

NEW MEXICO BOARD OF MEDICAL INVESTIGATORS
DRAFT MINUTES OF GENERAL MEETING – January 13, 2025

NM Office of the Medical Investigator
The University of New Mexico Health Sciences Center

BOARD PRESENT:

Patricia Finn, MD

Vice Chair

Troy Weisler

Board Secretary

Kent House

Board Member

Josett Monette

Board Member

Dean, UNM School of Medicine

Chief, New Mexico State Police

Chair, New Mexico Board of Funeral Services

Cabinet Secretary, New Mexico Dept. of Indian Affairs

BOARD ABSENT:

Gina DeBlassie

Chair

Interim Cabinet Secretary, New Mexico Dept. of Health

ATTENDEES:

Natalie Adolphi, PhD

Amy Atiano

La Vonda Bowens Woodard

Paul Carbajal

Anthony Cervantes

Felicia Cervantes

Lauren Dvorscak, MD

Gina Endlich Terrazas

Heather Jarrell, MD

Nancy Joste, MD

Sara Navarrette

Charlene Perales

Kyla Sorensen

Director of the Center for Forensic Imaging, OMI

HR Administrator 2, OMI

Director of Operations, OMI

Administrative Assistant 3, OMI

Administrative Officer, OMI

Fiscal Service Tech, OMI

Deputy Chief Medical Investigator, OMI

Administrative Assistant 3, OMI

Chief Medical Investigator, OMI

Professor, Chair, UNM Dept. of Pathology

Associate University Counsel, UNM HSC

Administrative Assistant 3, OMI

Supervisor, Fiscal Services, OMI

** This is a preliminary draft of the January 13, 2025, minutes as interpreted by the clerk of the board for use in preparing the official minutes. It is expected that there will be corrections, additions, and/or omissions before the final minutes are reviewed and officially approved by the Board of Medical Investigators.**

1. **CALL TO ORDER AND CONFIRMATION OF QUORUM**

Vice Chair, Patricia Finn called the meeting to order at 2:02 PM and confirmed a quorum.

2. **ADOPTION OF THE AGENDA (action item)**

Vice Chair Finn asked for a motion to adopt the agenda. Secretary Monette **MOVED**. Chief Weisler **SECONDED**. Motion **CARRIED**.

3. **VOTE TO APPROVE MEETING MINUTES (action item)**

a. June 25, 2024, General Meeting

b. October 7, 2024, Special Meeting

Vice Chair Finn asked for a motion to approve the meeting minutes. Chief Weisler **MOVED**. Secretary Monette **SECONDED**. Motion **CARRIED**.

4. **ELECTION OF BOARD CHAIRMAN (action item)**

Vice Chair Finn asked the board members if there were any self-nominations for the position of board chair. There were none. Subsequently, Dean Finn nominated herself for the role, noting that she had spoken with Secretary Gina DeBlassie, who expressed her willingness to serve as chairman on the board.

Vice Chair Finn proceeded to call out nominees for the position of board chair by name and conducted a vote among the board officers. The vote was carried out by a show of hands for those in favor.

- Patricia Finn: 4 votes (hands raised)

- Gina DeBlassie: 0 votes (no hands raised)

As a result, all board officers voted to elect Patricia Finn as the new Chairman of the OMI Board. Subsequently, Chair Finn requested that Secretary DeBlassie be appointed as the Vice Chairman. The board officers unanimously agreed, with all raising their hands in favor.

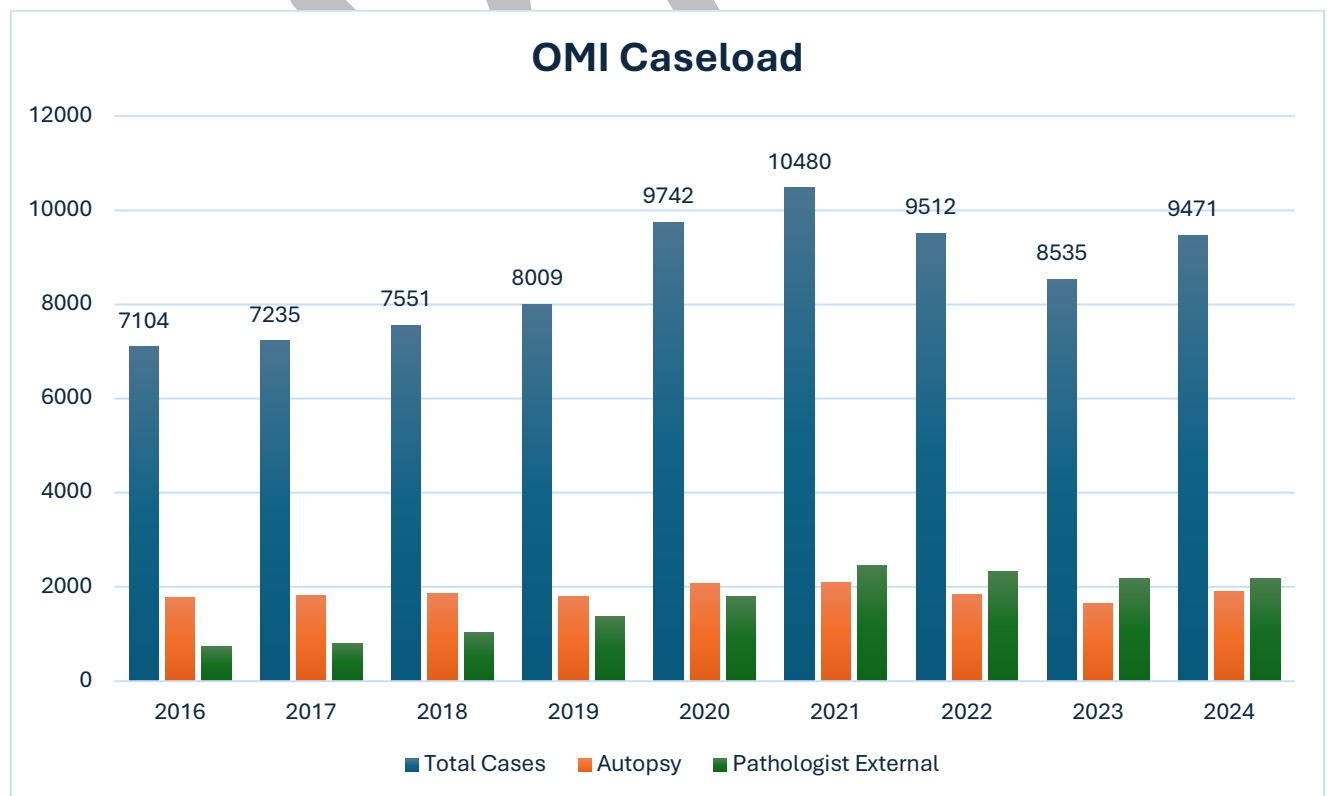
Consequently, Patricia Finn was named the new Board Chairman, and Gina DeBlassie was named the new Vice Chairman.

5. **REPORT FROM THE CHIEF (information item)**

Case Load:

Dr. Jarrell opened her report by presenting a graph illustrating OMI caseload trends. Historically, prior to 2019, the OMI experienced caseload increases of approximately 4-6% annually. However, in 2020, there was a significant 21% increase, followed by another increase in 2021 compared to 2020. The subsequent years, 2022 and 2023, saw changes of 9.2% and 10.2% respectively. For 2024, caseloads increased by 11% compared to 2023.

Dr. Jarrell noted that predicting trends for 2025 is difficult, posing challenges for planning purposes. Excluding the pandemic years (2020-2022), there was a 7% increase from 2019 to 2024. Additionally, there are approximately 450 cases still open from 2024, making it challenging to compare homicide numbers with previous years.



Research and Public Service Program (RPSP) Funding, FY26:

Total Request: \$4,071,095

Need	Cost
Market driven salary increases to retain current Medical Examiners	\$726,190
Reorganization cost to manage caseload	\$1,617,977
One-year bridge funding to transition locum tenens to permanent Forensic Pathologists	\$1,247,958
Pathology Assistants to manage increased caseload	\$478,970

Research and Public Service Program (RPSP) Funding, FY26:

Chief Medical Investigator, Dr. Heather Jarrell, introduced the FY26 Legislative Funding Request (RPSP) agenda topic with a presentation slide. She explained that the Research and Public Service Projects (RPSP) program is the process through which the University of New Mexico (UNM) requests funding from the legislature. In this context, the Office of the Medical Investigator (OMI) is categorized under higher education. Dr. Jarrell highlighted the budget line item that addresses the need for market-driven salary increases to retain current Medical Examiners (Forensic Pathologists). She underscored the nationwide shortage of forensic pathologists, noting that most are not affiliated with a university. As a result, medical examiner offices across the country face challenges in hiring and retaining staff. Competing offices have addressed this issue by offering salary increases, making it difficult for UNM to match these compensation packages.

Dr. Heather Jarrell emphasized the necessity for funding to support locum tenens, who are vital in addressing the shortage of forensic pathologists at the Office of the Medical Investigator (OMI). These temporary professionals help manage caseloads, ensuring the number of cases handled by each forensic pathologist remains within the maximum allowable limit, to avoid risking the office's accreditation.

To further manage the increased caseload, Dr. Jarrell mentioned that the OMI has also hired Pathologist Assistants, contributing to the overall efficiency and effectiveness of the office.

Ongoing and Future Projects:

During her report, Dr. Heather Jarrell addressed ongoing and future projects. She reminded the board that she had secured \$3.4 million in funding to replace outdated and malfunctioning autopsy tables. Although a recent challenge arose regarding the legal language of the bill, this issue has been resolved. The project is expected to be on the State Board of Finance agenda in February. This development necessitates swift action, as the funds must be expended by the end of the fiscal year.

Dr. Jarrell noted the absence of our state representative for the next discussion topic but summarized the project that began in 2020 with the New Mexico Department of Health (DOH) where we will integrate our case management system with the NM Bureau of Vital Statistics for the purpose of efficient death certification.

Legislative Updates

Autopsy Photos:

Dr. Jarrell outlined her legislative priorities, focusing on two key areas. One significant topic is the status of autopsy photos as public records. She presented a slide that detailed the existing administrative code, emphasizing that "photographs or other parts of a case file are protected by executive privilege and may be released only with specific authorization from the chief medical investigator" following justification of a legitimate purpose and receipt of an administrative processing fee.

Dr. Jarrell explained that autopsy photos are graphic, often depicting substantial bodily harm, nudity, and internal body views. She referenced the IPRA (Inspection of Public Records Act) guidelines for Law Enforcement Records, which provide exemptions for photographs showing a deceased body unless a law enforcement officer is involved in or has caused the death. Additionally, photos revealing significant bodily harm or nudity are exempt.

As the chief medical investigator, Dr. Jarrell highlighted that their autopsy photos also contain such content. She noted the original legislative intent was to exempt law enforcement photographs from being public records, but because medical examiners are not classified as law enforcement, their photos remain public.

Dr. Jarrell also presented precedents from other states where medical examiners' photographs are not part of public records. She further reminded the board that courts typically do not allow juries to view these photos, emphasizing the risk of exploitation if such images are released to the public, especially on social media and other platforms.

NMAC 7.3.2.14 RECORDS:

A. Citations and Regulations:

(2) 24-11-8 NMSA 1978 - The state or district medical investigator shall promptly report his findings, or the findings of a deputy medical investigator that has performed an investigation under his direction, to the district attorney in each death investigated. Upon request of the district attorney, the state or district medical investigator shall send a complete record of the medical investigation in any case, including a transcript of the testimony of witnesses examined at any inquest.

(3) Memorandum: "Records of the office of the medical investigator" legal opinion, university of New Mexico legal counsel, September 1983: Public records: Internal correspondence is protected by executive privilege; Records from other agencies are exempt.

(4) COMPLIANCE GUIDE - The Inspection of Public Records Act, Sections 14-2-1, to 14-2-3, NMSA 1978, state of New Mexico, office of the attorney general, September 30, 1980.

B. Policy: Records documenting the investigation and subsequent findings of those investigations of deaths reported to the OMI are prepared and stored and made available for appropriate and legitimate requests. The central OMI is the record repository, and all reports, investigative findings, slides and photography and any other material gathered during a death investigation anywhere in the state shall be forwarded to the central office. The information gathered in the course of these investigations is compiled at public expense. Therefore, any person having a legitimate cause for requesting specific reports or any information concerning the cause and manner of death, may do so from the central OMI and shall receive the reports after prepaying an administrative processing fee. Computer generated statistics are available upon legitimate request and prepayment of a designated fee. Internal correspondence, represented by reports, memoranda, opinions, photographs or other parts of a case file are protected by executive privilege and may be released only by specific authorization of the chief medical investigator when a legitimate purpose has been demonstrated and an administrative processing fee has been received. Records within case files obtained from other agencies, including hospitals, mental health facilities, law enforcement agencies, or physicians' records, may not be released by the OMI. These documents must be requested from the primary source of the record.

IPRA

Law Enforcement Records

§ 14-2-1.2(A)(3)-(7) with Commentary (3) visual depiction of a dead body, unless a law enforcement officer, acting in that capacity, caused or is reasonably alleged or suspected to have caused the death; (4) visual depiction of great bodily harm, as defined in Section 30-1-12 NMSA 1978, or acts of severe violence resulting in great bodily harm, unless a law enforcement officer, acting in that capacity, caused or is reasonably alleged or suspected to have caused the great bodily harm or act of severe violence; (5) visual depiction of an individual's intimate body parts, including the genitals, pubic area, anus or postpubescent female nipple, whether nude or visible through less than opaque clothing; (6) visual or audio depiction of the notification to a member of the public of a family member's death; (7) confidential sources, methods or information;

California Code of Civil Procedure, Chapter 6, Article 2

(a) Notwithstanding any other law, a copy, reproduction, or facsimile of any kind of a photograph, negative, or print, including instant photographs and video recordings, of the body, or any portion of the body, of a deceased person, taken by or for the coroner at the scene of death or in the course of a post mortem examination or autopsy, shall not be made or disseminated except as follows:

(1) For use in a criminal action or proceeding in this state that relates to the death of that person.

(2) As a court of this state permits, by order after good cause has been shown and after written notification of the request for the court order has been served, at least five days before the order is made, upon the district attorney of the county in which the post mortem examination or autopsy has been made or caused to be made.

(3) For use or potential use in a civil action or proceeding in this state that relates to the death of that person,

Texas Code of Criminal Procedure, Chapter 49.25, section 11

Sec. 11. RECORDS. (a) The medical examiner shall keep full and complete records properly indexed, giving the name if known of every person whose death is investigated, the place where the body was found, the date, the cause and manner of death, and shall issue a death certificate. The full report and detailed findings of the autopsy, if any, shall be a part of the record. Copies of all records shall promptly be delivered to the proper district, county, or criminal district attorney in any case where further investigation is advisable. The records may not be withheld, subject to a discretionary exception under Chapter 552, Government Code, except that a photograph or x-ray of a body taken during an autopsy is excepted from required public disclosure in accordance with Chapter 552, Government Code, but is subject to disclosure:

(1) under a subpoena or authority of other law; or

(2) if the photograph or x-ray is of the body of a person who died while in the custody of law enforcement.

(b) Under the exception to public disclosure provided by Subsection (a), a governmental body as defined by Section 552.003, Government Code, may withhold a photograph or x-ray described by Subsection (a) without requesting a decision from the attorney general under Subchapter G, Chapter 552, Government Code. This subsection does not affect the required disclosure of a photograph or x-ray under Subsection (a)(1) or (2).

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Primary Care Physician's (PCPs) and Death Certificate:

Dr. Jarrell highlighted her next legislative priority that she would like to see changed. Dr. Jarrell presented State Statute 24-14-20 to address issues related to jurisdiction terminated (JT) and non-accept death cases. In these situations, OMI responds to unattended deaths and if it is determined to be a natural death, jurisdiction is relinquished. Dr. Jarrell identified two areas for improvement in the statute. Firstly, in section C, she proposed allowing physician assistants (PAs) to sign death certificates to prevent instances where primary care physicians (PCPs) refuse to sign based on the involvement of a PA. Secondly, in section F, she suggested extending the timeframe from 10 days to one year since the last treatment by a physician before OMI must assume jurisdiction, aligning with practices in other states. Dr. Jarrell cited the precedent set by the Miami-Dade Medical Examiner's office, where a fee is charged to PCPs who refuse to sign, as a model for OMI.

- Every year, approximately 200 deaths fail to be certified by primary care physicians, requiring the OMI to accept jurisdiction in order to provide a death certificate.
- The OMI must subpoena the PCP's medical records for review to issue the death certificate.
- Death certificate often requires decedent transport, as well as a field deputy medical investigator examination, for which the OMI incurs the expense. Costing the OMI about 60K a year.

State Statute 24-14-20:

- A. A death certificate for each death that occurs in this state shall be filed within five days after the death and prior to final disposition. The death certificate shall be registered by the state registrar if it has been completed and filed in accordance with this section, subject to the exception provided in Section 24-14-24 NMSA 1978
- C. The medical certification shall be completed and signed within forty-eight hours after death by the physician or nurse practitioner in charge of the patient's care for the illness or condition that resulted in death, except when inquiry is required by law. Except as provided in Subsection D of this section, in the absence of the physician or nurse practitioner, or with the physician's or the nurse practitioner's approval, the medical certification may be completed and signed by the physician's associate physician or the nurse practitioner's associate nurse practitioner, the chief medical officer of the institution in which death occurred or the physician who performed an autopsy on the decedent; provided that the individual has access to the medical history of the case and views the deceased at or after death and that death is due to natural causes.
- D. Unless there is reasonable cause to believe that the death is not due to natural causes, a registered nurse employed by a nursing home may pronounce the death of a resident of the nursing home and a registered nurse employed by a hospital may pronounce the death of a patient of the hospital. The nurse shall have access to the medical history of the case and view the deceased at or after death, and the individual who completes the medical certification shall not be required to view the deceased at or after death. The death shall be pronounced pursuant to procedures or facility protocols prescribed by the hospital for patients or by the physician who is the medical director of the nursing home for residents. The procedures or facility protocols shall ensure that the medical certification of death is completed in accordance with the provisions of Subsection C of this section
- F. When death occurs without medical attendance as set forth in Subsection C or D of this section or when death occurs more than ten days after the decedent was last treated by a physician, the case shall be referred to the state medical investigator for investigation to determine and certify the cause of death.

Proposed Change: "when death occurs more than 365 days after the decedent was last treated by a physician."

Dr. Jarrell presented a slide illustrating example of precedents where similar changes have been implemented.

According to Florida Statute 382.008(3), as of July 1, 2013, all records on natural cases must be filed by the decedent's primary or attending physician. This is the physician who treated the decedent through examination, medical advice, or medication during the **12 months** preceding the date of death.

Website: http://www.floridahealth.gov/certificates/certificates/EDRS/documents/DH150-849MD_brochure.pdf

Miami-Dade County will charge an administrative fee of \$770.00 to a primary or attending physician refusing to certify a natural death falling under Florida Statute 382.008(3), thereby requiring the medical examiner to bring the case in for proper certification. A fee of \$220.00 will be charged if the medical examiner must amend a natural death record filed by an attending physician.

6. **BUDGET (information item)**

Dr. Jarrell presented an overview of the OMI FY25 income statement projections for the period from July 1, 2024 – June 30, 2025.

OMI FY25 Income Statement Projections 7/1/24 - 6/30/25		
Revenue		
Operating Revenue		
	State Appropriations: Recurring	\$10,955,600
	State Appropriations: One-Time for Capital Projects	\$3,465,100
	University Hospital Revenue	\$622,707
	Sandoval Regional MC Revenue	\$43,382
	Cremation Permits	\$3,371,931
	Other Sales and Services	\$1,257,139
	NYU RECOVER Cohort Autopsy Study	\$46,444
Intra University Activities		
	Gains from Sponsored Projects	\$41,147
	Transfer & Allocation	(\$3,605,796)
	FEMA Covid-Related Reimbursement	-
Total Revenue		\$16,197,654
Expenses		
	Salary & Fringe	\$10,615,530
	Locum Tenens - Forensic Pathologists	\$1,189,822
	Body Transportation	\$1,984,912
	Utilities & Plant Maintenance (SLD, Security, Kone Elevator, Pest Control, etc...)	\$693,863
	Equipment Warranties (CME annual license, Siemens, CT Scanner mis maintenance, etc...)	\$304,381
	Services (CLEAR database, records storage, PACS, Grief Consult, TriCore, etc...)	\$153,564
	Patient Care Expenses (PPEs, Body Bags, Formalin, etc...)	\$298,242
	NMS	\$160,888
	Other Expenses (Appr's Overhead, travel, FDMIs mileage reimb, Supplies, Banner tax, etc...)	1,572,986.93
Total Expenses		\$16,974,189
FY25 Projected Net Margin		(\$776,535)
FY23 Reserves		\$134,886
FY24 Reserves		\$599,965
FY25 Overall Projected Net Balance: Utilizing Only FY24 Reserves		\$ (176,570)

7. **DEATHS ON NON-OMI JURISDICTIONAL LANDS (information item)**

Dr. Jarrell presented a slide highlighting the administrative code related to this agenda item and expressed her intention to engage the board in a discussion, noting the involvement of other agencies and stakeholders. She explained the two criteria that determine OMI jurisdiction over deaths: all non-natural deaths, and in certain instances, some natural deaths that occur within the State of New Mexico. Dr. Jarrell further clarified that jurisdiction for medical examiners can differ from law enforcement jurisdiction. Specifically, if a death occurs on state land, OMI assumes jurisdiction, except for cases on tribal lands and military installations. She reviewed the slide displaying the administrative code.

NMAC 7.3.2.10

REPORTING DEATHS:

D. Jurisdiction: The OMI will respond and take custody of a body in those reportable deaths that occur within the state of New Mexico, excluding Indian reservations and military installations. On Indian reservations and military installations, the OMI will respond as investigative consultants when so invited and when reimbursed for the service as defined in a legal contract or by agreement. In cases where the event leading to the death occurs on state land, but the individual is taken to a federal facility for emergency treatment, and is pronounced dead there, the death is to be reported to the OMI representative if the circumstances of the event are reportable, as defined in this manual.

Dr. Jarrell highlighted that the board meeting packet includes an example of an outdated Memorandum of Understanding (MOU) with Kirtland Air Force Base, which is set to change. The Armed Forces Medical Examiner System is coming under new leadership, which intends to take jurisdiction over all deaths occurring on military installations. While Kirtland is entirely federal, other installations like Cannon, Holloman, and White Sands are not exclusively so. Dr. Jarrell asked if the new leadership wishes to take jurisdiction over civilian deaths on military bases, and the answer was affirmative. She reminded them that Sandia National Labs is located on Kirtland, and in the event of a mass fatality, asked if they would want OMI's assistance, to which they agreed. Similar jurisdictional guidelines apply to non-native individuals who die on tribal land: if a death does not occur on state land, the OMI does not have jurisdiction. However, if a death occurs on a roadway traversing tribal land that belongs to the state, the OMI would have jurisdiction.

Secretary Monette inquired whether OMI currently holds MOUs with any nations, pueblos, and tribes within New Mexico, similar to the one with Kirtland Air Force Base. Dr. Jarrell confirmed that OMI has agreements with the Navajo Nation and the Bureau of Indian Affairs, which cover the majority of pueblos in New Mexico. Dr. Jarrell also confirmed that the OMI holds an MOU with the FBI.

8. **PUBLIC COMMENT**

No public comment.

9. **VOTE TO CLOSE THE MEETING AND PROCEED IN CLOSED SESSION**

Chair Finn requested a roll call to transition to an executive session. Anthony Cervantes conducted the roll call:

Dean Finn - Yes

Chief Weisler - Yes

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Kent House – Yes
Secretary Monette – Yes

All were in favor, General session closed at 2:41 PM

Board members and the following attendees were permitted to enter the closed session:
Heather Jarrell, MD, Chief Medical Investigator, OMI
Sara Navarrette, Associate University Counsel, UNM HSC

10. **RE-OPEN THE GENERAL MEETING**

The general meeting re-opened at 2:51 PM. Chair Finn certified that only matters described in the executive session agenda were discussed during closed session and there is no final action to take.

11. **ADJOURNMENT**

Chair Finn asked for a **MOTION** to adjourn. Chief Weisler **MOVED** to adjourn the meeting. All were in favor. The meeting **ADJOURNED** at 2:52 PM