

North Carolina Board of Funeral Service

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www.ncbfs.org

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Next meeting of the Board is 9 a.m. Wednesday, September 9, 2015 at the Board office, 1033 Wade Avenue, Suite 108, Raleigh, NC 27605. The agenda will be posted by September 4 and can be viewed by [following this link](#).

[CLICK HERE FOR CONTINUING EDUCATION PROGRAMS](#)

LEGISLATIVE MATTERS

The following bills affecting funeral service have been filed with the Legislature. The Board staff will continue to monitor as the legislative season progresses:

H-296: Amend Funeral Service Practice Laws

H-422: Amend Funeral Procession Law

H-517: Assignment of Death Benefits

H-905: Merge Cemetery Commission & NCBFS

H-340: Weekend Burials at State Veterans Cemeteries was signed into law by Governor McCrory on June 11. The law allows for burials at state Veterans' Cemeteries Monday through Sunday, except when the day of service falls on a state or federal holiday.

The Legislature's bill look-up link can be accessed here:

<http://www.ncleg.net/Legislation/Legislation.html>

OCME UPDATE

The Office of the Chief Medical Examiner has added a "Frequently Asked Questions" section to their website. Some of the information you will find includes:

- What does it mean when the Medical Examiner accepts jurisdiction?
- How are cause and manner of death determined?
- What should the family expect?
- How do I obtain NC Medical Examiner documents?
- What happens to the personal property or medications that are with the decedent at examination?

There is also a PDF version of the FAQ which can be printed out and given to families. The link may be accessed here:

<http://www.ocme.dhhs.nc.gov/faq/index.shtml>

TRAINEE FORUM

The first Trainee Forum was held on Friday, July 31 at McClure Funeral Home in Graham. There were 27 trainees who RSVPd, and 17 who attended. The four-hour session was a very active dialog about the trainees' experiences both professionally and academically, and the Board's role in supporting them through the process of obtaining licensure. The meeting was very well received. Future sessions will be scheduled in the eastern and western portions of the state. Gratitude is extended to the staff of McClure Funeral Home for their hospitality.

PRENEED RECOVERY FUND

21 NCAC 34D.0402(b) related to the preneed recovery fund states: "The establishment of the fund did not create or acknowledge any legal responsibility on the part of the Board for the acts, or failure to act, of persons, firms or corporations licensed by it. All reimbursements of losses from the fund shall be a matter of privilege in the sole discretion of the Board and not a matter or right. No applicant or member of the public shall have any right in the fund as a third-party beneficiary or otherwise."

MONTHLY CREMATORY REPORTS

As a reminder, 21 NCAC 34C.0305 states "No later than the tenth day of each month, every crematory licensee shall remit to the Board the per-cremation fees under 21 NCAC 34A.0201(b) for the cremations which the licensee performed during the immediately preceding calendar month." The form should be in the Board's possession by the tenth...not postmarked on the tenth. Board staff is not responsible for mishaps within the postal service...

DEATH CERTIFICATE FAQs FROM THE NC MEDICAL BOARD

Frequently Asked Questions on Completion of Death Certificates in North Carolina. Compiled by the North Carolina Medical Board:

Whose responsibility is it to complete death certificates?

Under North Carolina law, death certificates must be completed by a licensed physician or, thanks to changes that took effect in fall 2011, a physician assistant or nurse practitioner who has been specifically authorized by his or her supervising physician to certify deaths. As with any other delegated tasks, the supervising physician is ultimately responsible for ensuring that death certificates are properly filled out and filed. In situations where a person dies at home and is brought by ambulance to a hospital emergency department, it is common practice for hospital staff to check the person's medical records to determine if he or she had an established relationship with a primary care doctor or other physician. If so, the hospital will generally ask the decedent's physician to certify the death. It is the Medical Board's view that this is a reasonable practice, as physicians or other professionals who have examined and treated a patient in the past are arguably in the best position to make an educated guess about the likely cause of death, even if the patient had not been seen recently.

Can a clinician decline to sign a death certificate?

Clinicians may not decline to sign a certificate because they are uncertain of the exact cause of death. Clinicians are merely expected to exercise their best clinical judgment under the circumstances, just as they would in diagnosing treatment for a patient. Deaths should not be referred to the medical examiner's office because a clinician involved in a patient's care is not comfortable attributing a cause of death or believes it is another person's responsibility to complete the death certificate. Before the attending physician is contacted about signing the death certificate, an assessment of the circumstances has almost always been made by EMS, law enforcement, or the medical examiner. If the death falls within the medical examiner's jurisdiction, it will be referred accordingly. Natural deaths are referred to the medical examiner only in extremely limited circumstances. Refusing to sign a death certificate and forcing the case to be accepted by the medical examiner does NOT mean an autopsy will be done (it probably will not); and will initiate a chain of events requiring additional time, unnecessary expense and hassle for the family and costs the county about \$300.

What if I'm not sure on the cause of death?

It's important to understand a death certificate is a legal and not a scientific document. As such, physicians are not required to establish a specific anatomical reason causing the death. If that were the case, postmortem studies (autopsies) would be necessary in all deaths. Obviously, performing autopsies on a routine basis would be unmanageable and beyond the resources of both the medical examiner and hospital-based pathologists. The requirement for death certification is a statement of the condition most likely responsible for death. Clinicians may be uncertain about the exact cause of death, even if they have been treating the patient for one or more stable chronic conditions. The physician, PA or NP may feel the death is unexplained and believe the decedent should be referred to the medical examiner to determine a specific anatomical diagnosis. This is NOT the case. The patient's medical history should provide adequate information to state a reasonable cause of death that meets legal requirements. It is acceptable to use "probable" to identify a suspected final cause of death. If a specific anatomic cause of death is desired a clinician may request permission for a private autopsy from the family after clearing the death with the medical examiner. Remember, the cause of death is a medical opinion and is based on the preponderance of medical evidence, which includes the cumulative effects of multiple risk factors for particular disease processes. Cause of death is the disease process that sets in motion the chain of events that lead to death. For detailed guidance on completing death certificates, refer to the U.S. Centers for Disease Control and Prevention booklet, "The Physician's Handbook of Medical Certification of Death." Medical licensees should know the NCMB is not interested in pursuing disciplinary action against individuals who complete death certificates in good faith and to the best of their abilities. The chance of facing investigation by the Medical Board, or other adverse legal consequences, related to the completion of a death certificate in good faith is remote and should not deter a physician from performing this duty.

How quickly must death certificates be completed?

State law (NCGS §130A 115) specifies death certificates must be completed within three days of receipt of the request. Based on the calls and complaints

the Medical Board receives, this does not always happen. The Medical Board has received reports of families waiting for several weeks to have a loved one's body released due to a physician's unwillingness to certify the death. The reporting of vital events is an integral part of patient care. The Medical Board requests that licensees (physicians, physician assistants and nurse practitioners) accept the professional responsibility to complete death certificates for patients (current, recent and remote) who die of natural causes (manner), regardless of whether the death occurs in or out of the hospital. Licensees can, and should, perform this final aspect of patient care promptly and with consideration for the decedent and his or her loved ones.



LAWS AND RULES REVIEW:

N.C. Gen. Stat. 90-210.124 and 130A-420, an individual may authorize the cremation and disposition of their own remains either by preneed funeral contract or cremation authorization form executed on a preneed basis. However, if the individual wishes to do so by cremation authorization form, he or she must follow N.C. Gen. Stat. 90-210.126 to make sure that the cremation authorization form is properly filled out on a preneed basis (i.e. have the form signed by two witnesses, retain a copy, send a copy to the funeral establishment/crematory licensee, have the required disclosures.)

Although the individual may authorize the cremation and disposition by other means – such as healthcare power of attorney, written will, or written statement – a preneed funeral contract with a cremation authorization form will be the best way to ensure that the individual’s wishes are followed and will also better protect the licensee from liability in following the individual’s wishes.

NEW FUNERAL ESTABLISHMENTS

Genesis Funeral Home of Salisbury, Salisbury
Holland Funeral Service, Monroe
The Next Generation Funeral Home, Greenville

NEW CREMATORY

Wheeler & Woodlief, Rocky Mount

NEW LICENSEES

The Board congratulates the following individuals who were licensed in July: Anthony Jerome Bracy Jr. (FS), Trinette Shante Cherry-Whittaker (FS), Whitney Christley Everhart (FS), Ralph W. Fuller (FS), Deana Toner Kelly (FS), Adam William Kenny (FS), Roland H, Whitted (FD), Lucus Hunter Widenhouse (FS)

NEW TRAINEES

New Trainees registered with the Board in July:
Anna Marie Berry, Sossoman Funeral Home, Morganton
William Lewis Cassell, Moody Funeral Service, Mt. Airy
Charles Matthew Gaddy, Heritage Funeral Service, Valdese
Lauren Page Willis, Munden Funeral Home, Morehead City

CONTINUING EDUCATION

It's August. Have you completed your Continuing Education requirement? You know you can take two hours per year online. That means only three more hours are required. Get it done now!

CREMATION BROKERING IS ILLEGAL

KNOW who is contacting you if you are called to perform a "trade cremation."
Verify the establishment that contacts you. Is it a North Carolina or NC border state licensee? Have you done business with them before????

*If you are providing cremation services via online contacts and cremation forms executed online by sight-unseen consumers, or you are acting as an agent for an out-of-state provider, **you are breaking the law.***

SYMPATHY IS EXTENDED TO THE FAMILIES OF:

Alvin Braxton Hackney, brother of Terry Hackney of Brown-Wynne Funeral Home, Cary, who died on July 11, 2015

Jon E. Ostrander, manager of Harry & Bryant Funeral Home, Charlotte, who died on August 2, 2015.

James Eric Wright, funeral service licensee of Harris Funeral Home, Kings Mountain, who died on August 7, 2015.

