic systems to track their cases and would like to be able to import the information collected in their systems directly into VSIMS, rather than re-entering it. *This situation is not an issue to be addressed in rule.*

R9-19-303(C)(1)(b)(1)

A comment was made that there may be a difference of opinion as to the manner of death, with a physician other than a medical examiner listing the manner of an individual’s death as “Accidental” or some other manner, other than “Natural Causes.”

The Department anticipates that “Natural Causes” will be listed as the “manner of death” for almost all medical certifications of death submitted by a health care provider other than a medical examiner. However, the Department does not have the authority to influence the medical opinion/judgment of a medical certifier attesting that a deceased individual’s death occurred, to the best of the medical certifier’s knowledge, due to the stated cause and manner of death. The Department does not plan to make a change to the rule.

R9-19-303(D)(2)(b)(i)

A comment was made that a medical examiner being required to provide the “name of a health care provider who had been providing current care to the deceased individual for an acute condition or a chronic condition from which the deceased individual died” would essentially mean that the medical examiner would first have to determine the cause of death, then determine what health care provider had been treating the deceased individual for that condition. The suggestion was made that the rule be changed to remove “for an acute condition or a chronic condition from which the deceased individual died” from the rule.

Another comment was made that some physicians do not feel comfortable with providing cause of death and/or may not fully understand the current statutes or rules concerning cause of death.

Still another comment was made that nurse practitioners are only allowed by the Nursing Board to sign a medical certification of death if they have taken additional training and been certified to do so. The training is voluntary, so some nurse practitioners deliberately refrain from taking the training so they are not allowed to sign a medical certification of death.

A question was asked about what happens if there are multiple health care providers providing current care to the deceased individual?

A.R.S. 11-593 was revised by Laws 2012, Ch. 60 to change a circumstance under which a death would need to be reported to a peace officer from “Death when not under the current care of a physician or nurse practitioner for a potentially fatal illness or when an attending physician or nurse practitioner is unavailable to sign the death certificate” to “Death when not under the current care of a health care provider as defined pursuant to section 36-301.” This change increases the responsibility of health care providers for signing a medical certification of death and reduces the burden on medical examiners. Since this change is fairly recent, some health care providers may not be aware of the change. Nor may the Board of Nursing have made changes to accommodate the revised statute. Before making any further changes to the rule, the Department believes that the issue needs to be discussed with the professional boards, physicians, and nurse practitioners, as well as medical examiners and local registrars.

R9-19-303(D)(3)

A question was asked about whether the 72 hours can be extended.

No, the time frame within which the State Registrar or a local registrar is required to register a death record is specified in A.R.S. § 36-325(B).

R9-19-304(A)(1)

A comment was made that a medical examiner should not have to provide a written statement every time the medical examiner declines to accept jurisdiction according to A.R.S. § 11-593. Another comment was made that the medical examiner of one county and the local registrar are under the same supervisor, so the medical examiner routinely declines jurisdiction by phone. A question was asked about whether a written statement about jurisdiction and name of the health care provider providing current care could be provided “by request.”

The Department needs to ensure that documentation of a medical examiner’s determination of jurisdiction exists and is available. Since some medical examiners may share information with local registrars on a regular, but informal, basis, while others may not, the Department plans to change the rule as follows:

- A. If a medical examiner of the registration district where a deceased individual’s death occurred is notified according to A.R.S. § 11-593(B), the medical examiner shall determine whether the deceased individual died under any of the circumstances described in A.R.S. § 11-593(A) and:**
 - 1. If the medical examiner determines that the deceased individual did not die under any of the circumstances described in A.R.S. § 11-593(A):**
 - a. Document:**
 - i. The medical examiner’s determination that the medical examiner does not have jurisdiction according to A.R.S. § 11-593, and**
 - ii. The name of a health care provider who had been providing current care to the deceased individual; and**
 - b. Provide, upon request, a copy of the documentation in subsection (A)(1)(a) to the State Registrar or a local registrar or deputy local registrar of the registration district where the deceased individual’s death occurred; and**

A comment was made that requirements in R9-19-304 should also apply to the tribal law enforcement cases as well. A medical certification of death may be signed by a tribal law enforcement authority under A.R.S. § 36-325(I). If acting as a medical certifier, a tribal law enforcement authority would follow the requirements in R9-19-303. If acting as a medical examiner, a tribal law enforcement authority would follow the requirements in R9-19-304.

R9-19-306(A)(1)

A comment was made that the wording in R9-19-306(A)(1) should be made consistent with the wording in R9-19-304(A)(1).

The Department agrees and plans to change the rule as follows:

- A. If a medical examiner of the registration district where a fetal death occurred is notified according to A.R.S. § 11-593(B), the medical examiner shall determine whether the fetal death occurred under any of the circumstances described in A.R.S. § 11-593(A) and:**

- 1. If the medical examiner determines that the fetal death did not occur under any of the circumstances described in A.R.S. § 11-593(A):**
 - a. Document:**
 - i. The medical examiner's determination that the medical examiner does not have jurisdiction according to A.R.S. § 11-593, and**
 - ii. The name of a health care provider who had been providing current care to the deceased's mother; and**
 - b. Provide, upon request, a copy of the documentation in subsection (A)(1)(a) to the State Registrar or a local registrar or deputy local registrar of the registration district where the fetal death occurred; and**

R9-19-310(C)

A comment was made that a funeral director may sometimes get a request from a consulate asking, on behalf of the family, that a registered death record for a deceased individual be amended. The assumption is that the family is providing the information to the consulate office. These families live outside of the U.S. and travel long distances or do not have the means to complete an affidavit and/or get anything notarized. The families communicate with the consulate offices via phone or mail. A question was asked why an affidavit from a family member is needed when the consulate, not the family, is making the request.

The Department believes that the State Registrar, not a funeral director or local registrar, should be communicating with a consulate in such a situation. The Department is reviewing to determine the information that would be sufficient to amend the deceased individual's registered death record, based on a request by a consulate.