



COUNTY ADVISORY BULLETIN

CAB

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COUNTY CORONER PROVISIONS IN COUNTY OMNIBUS BILL

APPLICABLE LEGISLATION: Substitute House Bill 497 (135th General Assembly)

REVISED CODE SECTIONS AMENDED: 313.02, 313.10, 313.12, 313.14, 313.161, 325.15, 2335.061, 4723.431, and 4730.19.

LEAD SPONSORS: Rep. Brian Stewart and Rep. Roy Klopfenstein

HOUSE COSPONSORS: Creech, Peterson, Seitz, Dean, Lorenz, Johnson, Hoops, Claggett, Barhorst, Wiggam, Brennan, Dell'Aquila, Dobos, Hillyer, John, Lampton, Mathews, McClain, Mohamed, Plummer, Robb Blasdel, Schmidt, Somani, Stein, Williams, Willis

SENATE COSPONSORS: Brenner, Cirino, DeMora, Gavarone, Hicks-Hudson, Landis, Reineke, Smith, Wilson

EFFECTIVE DATE: April 9, 2025

BACKGROUND

Senate Bill 255 of the 135th General Assembly was introduced by Senators Steve Huffman and Terry Johnson to make several changes to the laws governing the office of county coroner. Many provisions of SB 255 were amended into House Bill 497, the County Omnibus Bill, during the final week of legislative session. The provisions are described below.

RESPONSIBILITY FOR AUTOPSY COSTS INCLUDING TRANSPORTATION

Whenever an autopsy is performed, if the injury causing the death occurred in a county other than the county performing the autopsy, the county in which the injuries occurred must pay the costs of the autopsy.

HB 497 specifies that any individual components of an autopsy are included in the costs the county must pay, including the cost of transporting the body. (R.C. 313.161(A))

Additionally, the Department of Rehabilitation and Correction or the Department of Youth Services is required to pay for the costs of an autopsy of an individual who dies as an inmate of a state

correctional facility. HB 497 specifies that those agencies must also pay the individual component costs, including transportation. (R.C. 313.161(B)(1))

CORONER COMPENSATION RELATED TO PRIVATE PRACTICE OF MEDICINE

R.C. 325.15(E)

The compensation schedule for coroners is dependent upon whether the coroner has a private practice. HB 497 alters the definition of “private practice of medicine” to mean:

- The provision of services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease for remuneration; and
- The performance of an autopsy at the request of another coroner, a hospital, a business entity, an institution of higher education, or any other person.

Thus, a coroner performing an autopsy at the request of a county of which they are not the elected coroner will constitute having a “private practice” following the effective date of HB 497.

CORONER FEES FOR EXPERT TESTIMONY

R.C. 2335.061(A) and (C)

A coroner may provide expert testimony at a trial, hearing, or deposition in a civil action. HB 497 sets the fee for the coroner doing so at \$350 per hour.

Previously, a coroner charged either a “deposition fee” or a “testimonial fee.” HB 497 eliminates this distinction and establishes one flat rate for expert testimony.

CORONER QUALIFICATION FOR OFFICE

R.C. 313.02

HB 497 clarifies that, to be eligible for the office of coroner, a person must be a physician licensed to practice medicine and surgery or osteopathic medicine and surgery under R.C. 4731.19, which governs physician licensure by the State Medical Board. (R.C. 313.02(A))

The bill provides an exception for a person elected as coroner and holding that office on the bill’s effective date but who is not licensed as a medical or osteopathic physician. A person exempted from the requirement is permitted to continue holding office and seek reelection to the office of coroner for subsequent terms and continue to hold office if reelected. Practically, this exception applies to the coroner in Belmont County as of the publication date of this Bulletin. (R.C. 313.02(A)(2))

DISCRETION IN ACCESS TO PRELIMINARY AUTOPSY RESULTS

R.C. 313.10(A) and (D)

Under Ohio law, preliminary autopsy and investigative notes and findings, photographs taken by a coroner, and suicide notes are not public records. The new language gives the county coroner discretion in whether to grant a journalist access to preliminary autopsy results, photographs, or

suicide notes. Previously, a coroner was required to give access to these records if a journalist requested it.

Once the report is final and the final death certification is complete, the coroner must allow a journalist who requested the information to view preliminary autopsy and investigative information, suicide notes, and coroner photographs.

NOTICE OF FACTS RELATED TO SUSPICIOUS AND UNUSUAL DEATHS

R.C. 313.12(A) and (B)(2)

Ohio law lists individuals who are required to notify a coroner that a person has died through criminal or violent means, by casualty, by suicide, or in a suspicious or unusual manner, or when any person dies suddenly when in apparent good health, or when any person with a developmental disability dies regardless of the circumstances.

HB 497 adds that a health care worker caring for the person also must notify the coroner of any related facts obtained arising from the health care worker's duties. A "health care worker" is defined as any individual licensed or otherwise authorized to practice a health care profession in Ohio and any other individual who provides health-related services in any setting as part of the individual's employment or otherwise for remuneration.

The other individuals still required to notify the coroner of these facts are the physician called in attendance; and any member of an ambulance service, emergency squad, or law enforcement agency who obtains knowledge of the death arising from the individual's duties.

PHYSICIAN COMPLETION OF MEDICAL CERTIFICATES OF DEATH

R.C. 4723.431(B)(5) and 4730.19(B)(2)(e)

HB 497 requires the collaborating or supervising physician to complete and sign the medical certificate of death of a patient who dies under the care of an advanced practice registered nurse (APRN) or physician assistant (PA). The standard care agreement between an APRN and collaborating physician must include this requirement, as must the supervision agreement of a PA and a supervising physician.

The bill does not otherwise modify existing requirements regarding the completion of death certifications by physicians included in R.C. 3705.16.