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The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of the Chief Medical Examiner

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July 8th, 2025

Dear Chairpersons:

Pursuant to the FY25 General Appropriations Act, I am submitting the following report to the House and Senate Committees on Ways and Means detailing: (a) the current caseload of the office and each of its medical examiners and the caseload for fiscal year 2024; (b) the number of procedures performed in fiscal year 2024; (c) the current turnaround time and backlogs; (d) the current response time to scenes; (e) the number of cases completed in fiscal year 2024; (f) the current status of accreditation with the National Association of Medical Examiners; (g) progress in identification and completion of reports; and (h) progress in improving delays in decedent release.

This report also highlights the work accomplished by OCME staff who strive to consistently provide the Commonwealth with the highest standards of death investigation services. I want to commend the OCME team for the professionalism, service, and compassion they demonstrate as they perform one of the more difficult missions in the Commonwealth. I am proud to present this report reflecting our achievements and reaffirm the OCME's commitment to delivering the highest quality of medicolegal death investigation services to the Citizens of the Commonwealth.

Please contact me if you have any questions or require additional information.

Sincerely,

Mindy J. Hull, MD
Chief Medical Examiner

cc: Terrence Reidy, Secretary, Executive Office of Public Safety and Security
Kerry Collins, Undersecretary for Forensic Science and Technology

Overview

The Office of the Chief Medical Examiner (OCME) was established through Massachusetts General Laws Chapter 38 to deliver, under the supervision and control of the chief medical examiner, a comprehensive system of medicolegal investigative services to the citizens of the Commonwealth. The OCME works in collaboration with District Attorneys, the Attorney General, Courts, funeral homes, hospitals, academic centers, insurance companies, organ procurement organizations, fire departments, and local and state police, as well as supporting families and friends of decedents.

OCME Facilities

The OCME is comprised of four offices and employs one hundred seventy-three (173) employees representing multiple disciplines including medical examiners (forensic pathologists), a forensic anthropologist and a forensic odontologist, medical examiner assistants, intake specialists, administrative support for medical examiners, medicolegal investigators, medicolegal investigators for field examinations, accountants, and managers.

The OCME Headquarters is in Boston and operates twenty-four hours per day, seven days per week. With the promotion of our graduating forensic pathology fellow to staff medical examiner, effective June 30, 2024, the number of medical examiners assigned to the Boston office increased from twelve to thirteen full-time medical examiners, including the Chief Medical Examiner, and one part-time medical examiner. Regional offices in Sandwich and Westfield also operate twenty-four hours per day, seven days per week. Three full-time medical examiners are assigned to the Sandwich office, and the Westfield office is staffed by five full-time medical examiners, including the Deputy Chief Medical Examiner, and one contract medical examiner. The OCME's fourth office is located in Worcester at UMass Memorial Hospital in space that is shared with the Hospital's pathology department. In July 2020, operations in this office were suspended to minimize potential COVID-19 transmission within this shared medical facility and the contract medical examiner assigned to this office was reassigned to the Westfield office to assist with the examination of Worcester cases that are transported to the Westfield office for examination. The Worcester office remains closed to forensic examinations, but the administrative and mortuary space continues to be utilized.

Case Statistics

The OCME's mission is to determine cause and manner of death that occur in Massachusetts under violent, suspicious, or unexplained circumstances, and to release work products, namely certifications of death and autopsy reports in a timely fashion. The types of deaths which must be reported to the OCME are enumerated in G.L. c. 38 § 3. Based on the circumstances of the death, the medical examiner will either accept or decline jurisdiction. Table 1 shows the reporting statistics for the past six fiscal years, and Table 2 shows the procedures performed for the same time-frame.¹

¹ The data reports that support Table 1 and all subsequent tables are generated from the OCME Case Management and Tracking System (CMTS)(Consilience Software) using Adapt Analytics Platform and Microsoft Excel 2010. There are limitations to the capabilities of these software platforms and extensive manual rectification of the data is necessary to provide meaningful statistical workload reports. It is usual and expected given the methodology of this process that insignificant calculation errors may be present; these should not be considered erroneous but rather within an unknown but small margin of error.

Table 1
Reporting Statistics

	Number of Cases Reported to the OCME	Number of Cases Accepted	Number of Cases Declined
FY19	16,023	7,020	9,003
FY20	17,584	7,515 ²	10,069
FY21	18,366	7,947	10,419
FY22	18,355	8,458	9,897
FY23	18,486	8,726	9,760
FY24	18,354	8,488	9,866

Table 2
Number of Procedures Performed

Fiscal Year	Autopsy	External Examinations	District Medical Examiners Views	Bones/Tissues	Chart Reviews	Total Accepted Cases	Cremation Views
FY19	1,927	4,083	649	105	256	7,020	29,853
FY20	1,947	4,522	234	135	671	7,509 ³	34,521
FY21	2,177	4,263	229	108	1,170	7,947	32,488
FY22	1,903	4,708	248	109	1,490	8,458	34,099
FY23	1,946	4,714	167	117	1,782	8,726	33,408
FY24	2,099	4,298	208	100	1,783	8,488	33,580

The medical examiner staff comprises 22 full-time forensic pathologists (including the Chief Medical Examiner, Deputy Chief Medical Examiner, and Director of Cardiac and Neuropathology), one part-time forensic pathologist, and one contract medical examiner.⁴ In addition to autopsies and external examinations, chart reviews are conducted on cases that do not require a physical examination to determine cause and manner of death. Chart reviews are performed by staff medical examiners, contract medical examiners and District Medical Examiners⁵ for cases identified during cremation authorization views where the cause and/or manner of death was not properly certified, cases where the body is no longer available, or cases where the decedent's cause and manner of death is obvious from inspection of medical and other investigatory records. MLI Field staff examine and photograph the decedent, obtain available relevant medical records, and collect toxicology as determined by the attending medical examiner. The results of the MLI Field's examination are provided to the attending medical examiner for certification of the death. Chart reviews have enabled the OCME to accept jurisdiction and certify deaths on more ambiguous cases.

² Six of the accepted cases were recorded as "Surge" cases pursuant to the OCME's COVID-19 response. Surge cases that were accepted by the OCME were not for the purpose of determining cause and manner of death, but rather to provide short term storage.

³ The 6 surge cases were not included in this number.

⁴ Contract medical examiners are forensic pathologists who work part-time and are paid per diem.

⁵ District Medical Examiners (DMEs) are physicians on contract with the OCME who perform chart reviews and DME views.

District Medical Examiner (DME) views are performed in hospitals or funeral homes when the cause and manner of death is apparent from the circumstances of the death and available medical records. Historically, DMEs have played an important role in OCME operations, and their contributions have allowed the OCME and decedents' legal next of kin to avoid the costs associated with transporting the decedent to and from the OCME when an examination by a forensic pathologist is not necessary. The number of DMEs has declined in recent years, and with limited interest from other physicians to work as a DME, the number of DME views has also decreased. As a result, those deaths which cannot be assigned to a DME are assigned to staff forensic pathologists, assisted by MLI Field staff.

Discovered bones are reported to the OCME and brought in for examination by a medical examiner or the forensic anthropologist. Cremation views are performed by medical examiners, DMEs, or MLI Field staff on all bodies intended for cremation or burial at sea to determine that no further examination or judicial inquiry is required.

Postmortem Toxicology

Postmortem toxicology testing is an integral component of medicolegal death investigations and since July 2013, the analysis has been performed by the Massachusetts State Police Crime Laboratory.⁶ Table 3 shows the postmortem analysis for FY24. The average turnaround time (TAT) for toxicology analysis for FY24 was 52.5 days.

Table 3
Toxicology Analysis

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
# of Cases Completed	835	814	464	614	562	458	339	278	518	559	738	484
# of Cases Assigned	557	653	514	546	531	511	573	516	453	554	477	451
# of Cases Pending	883	720	770	702	671	722	956	1191	1123	1116	852	817
Average TAT	56	45	43	44	40	39	47	62	68	75	57	55

Medical Examiners' Caseloads

Table 4 reports the medical examiners' caseloads for the past six fiscal years.

Table 4
Medical Examiners' Caseload

	Autopsy	External Examinations	Chart Reviews	Total
Caseload for FY19	1,927	4,083	256	6,266
Caseload for FY20	1,947	4,522	671	7,140
Caseload for FY21	2,177	4,263	1,170	7,610
Caseload for FY22	1,903	4,708	1,490	8,101
Caseload for FY23	1,946	4,714	1,782	8,442
Caseload for FY24	2,099	4,298	1,783	8,180

⁶ In some cases, the State Police Crime Laboratory will outsource certain samples to third party laboratories for additional or specialized testing.

Current Caseload by Medical Examiner

Table 5 reports each medical examiner's caseload for six months of this fiscal year.

Table 5
Current Caseload by Medical Examiner (July 1, 2024 through December 31, 2024)

Medical Examiner	Autopsy	External Examinations	Chart Reviews	Total Number of Cases (Autopsy + External Examinations + Chart Reviews)
Dr. Atkinson (FT)	46	93	14	153
Dr. Bornstein (FT) ⁷	62	65	18	145
Dr. Cannon (FT) ⁸	0	35	323	358
Dr. Capó-Martinez (FT)	51	98	10	159
Dr. Dedrick (FT)	47	86	9	142
Dr. Elin (FT)	52	97	22	171
Dr. Evans (Contract 0.5FTE)	30	125	30	185
Dr. Grivetti (FT)	60	56	19	135
Dr. Hull, Chief Medical Examiner(FT) ⁹	0	0	0	0
Dr. Jones (FT)	56	101	10	167
Dr. Matthews (FT)	36	113	12	161
Dr. Mourtzinos (FT)	57	110	15	182
Dr. Nointin (FT)	70	91	10	171
Dr. Perry (FT)	57	91	15	163
Dr. Sandler (.5 FTE)	17	77	0	94
Dr. Scordi-Bello (FT)	76	73	6	155
Dr. Shah (FT)	39	129	11	179
Dr. Stanley (FT)	33	86	9	128
Dr. Springer (FT)	68	71	10	149
Dr. Stonebridge (FT) ¹⁰	0	0	0	0
Dr. Vidal	78	93	14	185
Dr. Welton, Deputy Chief Medical Examiner (FT)	46	97	22	165
Dr. Yakubu-Owolewa (FT)	61	72	8	141
Total	1042	1859	587	3488

⁷ Dr. Bornstein successfully completed forensic pathology training at the OCME and was promoted to staff medical examiner, effective June 25, 2024.

⁸ Dr. Cannon is specifically assigned to telepathology services and chart reviews.

⁹ The Chief Medical Examiner's responsibilities are predominantly administrative.

¹⁰ As the Director of Neuropathology and Cardiac Pathology Services, Dr. Stonebridge specializes in performing examinations of the brain and heart. From July 1, 2024 through December 31, 2024 Dr. Stonebridge has conducted 88 neuropathology and 15 cardiac pathology examinations.

Current Turnaround Time, Number of Cases Completed in FY24, and Backlog Status

Providing timely information to suit the needs of the citizens of the Commonwealth has been Dr. Mindy Hull's priority since her appointment as Chief Medical Examiner on October 24, 2017. Accordingly, OCME leadership has focused attention on the active management of turnaround time and the completion of cases. Successful strategies have included:

1. an improved case assignment system; the development of a new autopsy report format.
2. more rapid acquisition of case specific information due to the reliance on the investigative expertise of medicolegal investigators to identify and obtain the needed information.
3. a collaborative approach to weekly turnaround time monitoring for the completion of autopsy reports and death certificates, that involves the administrative assistant, medical examiner, and quality assurance teams which includes the development of weekly and monthly caseload tracking reports.

Current Turnaround Time

From July 1, 2023 to June 30, 2024, medical examiners completed 92.7% (1,947 of 2,099) autopsy reports within 90 days or less. Medical examiners also completed 94.1% (7,698 of 8,180) death certificates within 90 days or less.

Number of Cases Completed in FY24 and Backlog Status

The OCME has identified 437 unfinalized cases that were accepted under its jurisdiction between 2012 to 2022. This includes the remainder of a backlog of 1,612 cases inherited in 2017 by the current OCME leadership. For perspective, this is 437 cases is out of the approximately 70,000 cases accepted by the OCME during this time period, or approximately 0.6%. As of this writing, more than 99% of the 8,180 cases (autopsies, external examinations, and chart reviews) examined by staff medical examiners and contract medical examiners in FY24 have been completed.

NAME Accreditation

The OCME was initially granted full accreditation by the National Association of Medical Examiners (NAME) on July 29, 2018 (effective December 16, 2017 to December 16, 2021). Accredited offices are required to undergo an on-site inspection every four years and to submit an annual status report for the intervening years. The OCME's required four-year inspection took place on November 9, 2021, and notification of continued Full Accreditation was received on January 9, 2022, (effective December 16, 2021 to December 16, 2025). This year's status report was submitted to NAME on December 16, 2024 and notice of our continued full accreditation was received on January 2, 2025.

Forensic Pathology Fellowship Program

Since initial accreditation in 2005 by the Accreditation Council of Graduate Medical Education (ACGME), the OCME Program has graduated seventeen physicians as forensic pathologists. The OCME has been fortunate to have recruited fourteen of the graduating forensic pathologists to staff medical examiner positions, to include our most recent graduate on June 28, 2024.

Current Response Time to Scenes

Current response time was determined by analyzing the OCME's Medical Examiner Assistants (MEAs) response to 286 scenes during the period from November 1, 2024 through November 30, 2024. The average time for MEAs to arrive at a scene was 52.5 minutes as compared to 52 minutes for the same period in FY23. Deaths that occurred in a medical facility are not considered as scenes and therefore were excluded from this analysis.

Expanding services to 24 hours, seven days per week at each of the primary offices and increasing the number of scenes responded to by MEAs was a goal established by the current management team when they assumed leadership of the OCME in FY18. MEAs responded to 86% (2,966) of the 3,442 scene deaths that year while the remaining scenes were handled by funeral homes or livery services on contract with OCME. Increasing scene responses by MEA staff is important, not only as a means of reducing costs and reliance upon contractors, but more importantly, to ensure the transportation of decedents consistently adheres to OCME standard operating procedures. Historically, only the Boston office had been staffed 24 hours, seven days per week leaving a significant portion of central, western, and southeastern Massachusetts with limited evening to no overnight medical examiner assistant coverage to respond to scenes. The expansion of services to southeastern and western Massachusetts was an incremental process that began in FY19 and relied upon funding from multiple fiscal years to hire the additional medical examiner assistants needed. By the end of FY23, the goal had been achieved, with the Sandwich and Westfield office joining the Boston office in providing services to the entire state of Massachusetts, 24 hours, seven days per week and MEAs response to scenes increased to 96.2% (4,046) of the 4,205 scene deaths in the Commonwealth. For FY24, MEAs responded to 99.2% (4,025) of the 4,057 scene deaths in Massachusetts.

Progress in Identification and Improving Delays in Decedent Release

Most decedents are examined within 24 hours of their arrival at the OCME. Many are examined the same day. The time between arrival at the OCME and examination rarely exceeds 48 hours. When the examination has been completed, either a final or pending death certificate is signed with most decedents being ready for release the same day. Pursuant to G.L. c. 38 § 13, the OCME is responsible for releasing the decedent to the person with the proper legal authority, including the surviving spouse, the next of kin, or any friend of the deceased, who shall have priority in the order named. Compliance with this statute requires that OCME standards be met for confirming the decedent's identity and the identification of the person with the proper legal authority to claim the decedent. Delays in decedent release can occur when the decedent must be identified at the OCME and/or when the decedent has not been claimed.

Decedent Identification at the OCME is necessary:

1. when visual identification is not appropriate due to trauma or decomposition;
2. when the death is believed to be a homicide;
3. when the death occurred while in police custody or in a jail or correctional facility; and
4. when the decedent was reported as unknown or is unclaimed

The turnaround time for the completion of the identification can be as quick as a day when the decedent is visually identifiable or when dental records are available, but may take months when DNA analysis is the only option. In FY24, 5,418 decedents required identification at the OCME and, through the diligent efforts of the Identification Unit, all decedents released from the OCME in FY24 were released with their identity confirmed.

Unclaimed Decedents

OCME Medicolegal Investigators (MLIs) conduct investigations to locate the person with the proper legal authority to claim decedent (legal next of kin). Decedents who remain unclaimed after the MLI investigation has concluded are referred to the Department of Transitional Assistance (DTA) for burial in accordance with G.L. c. 38 § 13. OCME annual reports to the Joint Committees on Ways and Means dating back to FY17 have reported on the delays in decedent release due to issues with DTA assignments to funeral homes. In the reports, the OCME detailed efforts to address the problem by implementing an incentive program for funeral homes to accept DTA assignments.¹¹ While the incentive program was successful, the reliance upon only one funeral director who was willing to accept DTA referrals underscored the need for a longer-term solution. As detailed in the FY23 OCME Annual Report to the House and Committee on Ways and Means, the establishment of the OCME Burial Program, following the success of the Burial Pilot Project, has served as the long-term solution to the delays in decedent releases. Through an Interdepartmental Service Agreement (ISA) with DTA, the OCME's unclaimed and unidentified decedents are referred to DTA by statute, and these decedents are then assigned by DTA to the OCME for burial. By the end of FY24, the OCME had buried 224 unclaimed and unidentified decedents, for a total of 275 decedents since the inception of the program in the spring of 2022. The OCME Burial Program ensures the timely release and dignified burial of unclaimed and unidentified decedents. For this program, on October 17, 2024, the OCME was honored as a recipient of the Manuel Carballo Governor's Award for Excellence in Public Service.

New Initiatives and Key Accomplishments

Since October 2017, goal-directed management of fiscal resources has enabled accomplishments to be achieved, and significant improvements realized in the delivery of medicolegal investigative services to the citizens of Massachusetts. Most notable was the achievement of Full NAME Accreditation on July 29, 2018, effective December 17, 2017 to December 16, 2021 and, following the required four-year inspection on November 9, 2021, the OCME was again granted Full Accreditation, effective December 16, 2021 to December 16, 2025. Notification from NAME on January 2, 2025 of our continuing full accreditation ensured that the OCME's goal of providing timely reports to suit the needs of the citizens of the Commonwealth was being met. Other significant accomplishments achieved include:

- Hired the graduating forensic pathology fellow as a full-time staff medical examiner on June 28, 2024. Since October 2017, the OCME has recruited 12 full-time and one part-time forensic pathologists for staff medical examiner positions, the significance of which cannot be overstated considering the documented shortage of forensic pathologists in the country.^{12 13} As of this writing, eleven remain on staff at the OCME.
- Awarded the Manuel Carballo Governor's Award for Excellence in Public Service for the OCME Burial Program.
- Upgraded the Funeral Home Release Portal.
In FY19, the Funeral Home Release Portal was deployed to expedite the release of decedents to funeral directors acting on behalf of the legal next of kin by providing for the electronic submission of required forms and the scheduling of release times. The upgrade, scheduled to go live in January 2025, will streamline the release process for funeral homes and enhance OCME compliance users.

¹¹ OCME Annual Reports to the House and Senate Committees on Ways and Means can be found at: www.mass.gov/lists/office-of-the-chief-medical-examiner-ocme-annual-reports

¹² Weedn, VW and Menendez, MJ. *American Journal of Forensic Medicine and Pathology*, 2020;41:242-248.

¹³ Mulhausen DB. Report to Congress: Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices. NIJ, OJP, DOJ. NCJ 253626. Released 12/20/2019. Available at: <https://www.justice.gov/olp/forensic-science#needs>

- Increased the number of scenes responded to by MEAs to 99% (4,025) of the 4,057 scene deaths in Massachusetts.
- Establishment of an electronic chain of custody for OCME Case files.
The OCME maintains both an electronic and paper copy of all its cases files and the paper file remains the permanent and legal record which must be retained indefinitely and easily retrieved as needed. A barcode system is being deployed by the OCME Records Department to establish a chain of custody for all OCME case files which will facilitate more efficient storage and retrieval.

Conclusion

Providing timely information to suit the citizens of Massachusetts has been Mindy J. Hull, MD's priority since her appointment as Chief Medical Examiner on October 24, 2017, and her subsequent reappointment on October 24, 2022. Since January 2018, OCME medical examiners have consistently completed the bulk of their work (autopsies, views, and chart reviews), in three months or less. Other achievements not previously mentioned include:

- Creating secure, digital portals for decedent release, cremation authorizations, and law enforcement information (FY19);
- Dedicating a new Westfield office to serve the constituents of Western Massachusetts (FY20)
- Recruiting, training, and promoting five forensic pathology fellows to staff medical examiners (FY19, FY20, FY21, FY23, FY24);
- Hiring graduating forensic pathology fellow as the Director of Neuropathology and Cardiac Pathology Services (FY21);
- Improving perimeter security in the Sandwich and Boston offices (FY21);
- Implementing Telepathology Services in the Sandwich office to maximize physician resources and minimize the impact of medical examiner shortages and/or attrition on forensic pathology services at the OCME (FY22);
- Recruiting three forensic pathologists from other states; two for medical examiner position in Sandwich (FY22, FY23) and one a medical examiner position in Westfield;
- Enhancing medical examiners workflow and archiving capabilities through the establishment of digital histology imaging. (FY23);
- Expanding services to 24 hours, seven days per week at all three primary offices. (FY23); and
- Establishment of a Quality Assurance Department. (FY23).

As we look ahead to delivering medicolegal investigative services in FY25, the OCME will continue to focus on compliance and improvement of the agency's systems and procedures.