

Assembly Bill No. 3145

CHAPTER 827

An act to amend Section 27491.44 of the Government Code, and to add Section 7184.5 to the Health and Safety Code, relating to coroner's inquests.

[Approved by Governor September 22, 1996. Filed with Secretary of State September 24, 1996.]

LEGISLATIVE COUNSEL'S DIGEST

AB 3145, Granlund. Coroner's inquests: anatomical gifts.

Existing law requires the coroner of each county to conduct an inquest of deaths that occur under specified circumstances. Existing law, known as the Uniform Anatomical Gift Act, permits persons, under specified conditions, to donate all or parts of their body for specified purposes after their death. Existing law authorizes a coroner to, among other things, assist in the implementation of the Uniform Anatomical Gift Act.

This bill would authorize a coroner to enter into agreements with one or more procurement organizations to coordinate organ recovery procedures and to contract with, or receive assistance of any kind from, any public or private entity in order to provide prescribed types of education and training for the coroner's personnel.

Existing law requires each general acute care hospital to develop a protocol for identifying potential organ and tissue donors that requires certain inquiries to be made or that provides for the hospital to contact an organ and tissue procurement organization at the time a potential donor is identified and for the procurement organization to make those inquiries.

This bill would require, for any agreement between a coroner or medical examiner and a procurement organization for the release and removal of organs of bodies within his or her custody, the procurement organization to develop a protocol for organ recovery that is approved by the coroner or medical examiner prior to release or removal of any organs from bodies and that contains certain procedures and requirements.

This bill would permit a health care provider to release relevant information of the deceased to the procurement organization, the coroner, or the medical examiner.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature hereby finds and declares that:



(1) In 1996, more than 44,000 Americans and more than 3,000 Californians are awaiting suitable organs from potential donors for life-saving or prolonging transplants.

(2) In 1996, as many as 1,000 Californians will die or will cease to be viable transplant candidates while awaiting organ donations.

(3) While enactment and implementation of the Uniform Anatomical Gift Act and subsequent amendments has had a salutary effect on organ donations, more can be done to increase donation of organs for transplantation.

(4) Since 1991, the County of San Bernardino has had in place a protocol governing the recovery of organs in coroner's cases that has protected forensic pathology and other evidence needed by the coroner in suspicious death cases, thereby permitting timely release and recovery of organs for transplantation.

(5) Over 18 months after its introduction and implementation, application of that protocol resulted in an increase in organ donations of 60 percent without compromising evidentiary standards in any coroner's case.

(6) That protocol has succeeded in its implementation largely due to extraordinary cooperation between public and law enforcement officials, health professionals, and organ procurement and recovery agencies and teams.

(b) It is the intent of the Legislature in enacting this act to encourage the adoption of similar protocols in appropriate counties by fostering agreements between organ procurement agencies and county coroners for that and related purposes.

SEC. 2. Section 27491.44 of the Government Code is amended to read:

27491.44. Notwithstanding any other provision of law, the coroner is authorized to do all of the following:

(a) Assist the people of this state, as appropriate, in the implementation of the Uniform Anatomical Gift Act contained in Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7 of the Health and Safety Code, and in the otherwise lawful utilization of medically proven organ and tissue transplant procedures.

(b) Cooperate in the authorized removal and timely disposition of human organs and tissue from the bodies of deceased persons, including victims of homicide, in accordance with law and accepted medical practice.

(c) Assist medical and health service agencies in identifying donors of human organs and tissues, for purposes of providing life-enhancing benefits of transplant surgery to recipients under duly sanctioned medical conditions.

(d) Ask the deceased person's next of kin, at the time of notification of death, whether the deceased was a donor or if the family was a donor family. If not, the coroner is authorized to inform them of their option to donate viable organs and tissues.



(e) Enter into agreements with one or more procurement organizations to coordinate organ recovery procedures within that coroner's jurisdiction or in cooperation with other coroners throughout the state.

(f) Contract with or receive assistance of any kind from any public or private entity for the purpose of providing education and training to his or her personnel in pathology or any other area of the healing arts and sciences that will assist in timely determination of the causes of death.

SEC. 3. Section 7184.5 is added to the Health and Safety Code, to read:

7184.5. (a) In conjunction with entering into any agreement with any coroner or medical examiner for release and removal of organs from bodies within that official's custody and to further the purposes of Section 27491.45 of the Government Code, a procurement organization shall develop a protocol for organ recovery, as appropriate, that provides sufficient information on the medical and injury status of the deceased to permit release and removal of organs without undue prejudice to that official's investigation of, or inquiry into, the cause of death.

(b) The protocol described in subdivision (a) shall be subject to approval by the coroner or medical examiner before release or removal of organs and shall provide for the following:

(1) Relevant information on the deceased to be given to the coroner or deputy coroner at the time of the initial request for permission to recover internal organs, including, but not limited to:

- (A) Information identifying the deceased.
- (B) Date and time of pronouncement of brain death.
- (C) Name of procurement organizations and coordinator.
- (D) Organs requested.
- (E) Organ donor number and hospital.
- (F) Apparent cause and manner of death.
- (G) A brief description of alleged circumstances surrounding the death to the extent they are known at the time.
- (H) The law enforcement agency and the name of the investigating officer handling the case.

(2) The following information, to be recorded by the organ procurement coordinator at the time of requesting permission for organ removal:

- (A) The name of the deputy coroner contacted.
- (B) The name of the pathologist contacted by the deputy coroner.
- (C) Whether permission for removal was obtained at the time, including the date and time if permission was obtained.
- (D) The coroner's case number assigned by the deputy coroner.
- (E) If the request for organ removal is refused, the reason given for the refusal.



(3) A checklist to be completed prior to recovery of any organ by the procurement organization coordinator with the assistance, if necessary, of a physician attending the deceased, that includes, at a minimum, all of the following:

(A) medical record review to insure documentation of external injuries, fractures, and internal injuries.

(B) In cases of suspected child abuse, whether:

(i) A child abuse consult was obtained.

(ii) A computerized axial tomographic scan or magnetic resonance image of the head was obtained.

(iii) A radiological skeletal survey was done.

(iv) The presence or absence of visible injury to the back of the scalp, ears, nose, and mouth, or retinal hemorrhage has been documented.

(v) A coagulation screen report was in the deceased's records.

(C) A photographic record of visible external injuries.

(D) Admitting blood sample, if available, and the date and time the sample was drawn.

(4) A checklist of items to be provided to the coroner's office when the deceased's body is released after completion of organ recovery, including, but not limited to, all of the following:

(A) A copy of the deceased's medical records.

(B) Film documenting abnormal findings, if used.

(C) The information recorded pursuant to the requirements of this subdivision.

(D) A sample of the deceased's blood, if taken on admission.

(5) A form, completed by the physician and surgeon, technician, or team performing the organ recovery procedure and signed by the physician and surgeon, that describes in sufficient detail all of the following:

(A) Tests used to determine the suitability for transplantation of all organs recovered.

(B) Documentation of injuries and other abnormalities, if any, noted or occurring during the organ recovery procedure.

(C) The date and time organ recovery was started.

(D) Any other information on the state of the deceased's body or organs that the physician and surgeon, technician, or team believes may assist the coroner in his or her investigation or inquiry.

(c) The requirements of subdivision (a) shall not apply in any county that does not have a Level II trauma facility, as defined in Section 1798.160 and the regulations adopted pursuant thereto.

(d) Notwithstanding any other provision of law, a health care provider may release the information described in this section to the procurement organization, the coroner, or the medical examiner.

(e) For purposes of this section, "organ" or "organs" means internal whole organs, including, but not limited to, the heart,



kidneys, the liver, and lungs, but does not include eyes, skin, or other similar tissue.

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