



OFFICE OF CHIEF MEDICAL EXAMINER

STATE OF MAINE
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February 11, 2025



Alice Briones, DO
Chief Medical Examiner

Liam Funte, MD, PhD
Deputy Chief Medical Examiner

Senator Rotundo, Representative Gattine
Committee on Appropriations and Financial Affairs
132nd Maine Legislature

Re: LD 210 – An Act Making Unified Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2026, and June 30, 2027

Senator Rotundo, Representative Gattine, and distinguished members of the committee,

I am Retired Air Force Colonel, Chief Medical Examiner, Dr. Alice Briones. I am originally from Maine and returned last summer to take up my current role with the Office of Chief Medical Examiner (OCME). I am speaking today on the budget initiatives of my office, located on pages A-114 and A-115 within LD 210.

The Office of Chief Medical Examiner was established in 1968. The office is administratively within the Department of the Attorney General and is empowered to take jurisdiction over all deaths that are not known to be due to exclusively natural processes. All violent, traumatic, criminal, suspicious deaths, and deaths of apparent undetermined causes or manners fall under the jurisdiction of the OCME. Other types of deaths (which may be due to natural causes), such as in infants, or people in custody, unattended deaths, deaths of unidentified individuals, or any deaths whose causes may represent a potential risk to the public at large, are also investigated by the OCME. When the OCME accepts jurisdiction of a death, it is the OCME that requests or performs all the investigations and procedures necessary to determine the Cause of Death and the Manner of Death (*Manner of Death may be either: Natural, Accident, Homicide, Suicide, or Undetermined*). Additionally, since 2014 OCME has taken over the investigations of all deaths related to traumatic falls and since 2021, the OCME has been responsible for investigating those deaths of individuals who are under public guardianship. In fact, the number one manner of death for death's investigated by the OCME, in the state of Maine is accident. Within those accidents, the number one cause of death is trauma due to falls (often hip fractures and head injuries for example).

The purpose of having the State (through the OCME) investigate these deaths is to ensure that the public is safe. Whether it is through the criminal justice system, the public health system, the work-place safety systems, or product safety- the purpose of investigating "non-natural" deaths is to prevent their recurrences. The current legislative staff count for our office is twelve (12). We also have one (1) federally funded grant coordinator who works on the federal National Violent Death Reporting System.

The last legislative staff count increase for the Medical Examiner's office was in 2014. Since 2014 we have seen a 55% increase in the number of death calls reported to the OCME, and a 99.4% increase in the number of deaths investigated. For the OCME to continue current operations, while attempting to increase the number of autopsies performed, and maintaining national accreditation standards, we need your support. With many of the initiatives I present to you today, there will be a common thread of "if not addressed, there will be system collapse and failure". It will not be a matter of "if", it will be a matter of "when".

[In LD 210] We have a total of eight (8) initiatives totaling \$1,216,138 for the first year, and \$715,965 the second year. Our combined budget request totals \$1,932,103. I will briefly explain each initiative and attempt to answer any questions.

Our first initiative is a one-time funding request for the purchase, shipment, and installation of a Lodox x-ray machine. The accreditation standard of the National Association of Medical Examiners (NAME) requires facilities to provide radiology. To maintain accreditation, the Office of Chief Medical Examiner needs to acquire radiology equipment that is not outdated, and is safer for the staff while providing quality imaging with appropriate resolution for diagnostic and identification purposes. The Office of Chief Medical Examiner is currently using outdated x-ray imaging equipment to x-ray decedents. The current machine can only take an 18"x15" image, so taking x-rays of a complete body takes a significant amount of time. The machine in use was acquired, secondhand, in 2015 from VA-Togus when they were updating/replacing their equipment. A Lodox would allow full body x-rays to be completed within minutes, with staff exposed to a lower level of radiation, and experiencing less physical strain by minimizing the need to manipulate the decedent. The OCME building currently under construction is designed to receive this piece of equipment thanks to the insight of the previous chief and staff on the mandatory requirements to maintain NAME accreditation and provide the national standard of care expected in forensic pathology. In the enclosures, I have provided approximately ten letters of support for this initiative as the standard of forensic pathology from Chief Medical Examiners throughout the United States who have this technology.

Our next initiative is to provide funding to cover an increase in the non-salaried medical examiner exam fees from \$100 to \$150. This funding would allow the OCME to eliminate the additional fees and provide a flat fee for each external exam conducted. Per statute, the current fee is \$100, with additional fees set by the Chief Medical Examiner for blood (\$15), vitreous (\$15), and urine (\$15) sample draws. This funding would allow the OCME to eliminate the additional fees and provide a flat fee for each external exam conducted. This is a long-term benefit for both the field medical examiners and the Office of Chief Medical Examiner. Of note, there is a parallel language change request (LD 249) in front of Legislature as well, to eliminate the additional fees set by the Chief Medical Examiner. Allow me to clarify the benefits. First, due to the geographic range of the state and the number of deaths needing to be investigated, the OCME cannot operate across the State without the support and willingness of our Field Medical Examiner and Investigators. To put this into perspective with actual retrospective data, I will share that in 2024, 1,239 of the 1,374 external examinations performed by the OCME were performed by out field investigator staff. That is 90% of that type of exam. Without these volunteer field medical examiners many families would suffer further delays in receiving notice of cause and manner of death, and the death certificates needed to perform the difficult tasks involved with final disposition of a loved one.

These individuals are licensed physicians, and funeral directors with their own full-time practices, who voluntarily train to respond to funeral homes and hospitals to conduct external examinations at the request of the OCME. They perform these duties as an extension of the OCME because Maine's geography

prevents the OCME from handling all exams with full-time staff. This will help improve Field Medical Examiner and Investigator satisfaction and retention, while streamlining current accounting practices when processing invoices. For the record, OCME does not have a dedicated staff member to perform these accounting/billing duties—this is an ancillary duty for one of our intake staff so the ability to have a flat fee rate would provide increased efficiency in prepping these invoices.

The third initiative provides funding for the mileage reimbursement increase. Per statute, the OCME reimburses our non-salaried medical examiners and investigators for mileage incurred during work done on our behalf. The reimbursement rate is set by the State and has increased to \$0.54/mile. This funding allows the OCME to meet this statutory requirement.

The next initiative listed is to provide additional funding for toxicology testing. I recognize the OCME also requested \$52,000 in the Supplemental Budget request, however, that is a stop-gap request to end the current fiscal year in the black. Toxicology testing is imperative to determining a cause and manner of death, and the data is used by other state agencies for their programs. Our drug death data is used by the Governor's Office of Police Innovation and the Future. If you've heard presentations by the Director of Opioid Response, Gordon Smith, the fatality data is from the OCME. We also work with the Bureau of Highway Safety to provide toxicology data in fatal motor vehicle accidents. We contract with a nationally known forensic toxicology lab, NMS Labs, which can identify emerging substances affecting Maine's citizens and do the additional testing necessary to quantify the amount of those substances in the body. Such testing for new substances in our drug deaths costs additional dollars. New and emerging substances have, unfortunately, become more frequent and are not covered in our normal comprehensive testing panel. We process close to 3,000 toxicology tests annually, in approximately 1,500 death investigations. As the testing lab pricing increases, our expenses increase.

Using grant funding, we have expanded our body storage capabilities by purchasing a pull-behind refrigerated trailer. Our next initiative is funding for full coverage insurance for this trailer. We've utilized this trailer regularly for our overflow storage and it will be a resource in the event of a mass fatality event.

The next budget initiative calls for additional funds for IT services provided by the Department of Administrative and Financial Services to maintain staff operations as the State of Maine requires.

Our next two initiatives seek funding for a total of five (5) positions. Our office has not had an increase in staff levels since 2014, while the workload has increased.

These positions include two (2) more intake staff, increasing the staff level to six (6). These staff are the frontline of the office. They answer the phones, respond to emails, collect medical and law enforcement records, answer questions for families, guide doctors through completing death certificates, and are the central nervous system of the office.

The requested positions also include one (1) medicolegal death investigator, increasing our staff level to three (3). Medicolegal death investigators talk with families, assist doctors in completing or correcting death certificates, review medical records to determine cause and manner of death in our medical record review cases, conduct external examinations, and will respond to homicide scenes as requested.

Finally, the request seeks funding for two (2) more medical examiner assistants. This would increase our staff level to four (4) medical examiner assistants. These individuals are the ones who receive and release bodies, conduct eviscerations during autopsy, sew/clean/document decedents, and process toxicology and histology samples. In years past, the OCME has come under scrutiny for not conducting as many autopsies as our New England counterparts. We cannot achieve their level of autopsy without additional staff in all

areas. For example, the New Hampshire Medical Examiner's office, which covers about the same population per capita, has 3 full time forensic pathologists, 10 full time investigators, 2 senior death investigators, 2 part time investigators, one evidence technician and 2 administrative assistants.

Unfortunately, as with many jurisdictions nationwide, the medical examiner/coroner operations and budgets are frequently overlooked when manpower or budgetary increases are discussed. We are the arm of public health and service which is shrouded behind a curtain of mystery until a need to know arises. Most individuals are not aware of the full extent of responsibilities covered by the office of the chief medical examiner to the families of the deceased as well as the public. It is only during disastrous situations such as global pandemics or mass casualties in which most people even are aware of the work performed by the Medical Examiner staff.

The data demonstrates the OCME is doing more forensic work than ever, with the same number of people we had a decade ago. Daily, a small cadre of diligently dedicated staff, but physically and mentally drained staff, have maintained the public servitude to the citizens of the state with dwindling and outdated resources. This has not occurred without dire consequences to both the forensic work products (delayed report turnaround times for example), but the resilience of the medical examiner's most valuable assets, that small cadre of employees. The nature of the work and the increased workload without increased personnel for the past decade has resulted in severe mental and physical stress for the strained staff of the OCME.

For all of these reasons, I respectfully ask for your support in providing the additional positions (manpower) and appropriate safe resources (both infrastructure and services) to reinforce the increased workload.

The retrospective data provided in this testimony, and the attached enclosures, verifies the vital need for support. This support will allow the dedicated forensic experts of the OCME to continue doing the difficult jobs they love, serving, protecting and informing the citizens of the great state of Maine with the most up to date trends in forensic investigations and preventing future deaths with this vital information.

I'm thankful that Maine has such dedicated people, willing to keep showing up, when they are faced with burnout and compassion fatigue. These additional positions would allow the OCME to scale up operations, while simultaneously boosting morale and job satisfaction in current staff.

I am happy to answer any questions and can make myself available to attend any work sessions.

Thank you for your consideration.

Respectfully,

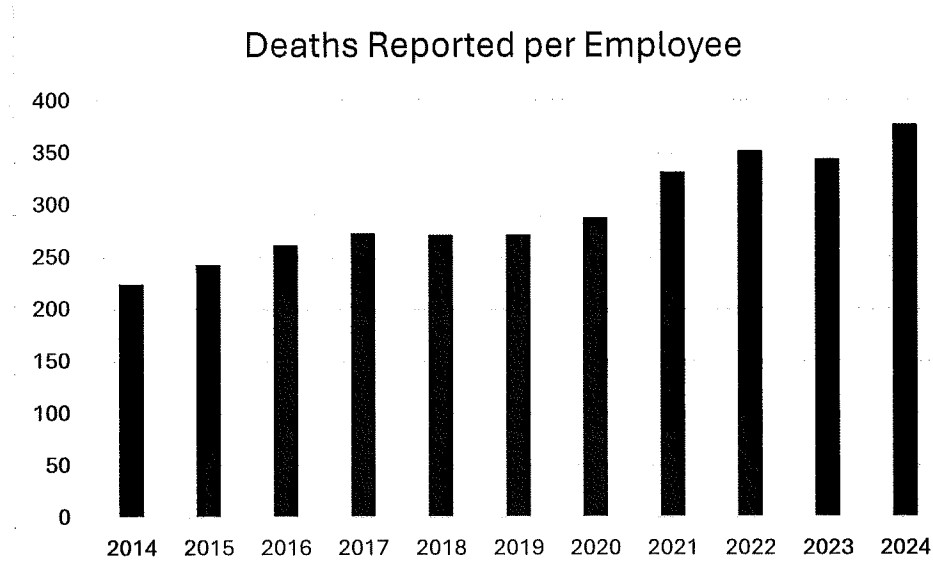
Alice Briones

Alice Briones, DO
Chief Medical Examiner

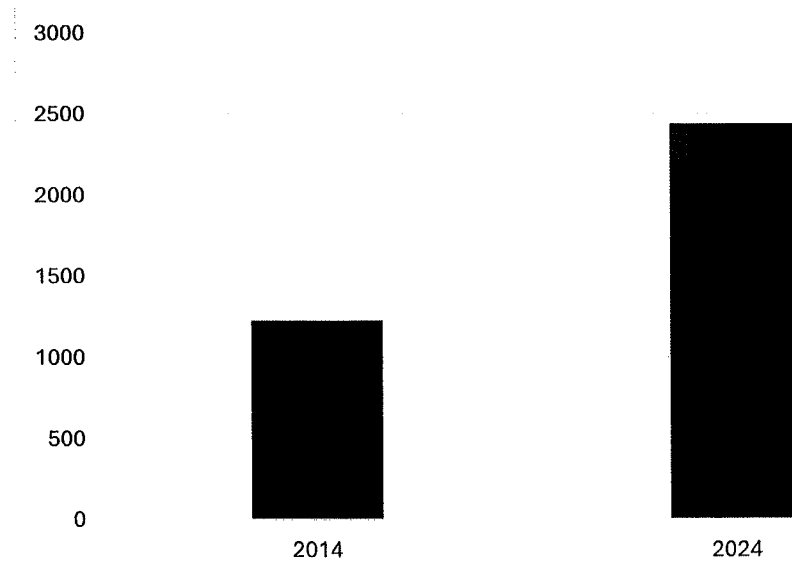
Maine Office of Chief Medical Examiner

Quick Facts - Comparing 2014 and 2024

68.2% increase in # of deaths reported *per employee* between 2014 and 2025.



99% increase in the number of death investigations completed

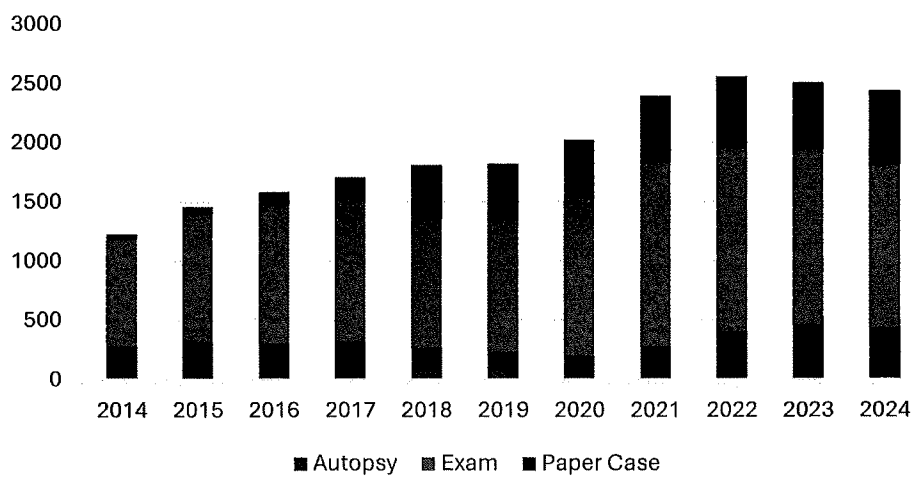


54% increase in number of autopsies.

53% increase in number of external examinations.

1,291% increase in the number of paper cases.

Types of Investigations





Regional Medical Examiner's Office

November 5, 2024

Governor Janet Mills
State of Maine
1 State House Station
Augusta, ME 04333

Dear Governor Mills,

Greetings from Nevada. I am Dr. Laura Knight, Chief Medical Examiner and Coroner at the Washoe County Regional Medical Examiner's Office in Reno, NV. I am writing to express my support for the Maine Office of Chief Medical Examiner's request for the acquisition of a Lodox X-Ray scanner. Integration of this advanced technology into daily forensic workflows will significantly improve Maine's ability to conduct thorough and accurate death investigations.

Through my communication with Maine Chief Medical Examiner, Dr. Alice Briones, I understand that Maine currently uses the traditional cassette-based computed radiography (CR) system for x-ray imaging. My office similarly was using this older technology until around 6 years ago, when we finally obtained funding for our Lodox system. The difference is night and day, and the scanner saves us significant manpower—the equivalent of at least one full-time employee per year, per a utilization study we performed. Using the older, current Maine technology, full body x-rays needed for a forensic case will generally require two employees and take 45 minutes to an hour. The Lodox scanner can complete the same x-ray views in a single pass which takes only 60 seconds and a single employee to operate. Given Maine's desire to have Dr. Briones' office perform more forensic autopsies, this savings in time and personnel costs will be crucial.

The Lodox system offers several additional advantages over the current practice. The capacity for high-speed, full-body imaging provides a comprehensive view of traumatic injuries and enhances the accuracy and precision in detecting sequelae of trauma, such as air embolisms. This precision is crucial in forensic investigations, where comprehensive (full body) postmortem imaging has become the standard of care in death investigations. In Reno, we are performing a full body Lodox scan on every deceased person brought into our office, increasing our detection of otherwise unexpected findings. This volume of x-rays would have been impossible with the older CR system Maine is using.



QUALITY
PUBLIC SERVICE



INTEGRITY



EFFECTIVE
COMMUNICATION



Regional Medical Examiner's Office

The Lodox system can also assist Maine in confirming positive identifications in a shorter timeframe. With this machine, Maine Medical Examiners can x-ray an entire body in just a minute to identify surgical hardware, sinus patterns, or dental work, all of which can be compared to x-rays taken in life to scientifically identify the deceased. This leads to faster release of bodies and decreased body storage capacity issues, as well as enhancing service to the public in allowing for loved ones to move forward with funeral arrangements more quickly.

The implementation of the Lodox scanner will also lower the health risks to employees and those attending autopsies. The Lodox system uses one-third of the radiation used by traditional CR systems. Furthermore, it has been my experience here in Reno that there is far less risk of employee injury using the Lodox scanner, as the x-ray scan is done with the body lying in a single position on the gurney, so there is no need to manipulate the deceased individual into position--unlike with the current CR system which requires moving the body and cassette around for about 18 separate x-rays.

In summary, the purchase of a Lodox system represents a significant investment in Maine's forensic capabilities, with the potential to improve investigative processes, enhance the quality of death investigations, create efficiencies, and reduce the physical risks of old-fashioned CR systems. I strongly support Dr. Briones' initiative and urge you to consider funding this necessary technological upgrade, which will be of huge benefit to the state of forensic investigative services for the people of the great state of Maine.

Sincerely,

Laura D. Knight, M.D.

Chief Medical Examiner & Coroner

Washoe County Regional Medical Examiner's Office, Reno, NV



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INTEGRITY



EFFECTIVE
COMMUNICATION



KENT E. HARSHBARGER, M.D., J.D., M.B.A.
CORONER
MONTGOMERY COUNTY, OHIO

October 15, 2024

Governor Janet Mills
State of Maine
1 State House Station
Augusta, ME 04333

Dear Governor Mills,

My name is Kent E. Harshbarger, M.D., J.D., M.B.A, and I am the Coroner with the Montgomery County Coroner's Office. I am writing to express my support in the Maine Office of Chief Medical Examiner's request for the acquisition of a Lodox machine. The integration of this advanced technology, into forensic practices, promises to significantly improve Maine's ability to conduct thorough and accurate investigations by enhancing capabilities in postmortem imaging.

Currently, Maine uses the traditional cassette-based computed radiography (CR) system for x-ray imaging. The Lodox system offers several advantages over the current practice. The capacity for high-speed, full-body imaging provides a comprehensive view of traumatic injuries and enhances the accuracy and precision in detecting sequelae of trauma, such as air embolisms. This precision is crucial in forensic investigations, where comprehensive postmortem imaging has become the standard of care in death investigations.

The Lodox can also assist Maine in confirming positive identifications in a shorter timeframe. With this machine, Maine can x-ray an entire body in less than two (2) minutes. A full-body x-ray will identify surgical hardware, sinus patterns, or dental work, all of which can be used to make a scientific identification.

Moreover, the Lodox's ability to generate detailed images quickly and efficiently will greatly decrease the time spent conducting postmortem imaging, reducing the time required for examinations, while maintaining the highest standards of accuracy. The current CR system was purchased from VA-Togus in 2015, who was upgrading their



KENT E. HARSHBARGER, M.D., J.D., M.B.A.
CORONER
MONTGOMERY COUNTY, OHIO

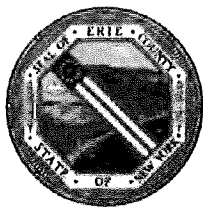
equipment. It takes 45 minutes to an hour to complete full-body x-rays with the current system. According to a study done in 2015, the Lodox had an 87%-time savings when compared to traditional CR systems. As Maine attempts to increase the number of autopsies being completed, under Dr. Briones' leadership, the time savings are invaluable.

The implementation of the Lodox will also lower the health risks to employees, and those attending autopsies. The Lodox uses one third of the radiation used by traditional CR systems. The structure of the machine allows for a full-body x-ray without the need to manipulate the deceased individual into position, thereby reducing the chance of injury to employees.

In summary, the purchase of a Lodox represents a significant investment in Maine's forensic capabilities, with the potential to improve investigative processes, enhance the quality of death investigations, improve efficiencies, and reduce the physical risks of traditional CR systems (radiation exposure, and body manipulation). I wholeheartedly support this initiative and encourage you to consider the profound benefits it will bring to your organization, and the community at large.

Sincerely,

Kent E. Harshbarger, M.D., J.D., M.B.A.
Coroner
Montgomery County Coroner's Office



COUNTY OF ERIE
MARK C. POLONCARZ
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S OFFICE

GALE R. BURSTEIN, MD, MPH, FAAP
COMMISSIONER OF HEALTH

TARA J. MAHAR, MD
CHIEF MEDICAL EXAMINER

October 10, 2024

Governor Janet Mills
State of Maine
1 State House Station
Augusta, ME 04333

Dear Governor Mills,

My name is Tara Mahar, and I am the Chief Medical Examiner at the Erie County Medical Examiner's Office (ECMEO) in Buffalo, New York. I am writing to express my support for the Office of the Chief Medical Examiner (OCME) of Maine's request for a LODOX®StatScan digital imaging system to replace their current outmoded and underperforming postmortem imaging system.

It is my understanding that the Maine OCME currently uses a traditional cassette-based computed radiography (CR) system for postmortem imaging; the equipment was purchased secondhand in 2015. These systems are painstakingly time and labor-intensive, requiring that specially trained staff repeatedly manipulate portions of a deceased person's body to generate a discontinuous set of images that (hopefully) include all the surfaces of the body. Each image in the set must then be reviewed by the medical examiner. The entire process takes 45 minutes to an hour to complete and may need to be performed multiple times in a single workday.

By contrast, the LODOX® system can generate a single radiograph of an entire body in under two (2) minutes and requires little to no manipulation of said body. The digital pictures it generates are of high-quality and are available for viewing within seconds. A 'C'-arm attached to the machine swivels into place for ease in capturing lateral radiographic views. It is remarkably simple to use and requires minimal training to operate. Furthermore, the LODOX® system emits up to ten (10) times less radiation than a conventional CR system. To my knowledge, the technology that LODOX® uses is proprietary and sole source.

The LODOX® system offers obvious advantages over the status quo:

- Markedly increased efficiency in the performance of postmortem examinations
- Increased detail and quality of postmortem examinations
- Increased number of scientific identifications
- Increased accuracy and efficiency of identifications
- Mitigation of health risks to staff (associated with manipulating bodies, radiation exposure)
- Shortened training period for new staff
- Increased employee job satisfaction

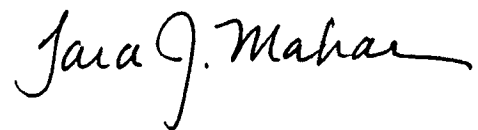
According to a study done in 2015, the LODOX® system had an 87% time savings when compared to traditional CR systems. The head of Maine's OCME, Dr. Alice Briones, is attempting to increase the number of postmortem examinations performed by the office in order to better serve public health and the criminal justice system. With an increased case volume, the time savings afforded by this equipment are invaluable.

My own office serves a similar sized population (~1.4 million) in Western New York State, accepting jurisdiction over approximately 1,800 of the 3,400 or so deaths reported to us each year. We have reaped the many benefits of utilizing this technology for the past decade. Employee satisfaction with the system is high and technical support is knowledgeable and responsive. It's fair to say that the ECMEO could not fulfill its statutory obligations without it.

In summary, the purchase of a LODOX®StatScan digital imaging system represents a significant investment in Maine's forensic capabilities. It will enhance the quality of death investigations, markedly improve office efficiency, increase employee satisfaction, and reduce the physical risks associated with traditional CR systems. Comprehensive postmortem imaging such as that afforded by this system has become the standard of care in death investigations. I wholeheartedly support this initiative and encourage you to consider the profound benefits such an upgrade will bring to your state agency and the people of Maine.

Please note that I have no financial incentives or other disclosures related to this recommendation. I am simply a satisfied LODOX® customer wishing to advocate for quality in death investigations and safety for those performing them. I thank you for your time.

Sincerely,



Tara Mahar, M.D.

Chief Medical Examiner

County of Erie

October 9, 2024

Governor Janet Mills
State of Maine
1 State House Station
Augusta, ME 04333

Dear Governor Mills,

My name is Dr. Paul Uribe, and I am the Deputy Chief Medical Examiner at the Fort Bend County Medical Examiner Office in Rosenberg Texas. I am a retired veteran, LTC US Army, and one of my previous job titles was the Director of the Office of the Armed Forces Medical Examiner System, which is the Medicolegal Death Investigative branch of the Armed Forces Medical System. I am writing to express my support of the Maine Office of Chief Medical Examiner's request for the acquisition of a Lodox Postmortem Imaging System. The integration of this technology into the forensic practice of OCME will significantly improve Maine's ability to conduct thorough and accurate investigations by enhancing capabilities in postmortem imaging.

Currently, Maine uses the traditional cassette-based computed radiography (CR) system for x-ray imaging. The Lodox system offers several advantages over the current practice. The current CR system, which was purchased in 2015, takes 45 minutes to an hour to complete full-body x-rays. The Lodox system can x-ray an entire body in less than two (2) minutes. Postmortem radiology is essential for providing a comprehensive view of traumatic injuries; identify surgical hardware, sinus patterns, or dental work for identification of unknown decedents; and recovery of bullets or projectiles from firearms-related deaths.

The purchase of a Lodox represents a significant investment in Maine's forensic capabilities. At our office in Fort Bend County, Texas (one of the hypergrowth counties in our state), we are also seeking a Lodox system to improve our forensic radiology capabilities. I wholeheartedly support this initiative.

Sincerely,



Paul S. Uribe, MD
Deputy Chief Medical Examiner
Fort Bend County Medical Examiner Office
Rosenberg, TX



EL PASO COUNTY
OFFICE OF THE MEDICAL
EXAMINER

4505 Alberta Ave., El Paso, TX 79905
Ph: 915-273-3403 Fax: 915-273-3404

Mario A. Rascon, M.D., MHCM
Chief Medical Examiner

Janice Diaz-Cavallieri, M.D.
Deputy Medical Examiner

Adam C Gonzalez, M.D.
Deputy Medical Examiner

10-Oct-24

Governor Janet Mills
State of Maine
1 State House Station
Augusta, ME 04333

Dear Governor Mills,

My name is Mario Alberto Rascon, MD, MHCM, and I am the Chief Medical Examiner with the El Paso County Office of the Medical Examiner (EPOME) in Texas. I am writing to express my support in the Maine Office of Chief Medical Examiner's request for the acquisition of a Lodox machine. The integration of this advanced technology into forensic practices promises to significantly improve Maine's ability to conduct thorough and accurate investigations by enhancing capabilities in postmortem imaging.

Currently, Maine uses the traditional cassette-based computed radiography (CR) system for x-ray imaging. The Lodox system offers several advantages over the current practice. The capacity for high-speed, full-body imaging provides a comprehensive view of traumatic injuries, and enhances the accuracy and precision in detecting sequelae of trauma, such as air embolisms. This precision is crucial in forensic investigations, where comprehensive postmortem imaging has become the standard of care in death investigations.

The Lodox can also assist Maine in confirming positive identifications in a shorter timeframe. With this machine, Maine can x-ray an entire body in less than two (2) minutes. A full-body x-ray will identify surgical hardware, sinus patterns, or dental work, all of which can be used to make a scientific identification.

Moreover, the Lodox's ability to generate detailed images quickly and efficiently will greatly decrease the time spent conducting postmortem imaging, reducing the time required for examinations, while maintaining the highest standards of accuracy. The current CR system was purchased from VA-Togus in 2015, who was upgrading their equipment. It takes 45 minutes to an hour to complete full-body x-rays with the current system. According to a study done in 2015, the Lodox had an 87% time savings when compared to traditional CR systems. As Maine attempts to increase the number of autopsies being completed, under Dr. Briones' leadership, the time savings are invaluable.

The implementation of the Lodox will also lower the health risks to employees, and those attending autopsies. The Lodox uses one third of the radiation used by traditional CR systems. The structure of the machine allows for a full-body x-ray without the need to manipulate the deceased individual into position, thereby reducing the chance of injury to employees.

In summary, the purchase of a Lodox represents a significant investment in Maine's forensic capabilities, with the potential to improve investigative processes, enhance the quality of death investigations, improve efficiencies, and reduce the physical risks of traditional CR systems (radiation exposure, and body manipulation). I wholeheartedly support this initiative and encourage you to consider the profound benefits it will bring to your organization, and the community at large.

Sincerely,



Mario Rascon, MD, MHCM, D-ABP, D-NBPAS, D-ABMDI, F-AAFS, F-NAME
Chief Medical Examiner - El Paso County Office of the Medical Examiner.

Tel: 915-273-3403 e-mail: m.rascon@epcountytx.gov

Peter Cummings, M.Sc., M.D.

Cummings Medical, PLLC
10 West Broadway
Bangor, ME 04401

February 10, 2025

Senator Rotundo, Representative Gattine
Committee on Appropriations and Financial Affairs
132nd Maine Legislature

Re: LD 210 – Support for Increased Funding for the Office of Chief Medical Examiner

Dear Senator Rotundo, Representative Gattine, and Distinguished Members of the Committee,

My name is Dr. Peter Cummings, currently of Bangor, Maine. I attended John Bapst Memorial High School and the University of Maine in Orono, and as such, this state holds deep personal significance for me. After graduating from UMaine, I earned a Master's Degree in Pathology from Dalhousie University in Halifax, Nova Scotia, where I worked as a death scene investigator. I was also part of the team involved in the identification of victims from Swissair Flight 111 in 1998. Following this, I earned my medical degree from the Royal College of Surgeons in Dublin, Ireland, where I spent considerable time in the medical examiner offices of Belfast and Dublin. During medical school, I also assisted in the identification of remains from the 9/11 attack on the World Trade Center.

After medical school, I completed my pathology residency and neuropathology fellowship at the University of Virginia, where I worked for years as a district medical examiner and conducted extensive forensic neuropathology work for the Virginia Office of the Chief Medical Examiner. I later completed a forensic pathology fellowship sponsored by Harvard at the Boston Office of the Chief Medical Examiner, where I served as a staff pathologist and Director of Forensic Neuropathology. I went on to establish my own forensic consulting firm while also serving as a Professor of Anatomy and Neurobiology at the Boston University School of Medicine, where I taught forensic science, forensic pathology, forensic anthropology, and the use of science as evidence in the courtroom.

Throughout my career, I have been qualified as an expert in forensic pathology in 27 states and seven countries. I am also the only non-government-appointed forensic pathologist granted access to the National Archives by the Kennedy family to review the original autopsy material pertaining to the assassination of President John F. Kennedy. I provide this background not as an exercise in self-promotion but to demonstrate that my

global experience in death investigation systems allows me to recognize what a top-tier medical examiner's office should look like.

It is with this experience that I offer my full support for the budget request presented by Dr. Alice Briones, Chief Medical Examiner of Maine.

The Need for a Top-Tier Medical Examiner's Office

Maine's Office of Chief Medical Examiner (OCME) is a cornerstone of public health, criminal justice, and public safety. Yet, despite a doubling in cases investigations since 2014, staffing levels have remained unchanged. Without additional funding, the OCME cannot sustain the standards necessary for accurate, timely, and high-quality forensic investigations—and that has real-life consequences for Maine's citizens.

To ensure that Maine not only meets but sets the national standard for forensic pathology, the OCME must have the resources to meet its growing responsibilities. The following budget initiatives are critical:

1. **Acquisition of a Lodox X-ray Machine** – This state-of-the-art imaging system will increase efficiency, reduce staff exposure to radiation, and improve forensic investigations by allowing for rapid, full-body imaging.
2. **Competitive Compensation for Field Medical Examiners and Investigators** – Retaining qualified professionals is essential to ensuring high-quality forensic investigations across the state, especially given Maine's large geographic area.
3. **Increased Funding for Toxicology Testing** – Comprehensive toxicology analysis is critical in determining causes of death, identifying emerging drug threats, and informing public health policies.
4. **Expansion of Staffing** – The addition of intake personnel, death investigators, and medical examiner assistants will allow for more autopsies, faster turnaround times, and reduced burnout among current staff.
5. **Infrastructure and Operational Support** – Proper body storage, IT services, and operational upgrades will enable the OCME to handle increasing caseloads and improve efficiency.

A Fully Funded OCME is an Investment in Public Safety

The OCME is not just an agency that determines how people die—it is a frontline defender of public safety and public health.

When a child dies suddenly, the OCME provides grieving parents with the critical answers they need, whether the cause is an undiagnosed medical condition, an environmental hazard, or an unsafe sleep practice—answers that can prevent another family from suffering the same heartbreak.

When an elderly resident in a care facility dies under suspicious circumstances, it is the OCME that determines whether neglect or abuse played a role, protecting Maine's most vulnerable citizens and holding institutions accountable.

When a young person overdoses, it is the OCME's toxicology findings that identify a deadly new synthetic drug—giving law enforcement, public health officials, and lawmakers the real-time data they need to act swiftly and save lives.

Each case the OCME handles is more than an autopsy—it is an opportunity to prevent future deaths. Without adequate funding, case backlogs grow, investigations slow, and the critical public health insights that could prevent the next crisis go unrecognized until it is too late.

A fully funded OCME ensures:

- 1. Families receive closure in the wake of tragedy.**
- 2. Law enforcement has the evidence needed to ensure fair and just investigations and trials.**
- 3. Public health officials can track and respond to emerging threats before they become full-blown crises.**

Under the leadership of Dr. Briones, Maine has the opportunity to set a national example for forensic pathology, proving that the OCME is not merely a place where deaths are examined, but a beacon of scientific excellence, public safety, and justice. By ensuring that investigations are conducted with the highest level of accuracy, integrity, and scientific rigor, we are not only honoring those who have died—we are protecting the living.

I urge you to approve the full budget request of \$1,932,103 to modernize, expand, and strengthen the Office of Chief Medical Examiner. This investment will ensure that Maine has a world-class forensic pathology system—one that not only meets current demands but sets the gold standard for other states to follow. As we used to say when I was growing up: “So goes Maine, so goes the nation.”

Thank you for your time and consideration. I am happy to provide further insight or answer any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Cummings', with a stylized flourish at the end.

Dr. Peter Cummings

**Testimony for Appropriations and Financial Affairs Committee
Regarding LD210 and the Office of Chief Medical Examiner Budget
February 11, 2025**

Senator Rotundo, Representative Gattine, and distinguished members of the committee,

I am testifying in favor of LD 210, – An Act Making Unified Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2026 and June 30, 2027.

My name is Dr. Marcella Sorg. Since 1977, I have served as Maine's consulting forensic anthropologist. I am a Research Professor at the University of Maine. I am also a professional forensic anthropologist, nationally certified by the American Board of Forensic Anthropology, as well as a Fellow of the American Academy of Forensic Sciences and an affiliate member of the National Association of Medical Examiners.

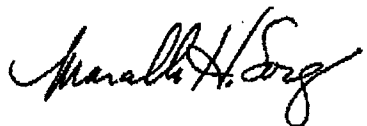
I work very closely with the Office of Chief Medical Examiner (OCME), being called in frequently to examine decomposed and skeletal remains to identify and document skeletal trauma as well as to provide evidence to identify unknown individuals. In this role I frequently work in the OCME morgue and use equipment available there. That work includes, for example, utilizing x-ray equipment and the images it produces to gather evidence of skeletal trauma or disease, or to locate features on an unknown individual to support individual identification. In these roles, I also testify in court as an expert witness.

As a forensic anthropologist, I depend heavily on OCME's x-ray capability. I strongly support the proposed funding that would allow OCME to purchase a Lodox x-ray system. Lodox x-ray machines allow rapid, full-body x-rays, and produce much lower levels of radiation. The current x-ray machine (we have only one) at the OCME is outdated and very slow. It can only process one 15" x 18" image at a time, which is cumbersome since multiple images often are often required to examine one body. Additionally, the system is vulnerable to equipment breakdown, which does happen on occasion, severely hampering operations. Even when it works, its limitations slow us down in handling a medical examiner case load that has grown enormously during the past 25 years.

Images produced by our current machine have relatively low optical resolution. X-ray skeletal details can be used like a fingerprint in victim identification. In cases where we have to compare an OCME x-ray on an unknown decedent with a medical x-ray of a missing person, we are hampered by the low resolution, unable to zoom in far enough to see the details of the bone or dental structure. Digital Lodox systems on the other hand provide high resolution so you can zoom in quite far. This level of detail is also critical for interpretation of trauma. For example, to evaluate whether a fracture has started to heal or is more likely fresh, it is necessary to see very small, detailed changes in bone structure and texture.

A Lodox system would meet current national standards set by the National Association of Medical Examiners. It would make our current day-to-day processes much more manageable and safe for us.

It would also mean being ready for potential mass fatality events, such as the tragedy at Johns Bridge in 2002, when 14 migrant workers from Guatemala and Honduras drowned when their van crashed into the Allagash River. These events are not predictable. They can place a heavy burden on our small office. Having up-to-date x-ray equipment is a one-time expenditure that can make all the difference.

A handwritten signature in black ink, reading "Marcella H. Sorg". The signature is written in a cursive style with a large, stylized initial 'M'.

Marcella H. Sorg, PhD, D-ABFA
Maine Consulting Forensic Anthropologist
and
Research Professor
University of Maine