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**HOUSE BILL NO. 1738**

Offered January 13, 2025

Prefiled January 4, 2025

*A BILL to amend and reenact §§ 2.2-2004.2, 32.1-263, and 32.1-283 of the Code of Virginia, relating to deaths by suicide of veterans or active military, naval, and air service members; inquiry by State Registrar of Vital Records; Department of Veterans Services annual report.*

Patrons—Reid, Cherry, Glass, Thomas, Bennett-Parker, Cousins, Henson, Keys-Gamarra, LeVere Bolling, Price, Reaser, Tran, Watts and Willett

Referred to Committee on General Laws

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 2.2-2004.2, 32.1-263, and 32.1-283 of the Code of Virginia are amended and reenacted as follows:**

**§ 2.2-2004.2. Suicide Prevention Program created; report.**

A. There is created in the Department of Veterans Services the ~~position of Suicide Prevention Coordinator~~ *Program (the Program)* to support and closely coordinate effective mental health care services for military service members and veterans and their families.

B. The ~~Suicide Prevention Coordinator~~ *responsibilities of the Program* shall be to:

1. Gather data on mental health challenges commonly experienced by military service members and veterans and their families that may lead to suicide;

2. In coordination with federal, state, and local partners, gather, review, analyze, and disseminate timely federal, state, and local data on the quantity, common causes, and methods of suicide utilized among military service members, veterans, and their family members;

3. Collaborate with federal, state, and local partners to increase mental health, substance abuse, and suicide risk screenings and refer military service members and veterans and their family members to the appropriate behavioral health and medical professionals or services;

4. Identify and coordinate new behavioral health and suicide prevention opportunities and funding for those opportunities and, from such funds as may be appropriated or are otherwise available for this purpose, administer a grant program to assist local partners in implementing and coordinating suicide prevention efforts in local communities;

5. Provide suicide prevention resources, training, and support to federal, state, and local agencies; ~~and~~

6. Perform other duties as may be required to effectively provide suicide prevention resources, training, and support to military service members, veterans, and their families; *and*

7. *In coordination with the State Police, compile and analyze data relating to suicides of veterans and active military, naval, and air service members pursuant to death certificates filed with the State Registrar of Vital Records in accordance with § 32.1-263. Such data shall be included in the annual report submitted in accordance with the provisions of § 2.2-2001.*

C. The Commissioner shall include a summary of the work of the ~~Suicide Prevention Coordinator~~ *Program* in the annual report to the Secretary of Veterans and Defense Affairs, the Governor, and the General Assembly as required pursuant to subdivision 9 of § 2.2-2004.

**§ 32.1-263. Filing death certificates; medical certification; investigation by Office of the Chief Medical Examiner.**

A. A death certificate, including, if known, the social security number or control number issued by the Department of Motor Vehicles pursuant to § 46.2-342 of the deceased, shall be filed for each death that occurs in the Commonwealth. Non-electronically filed death certificates shall be filed with the registrar of any district in the Commonwealth within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Electronically filed death certificates shall be filed with the State Registrar of Vital Records through the Electronic Death Registration System within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Any death certificate shall be registered by such registrar if it has been completed and filed in accordance with the following requirements:

1. If the place of death is unknown, but the dead body is found in the Commonwealth, the death shall be registered in the Commonwealth and the place where the dead body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation, taking into consideration all relevant information, including information provided by the immediate family regarding the date and time that the deceased was last seen alive, if the individual died in his home; and

2. When death occurs in a moving conveyance, in the United States of America and the body is first

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58 removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth and  
59 the place where it is first removed shall be considered the place of death. When a death occurs on a moving  
60 conveyance while in international waters or air space or in a foreign country or its air space and the body is  
61 first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth  
62 but the certificate shall show the actual place of death insofar as can be determined.

63 B. The licensed funeral director, funeral service licensee, office of the state anatomical program, or next  
64 of kin as defined in § 54.1-2800 who first assumes custody of a dead body shall complete the certificate of  
65 death. He shall obtain personal data of the deceased necessary to complete the certificate of death, including  
66 the social security number of the deceased or control number issued to the deceased by the Department of  
67 Motor Vehicles pursuant to § 46.2-342, from the best qualified person or source available and obtain the  
68 medical certification from the person responsible therefor.

69 If a licensed funeral director, funeral service licensee, or representative of the office of the state  
70 anatomical program completes the certificate of death, he shall file the certificate of death with the State  
71 Registrar of Vital Records electronically using the Electronic Death Registration System and in accordance  
72 with the requirements of subsection A. If a member of the next of kin of the deceased completes the  
73 certificate of death, he shall file the certificate of death in accordance with the requirements of subsection A  
74 but shall not be required to file the certificate of death electronically.

75 C. The medical certification shall be completed and filed electronically with the State Registrar of Vital  
76 Records using the Electronic Death Registration System within 24 hours after death by the physician or  
77 autonomous nurse practitioner in charge of the patient's care for the illness or condition that resulted in death  
78 except when inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283  
79 or 32.1-285.1, or by the physician or autonomous nurse practitioner who pronounces death pursuant to §  
80 54.1-2972. If the death occurred while under the care of a hospice provider, the medical certification shall be  
81 completed by the decedent's health care provider and filed electronically with the State Registrar of Vital  
82 Records using the Electronic Death Registration System for completion of the death certificate.

83 In the absence of such physician or autonomous nurse practitioner or with his approval, the certificate  
84 may be completed and filed by the following: (i) another physician or autonomous nurse practitioner  
85 employed or engaged by the same professional practice; (ii) a physician assistant supervised by such  
86 physician; (iii) an advanced practice registered nurse who is not an autonomous nurse practitioner practicing  
87 in accordance with the provisions of § 54.1-2957; (iv) the chief medical officer or medical director, or his  
88 designee, of the institution, hospice, or nursing home in which death occurred; (v) a physician or autonomous  
89 nurse practitioner specializing in the delivery of health care to hospitalized or emergency department patients  
90 who is employed by or engaged by the facility where the death occurred; (vi) the physician who performed an  
91 autopsy upon the decedent; (vii) an individual to whom the physician or autonomous nurse practitioner has  
92 delegated authority to complete and file the certificate, if such individual has access to the medical history of  
93 the case and death is due to natural causes; or (viii) a physician who is not licensed by the Board of Medicine  
94 who was in charge of the patient's care for the illness or condition that resulted in death. A physician  
95 described in clause (viii) who completes a certificate in accordance with this subsection shall not be required  
96 to register with the Electronic Death Registration System or complete the certificate electronically.

97 As used in this subsection, "autonomous nurse practitioner" has the same meaning as provided in §  
98 54.1-2972.

99 D. When inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283  
100 or 32.1-285.1, the Chief Medical Examiner shall cause an investigation of the cause of death to be made and  
101 the medical certification portion of the death certificate to be completed and filed within 24 hours after being  
102 notified of the death. If the Office of the Chief Medical Examiner refuses jurisdiction, the physician last  
103 furnishing medical care to the deceased shall prepare and file the medical certification portion of the death  
104 certificate.

105 E. If the death is a natural death and a death certificate is being prepared pursuant to § 54.1-2972 and the  
106 physician, autonomous nurse practitioner, or physician assistant is uncertain about the cause of death, he shall  
107 use his best medical judgment to certify a reasonable cause of death or contact the health district physician  
108 director in the district where the death occurred to obtain guidance in reaching a determination as to a cause  
109 of death and document the same.

110 If the cause of death cannot be determined within 24 hours after death, the medical certification shall be  
111 completed as provided by regulations of the Board. The attending physician or autonomous nurse  
112 practitioner, as defined in § 54.1-2972, or the Chief Medical Examiner, an Assistant Chief Medical Examiner,  
113 or a medical examiner appointed pursuant to § 32.1-282 shall give the funeral director or person acting as  
114 such notice of the reason for the delay, and final disposition of the body shall not be made until authorized by  
115 the attending physician, autonomous nurse practitioner, the Chief Medical Examiner, an Assistant Chief  
116 Medical Examiner, or a medical examiner appointed pursuant to § 32.1-282.

117 F. A physician, autonomous nurse practitioner, physician assistant, or individual delegated authority to  
118 complete and file a certificate of death by a physician who, in good faith, files a certificate of death or

determines the cause of death shall be immune from civil liability, only for such filing and determination of causes of death on such certificate, absent gross negligence or willful misconduct.

*G. For any case in which a filed death certificate lists suicide as the cause of death, the State Registrar of Vital Records shall make an inquiry into whether the decedent was a veteran or an active military, naval, or air service member as those terms are defined in § 2.2-2000.1 and shall provide such information concerning the suicide of the veteran or active military, naval, or air service member to the Department of Veterans Services.*

**§ 32.1-283. Investigation of deaths; obtaining consent to removal of organs, etc.; fees.**

A. Upon the death of any person from trauma, injury, violence, poisoning, accident, suicide, or homicide, or suddenly when in apparent good health, or when unattended by a physician, or in jail, prison, or other correctional institution, or in police custody, or who was at the time of his death, or immediately prior to admission to another hospital, an individual receiving services in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services whether the death of such individual was expected or unexpected, or suddenly as an apparent result of fire, or in any suspicious, unusual, or unnatural manner, or the sudden death of any infant, the Office of the Chief Medical Examiner shall be notified by the physician in attendance, hospital, law-enforcement officer, funeral director, or any other person having knowledge of such death. Good faith efforts shall be made by any person or institution having initial custody of the dead body to identify and to notify the next of kin of the decedent. Notification shall include informing the person presumed to be the next of kin that he has a right to have identification of the decedent confirmed without due delay and without being held financially responsible for any procedures performed for the purpose of the identification. Identity of the next of kin, if determined, shall be provided to the Office of the Chief Medical Examiner upon transfer of the dead body.

B. Upon being notified of a death as provided in subsection A, the Office of the Chief Medical Examiner shall take charge of the dead body and the Chief Medical Examiner shall cause an investigation into the cause and manner of death to be made and a full report, which shall include written findings, to be prepared. In order to facilitate the investigation, the Office of the Chief Medical Examiner is authorized to inspect and copy the pertinent medical records of the decedent whose death is the subject of the investigation. Full directions as to the nature, character, and extent of the investigation to be made in such cases shall be furnished each medical examiner appointed pursuant to § 32.1-282 by the Office of the Chief Medical Examiner, together with appropriate forms for the required reports and instructions for their use. The facilities and personnel of the Office of the Chief Medical Examiner shall be made available to any medical examiner investigating a death in accordance with this section. Reports and findings of the Office of the Chief Medical Examiner shall be confidential and shall not under any circumstance be disclosed or made available for discovery pursuant to a court subpoena or otherwise, except as provided in this chapter. Nothing in this subsection shall prohibit the Office of the Chief Medical Examiner from releasing the cause or manner of death or prohibit disclosure of reports or findings to the parties in a criminal case.

C. A copy of each report pursuant to this section shall be delivered to the appropriate attorney for the Commonwealth and to the appropriate law-enforcement agency investigating the death. A copy of any such report regarding the death of a victim of a traffic accident shall be furnished upon request to the State Police and the *Virginia Highway Safety Commission Office*. In addition, a copy of any report concerning an individual who was receiving services, or who immediately prior to admission to another hospital received services, in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services shall be delivered to the Commissioner of Behavioral Health and Developmental Services and to the State Inspector General. A copy of any autopsy report concerning a prisoner committed to the custody of the ~~Director of the~~ Department of Corrections shall, upon request of the Director of the Department of Corrections, be delivered to the Director of the Department of Corrections. A copy of any autopsy report concerning a prisoner committed to any local correctional facility shall be delivered to the local sheriff or superintendent. Upon request, the Office of the Chief Medical Examiner shall release such autopsy report to the decedent's attending physician and to the personal representative or executor of the decedent. *Upon request of the Commissioner of the Department of Veterans Services, a copy of any autopsy report concerning the suicide of a veteran or an active military, naval, or air service member as those terms are defined in § 2.2-2000.1 shall be delivered to the Commissioner of the Department of Veterans Services.* At the discretion of the Chief Medical Examiner, an autopsy report may be released to the following persons in the following order of priority: (i) the spouse of the decedent, (ii) an adult son or daughter of the decedent, (iii) either parent of the decedent, (iv) an adult sibling of the decedent, (v) any other adult relative of the decedent in order of blood relationship, or (vi) any appropriate health facility quality assurance program.

D. For each investigation under this article, including the making of the required reports, the medical examiner appointed pursuant to § 32.1-282 shall receive a fee established by the Board within the limitations of appropriations for the purpose. Such fee shall be paid by the Commonwealth if the deceased is not a legal resident of the county or city in which his death occurred. In the event the deceased is a legal resident of the county or city in which his death occurred, such county or city shall be responsible for the fee up to \$20. If

**180** the deceased is an individual who receives services in a state hospital or training center operated by the  
**181** Department of Behavioral Health and Developmental Services, the fee shall be paid by the Department of  
**182** Behavioral Health and Developmental Services.  
**183** E. Nothing herein shall be construed to interfere with the autopsy procedure or with the routine obtaining  
**184** of consent for removal of organs as conducted by surgical teams or others.