

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1694

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DATE	D-PG	OFFICIAL STATUS
03/12/2015	779	Introduction and first reading Referred to Health, Human Services and Housing
03/16/2015	910	Author added Saxhaug
03/18/2015	938a	Comm report: To pass as amended and re-refer to Judiciary
03/25/2015		Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act
 1.2 relating to public safety; providing for religious objections to autopsies in
 1.3 certain cases; amending Minnesota Statutes 2014, sections 390.005, by adding a
 1.4 subdivision; 390.11, subdivisions 1, 2, by adding a subdivision.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2014, section 390.005, is amended by adding a
 1.7 subdivision to read:

1.8 Subd. 6. **Communicating with a surviving relative.** Every coroner or medical
 1.9 examiner in office on or after July 1, 2015, shall maintain and make publicly available, a
 1.10 statement of policy or principles to be used for communicating with a surviving relative
 1.11 prior to and during an investigation of a dead body.

1.12 Sec. 2. Minnesota Statutes 2014, section 390.11, subdivision 1, is amended to read:

1.13 Subdivision 1. **Reports of death.** All sudden or unexpected deaths and all deaths
 1.14 that may be due entirely or in part to any factor other than natural disease processes
 1.15 must be promptly reported to the coroner or medical examiner for evaluation. Sufficient
 1.16 information must be provided to the coroner or medical examiner. Reportable deaths
 1.17 include, but are not limited to:

1.18 (1) unnatural deaths, including violent deaths arising from homicide, suicide, or
 1.19 accident;

1.20 (2) deaths due to a fire or associated with burns or chemical, electrical, or radiation
 1.21 injury;

1.22 (3) unexplained or unexpected perinatal and postpartum maternal deaths;

1.23 (4) deaths under suspicious, unusual, or unexpected circumstances;

- 2.1 (5) deaths of persons whose bodies are to be cremated or otherwise disposed of so
2.2 that the bodies will later be unavailable for examination;
- 2.3 (6) deaths of inmates of public institutions and persons in custody of law
2.4 enforcement officers who have not been hospitalized primarily for organic disease;
- 2.5 (7) deaths that occur during, in association with, or as the result of diagnostic,
2.6 therapeutic, or anesthetic procedures;
- 2.7 (8) deaths due to culpable neglect;
- 2.8 (9) stillbirths of 20 weeks or longer gestation unattended by a physician;
- 2.9 (10) sudden deaths of persons not affected by recognizable disease;
- 2.10 (11) unexpected deaths of persons notwithstanding a history of underlying disease;
- 2.11 (12) deaths in which a fracture of a major bone such as a femur, humerus, or tibia
2.12 has occurred within the past six months;
- 2.13 (13) deaths unattended by a physician occurring outside of a licensed health care
2.14 facility or licensed residential hospice program;
- 2.15 (14) deaths of persons not seen by their physician within 120 days of demise;
- 2.16 (15) deaths of persons occurring in an emergency department;
- 2.17 (16) stillbirths or deaths of newborn infants in which there has been maternal use of
2.18 or exposure to unprescribed controlled substances including street drugs or in which there
2.19 is history or evidence of maternal trauma;
- 2.20 (17) unexpected deaths of children;
- 2.21 (18) solid organ donors;
- 2.22 (19) unidentified bodies;
- 2.23 (20) skeletonized remains;
- 2.24 (21) deaths occurring within 24 hours of arrival at a health care facility if death
2.25 is unexpected;
- 2.26 (22) deaths associated with the decedent's employment;
- 2.27 (23) deaths of nonregistered hospice patients or patients in nonlicensed hospice
2.28 programs; and
- 2.29 (24) deaths attributable to acts of terrorism.

2.30 The coroner or medical examiner shall determine the extent of the coroner's or medical
2.31 examiner's investigation, including whether additional investigation is needed by the
2.32 coroner or medical examiner, jurisdiction is assumed, or an autopsy will be performed,
2.33 ~~notwithstanding any other statute~~ subject to subdivision 2b.

2.34 Sec. 3. Minnesota Statutes 2014, section 390.11, subdivision 2, is amended to read:

3.1 Subd. 2. **Autopsies.** Subject to subdivision 2b, the coroner or medical examiner
3.2 may order an autopsy, at the coroner or medical examiner's sole discretion, in the case of
3.3 any human death referred to in subdivision 1, when, in the judgment of the coroner or
3.4 medical examiner the public interest would be served by an autopsy. The autopsy shall
3.5 be performed without unnecessary delay. A report of the facts developed by the autopsy
3.6 and findings of the person performing the autopsy shall be made promptly and filed in
3.7 the office of the coroner or medical examiner. When further investigation is deemed
3.8 advisable, a copy of the report shall be delivered to the county attorney. Every autopsy
3.9 performed pursuant to this subdivision shall, whenever practical, be performed in the
3.10 county morgue. Nothing herein shall require the coroner or medical examiner to order an
3.11 autopsy upon the body of a deceased person if the person died of known or ascertainable
3.12 causes or had been under the care of a licensed physician immediately prior to death or if
3.13 the coroner or medical examiner determines the autopsy to be unnecessary.

3.14 Autopsies performed pursuant to this subdivision may include the removal,
3.15 retention, testing, or use of organs, parts of organs, fluids or tissues, at the discretion of
3.16 the coroner or medical examiner, when removal, retention, testing, or use may be useful
3.17 in determining or confirming the cause of death, mechanism of death, manner of death,
3.18 identification of the deceased, presence of disease or injury, or preservation of evidence.
3.19 Such tissue retained by the coroner or medical examiner pursuant to this subdivision shall
3.20 be disposed of in accordance with standard biohazardous hospital or surgical material and
3.21 does not require specific consent or notification of the legal next of kin. When removal,
3.22 retention, testing, and use of organs, parts of organs, fluids, or tissues is deemed beneficial,
3.23 and is done only for research or the advancement of medical knowledge and progress,
3.24 written consent or documented oral consent shall be obtained from the legal next of kin, if
3.25 any, of the deceased person prior to the removal, retention, testing, or use.

3.26 Sec. 4. Minnesota Statutes 2014, section 390.11, is amended by adding a subdivision to
3.27 read:

3.28 Subd. 2b. **Religious objections to autopsy.** (a) For purposes of this subdivision:

3.29 (1) "compelling state interest" means that:

3.30 (i) the dissection or autopsy is essential to investigation of a homicide of which the
3.31 decedent is a suspected victim;

3.32 (ii) the dissection or autopsy is necessary to prevent a potential public health threat
3.33 and essential to ascertain the cause or manner of death;

4.1 (iii) the dissection or autopsy is essential to ascertain the cause or manner of death
4.2 following an unexpected death, regardless of the decedent's underlying disease, in order to
4.3 protect the public's health;

4.4 (iv) the dissection or autopsy is necessary to obtain proper toxicologic or other
4.5 specimens that may represent evidence of a crime and may deteriorate over time;

4.6 (v) the need for a dissection or autopsy is otherwise established under paragraph
4.7 (d); or

4.8 (vi) the case involves the unexpected or unexplained death of a child;

4.9 (2) "interested party" means a person who is not a surviving relative but who is in a
4.10 class of persons listed in section 149A.80, subdivision 2, clauses (2) to (11);

4.11 (3) "religious beliefs" means the recognized tenets, understandings, customs, or
4.12 rites of any culture or recognized religion as they apply to activities described in section
4.13 149A.01, subdivision 3, paragraph (b);

4.14 (4) "religious grounds" means that performance of a dissection or autopsy is contrary
4.15 to the religious beliefs of the decedent or the decedent included a religious objection to a
4.16 dissection or autopsy in the decedent's health care directive; and

4.17 (5) "surviving relative" means the person or persons with the right to control and
4.18 duty of disposition of the body of the decedent under section 149A.80, subdivision 2.

4.19 (b) The coroner or medical examiner shall, as soon as possible, but no less than 24
4.20 hours before performing a dissection or autopsy, give written notice to the surviving
4.21 relative of the decedent of the intended dissection or autopsy and of the relative's right to
4.22 object to the dissection or autopsy on religious grounds. The coroner or medical examiner
4.23 may require a surviving relative, or a person representing a class of surviving relatives,
4.24 to present an affidavit stating the person's relationship to the decedent, any religious
4.25 affiliation of the decedent, that the decedent had a religious objection to a dissection or
4.26 autopsy and the basis for that belief, and that the relative will assume responsibility for
4.27 the lawful disposition of the body of the deceased. A dissection or autopsy must not be
4.28 performed if a surviving relative of the decedent objects based on religious grounds,
4.29 unless there is a compelling state interest to perform the dissection or autopsy.

4.30 (c) If a coroner or medical examiner determines that there is a compelling state
4.31 interest to perform a dissection or autopsy and the surviving relative objects based on
4.32 religious grounds or an interested party objects and submits written information to the
4.33 coroner or medical examiner showing reason to believe that the dissection or autopsy is
4.34 contrary to the religious beliefs of the decedent, the dissection or autopsy must not be
4.35 performed until 48 hours after notice of the dissection or autopsy is given by the coroner
4.36 or medical examiner to the objecting party. During that 48-hour period, the objecting

5.1 party may bring an action in district court to determine the propriety of the dissection or
5.2 autopsy. The court may waive the waiting period upon ex parte motion if it determines
5.3 that the delay may prejudice the accuracy of the dissection or autopsy.

5.4 (d) If the coroner or medical examiner determines that there is a compelling state
5.5 interest to perform a dissection or autopsy under circumstances not described in paragraph
5.6 (a), clause (1), items (i) to (iv) or item (vi), and the surviving relative objects based on
5.7 religious grounds or an interested party objects and submits written information to the
5.8 coroner or medical examiner showing reason to believe that the dissection or autopsy is
5.9 contrary to the religious beliefs of the decedent, the coroner or medical examiner may
5.10 bring an action in district court for an order authorizing the dissection or autopsy. The
5.11 action must be brought by notice of an order to show cause served on the surviving relative
5.12 or, if a surviving relative is not available, on another party if directed by the court. The
5.13 proceeding must be determined summarily upon the petition and the oral or written proof
5.14 that may be offered by the parties. The court shall grant the relief sought in the petition
5.15 if it finds that the petitioner has established a demonstrable need for the dissection or
5.16 autopsy that outweighs the state's interest in observing the decedent's religious beliefs. If
5.17 the petition is denied and no stay is granted by the court, the body must immediately be
5.18 released for burial to the surviving relative.

5.19 (e) Dissections or autopsies performed under this section based on a compelling
5.20 state interest must be the least intrusive procedure consistent with that interest. Nothing in
5.21 this section prohibits a coroner or medical examiner from obtaining voluntary permission
5.22 from a surviving relative to conduct an examination and inquiry involving less intrusive
5.23 means than an autopsy or dissection.