



Medical Examiners Commission Meeting

December 4, 2014

Bruce A. Hyma, M.D. • Sheriff Rick Beseler • Angela B. Corey, J.D. • Kenneth T. Jones
Robert J. Krauss, J.D. • James S. Purdy, J.D. • Robin Giddens Sheppard, L.F.D.
Stephen J. Nelson, M.A., M.D., F.C.A.P. • Carol Whitmore

MEDICAL EXAMINERS COMMISSION

Stephen J. Nelson, M.A., M.D., F.C.A.P.
Chairman

District 10 Medical Examiner
1021 Jim Keene Boulevard
Winter Haven, Florida 33880
(863) 298-4600
FAX: (863) 298-5264
email: Stephen.Nelson@polk-county.net
First Term: 2/13/2014-7/1/2016

Bruce A. Hyma, M.D.

District 11 Medical Examiner
Number One on Bob Hope Road
Miami, Florida 33136-1133
(305) 545-2425
FAX: (305) 545-2412
email: bahyma@miamidade.gov
First Term: 9/10/2007-7/1/2011
Second Term: 8/18/2011-7/1/2015

Honorable Rick Beseler

Sheriff, Clay County
Post Office Box 548
Green Cove Springs, Florida 32043
(904) 213-6001
FAX: (904) 284-0710
email: sheriffbeseler@claysheriff.com
First Term: 8/15/2013-7/1/2017

Robin Giddens Sheppard, L.F.D.

Vice President/Funeral Director
Hardage-Giddens Greenlawn
Funeral Home and Cemetery
4300 Beach Boulevard
Jacksonville, Florida 32207
(904) 396-2522
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First Term: 8/15/2013-7/1/2016

Mr. Kenneth T. Jones

State Registrar
Florida Department of Health
Bureau of Vital Statistics
Post Office Box 210
Jacksonville, Florida 32231
(904) 359-6900 xt. 1001
FAX: (904) 359-6931
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Term: Not Applicable

Honorable James S. Purdy, J.D.

Public Defender, 7th Judicial Circuit
251 North Ridgewood Avenue
Daytona Beach, Florida 32114
(386) 239-7730
FAX: (386) 239-7702
email: purdy.james@pd7.org
Partial Term: 10/2/2008-6/30/2009
First Term: 1/6/2010-7/1/2013
Second Term: 8/15/2013-7/1/2017

Robert J. Krauss, J.D.

Chief - Assistant Attorney General
Bureau Chief, Tampa Criminal Appeals
3507 East Frontage Road, Suite 200
Tampa, Florida 33607-7013
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Honorable Angela B. Corey, J.D.

State Attorney, Fourth Judicial Circuit
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Honorable Carol Whitmore

Manatee County Commission
Board of County Commissioners
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First Term: 8/15/2013-7/1/2017

STAFF

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Florida Department of Law Enforcement
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FLORIDA DISTRICT MEDICAL EXAMINERS

District 1

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District 2

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Forensic Supervisor Tiffany Poston
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e-mail: me2@kubpathology.com

District 3

Dixie Co. ME Service by Dt. 8
Madison, Lafayette & Suwannee
Co.'s ME Service by Dt. 2
Remaining Co.'s ME Service by Dt. 4

District 4

Valerie J. Rao, M.D.
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Operations Mgr Kim Bynum
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District 5

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Dir of Ops Lindsey Bayer
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Chief Inv Damon Breton
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e-mail: dbreton@co.pinellas.fl.us

District 7 (Home Rule)

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Interim Dir of Ops Lindsey Crim
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FAX: (386) 258-4061
e-mail: lcrim@volusia.org

District 8

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Dir of Inv Cathy Weldon
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District 9

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District 10

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District 11 (Home Rule)

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District 12

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District 13 (Home Rule)

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District 14

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District 15 (Home Rule)

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District 16

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Interim District Medical Examiner
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Administrator Patty A. Polivchak
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e-mail: d16meo@aol.com

District 17 (Home Rule) **Craig Mallak, M.D.**

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District 19

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District 22

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e-mail: lcrim@volusia.org

Florida Medical Examiner Districts

District 1
Escambia
Okaloosa
Santa Rosa
Walton

District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

District 3 *Covered by
Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

District 4
Clay
Duval
Nassau

District 5
Citrus
Hernando
Lake
Marion
Sumter

District 6
Pasco
Pinellas

District 7
Volusia

District 8
Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9
Orange
Osceola

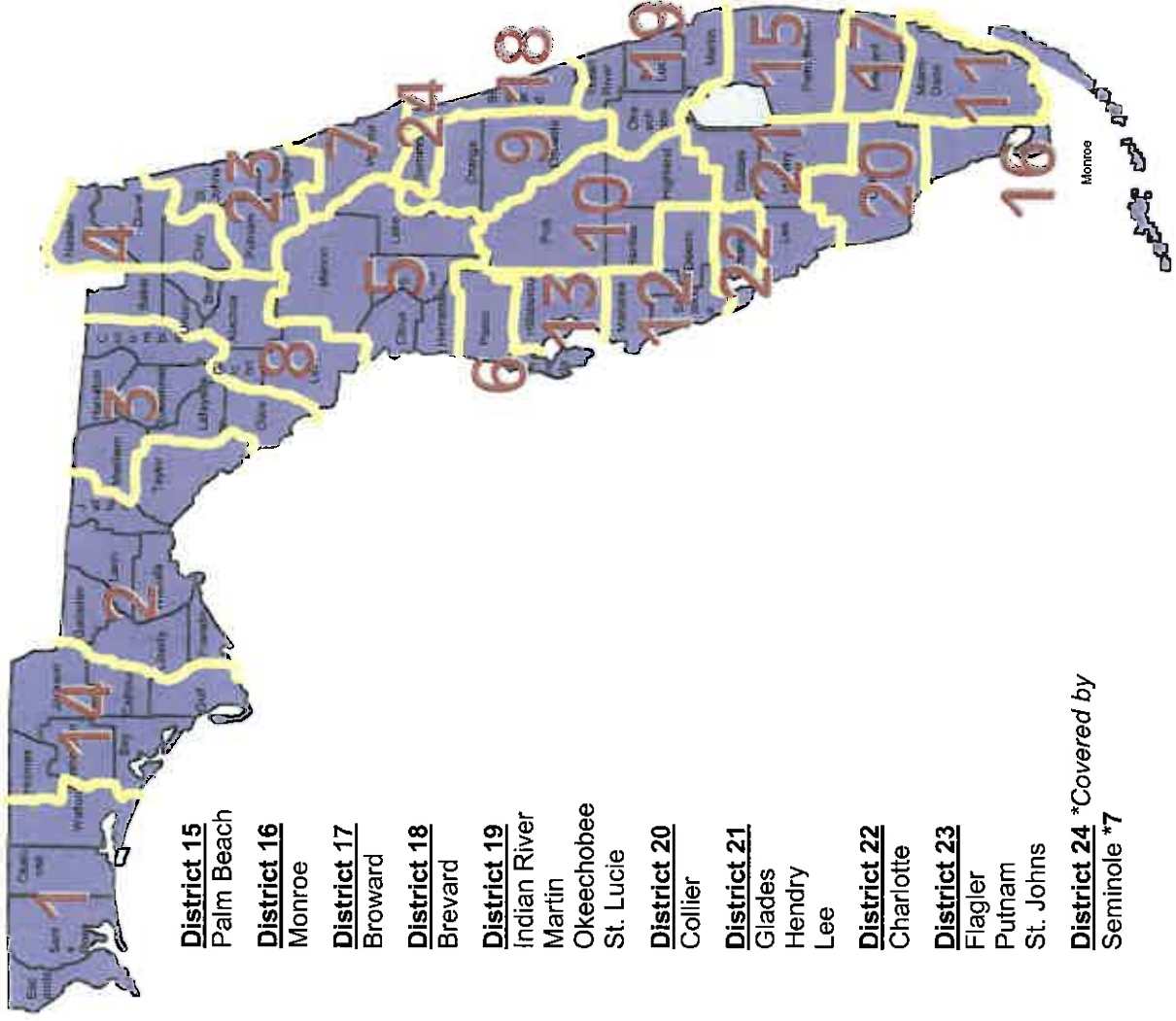
District 10
Hardee
Highlands
Polk

District 11
Miami-Dade

District 12
DeSoto
Manatee
Sarasota

District 13
Hillsborough

District 14
Bay
Calhoun
Gulf
Holmes
Jackson
Washington



District 15
Palm Beach

District 16
Monroe

District 17
Broward

District 18
Brevard

District 19
Indian River
Martin

Okeechobee
St. Lucie

District 20
Collier

District 21
Glades
Hendry
Lee

District 22
Charlotte

District 23
Flagler
Putnam
St. Johns

District 24 *Covered by
Seminole *7

FLORIDA ASSOCIATE MEDICAL EXAMINERS

| | | | | |
|---|---|--|--|--|
| District 1 (Michael D. Bell, M.D.) (Wilson A. Broussard, M.D.) (Frederick P. Hobin, M.D.) (Michael Hunter, M.D.) (Aurelian Nicolaescu, M.D.) | District 6 (Susan S. Ignacio, M.D.) (Wayne D. Kurz, M.D.) (Noel A. Palma, M.D.) (Christopher I. Wilson, M.D.) (Wilson A. Broussard, M.D.) (Wendy A. Lavezzi, M.D.) (Stephen J. Nelson, M.D.) (Robert R. Pfaltzgraf, M.D.) (Kyle C. Shaw, MBBS) (Suzanne R. Utley-Bobak, M.D.) (Russell S. Vega, M.D.) (Vera Volnikh, M.D.) (Barbara C. Wolf, M.D.) | District 12 (Wilson A. Broussard, M.D.) (Suzanne R. Utley-Bobak, M.D.) (Leszek Chrostowski, M.D.) (Laura S. Hair, M.D.) (Wendy Lavezzi, M.D.) (Robert R. Pfaltzgraf, M.D.) (Daniel L. Schultz, M.D.) (Kyle C. Shaw, MBBS) | District 16 (Kenneth D. Hutchins, M.D.) (Bruce A. Hyma, M.D.) (Emma O. Lew, M.D.) (Benjamin Mathis, M.D.) (Jay Radtke, M.D.) (Mark J. Shuman, M.D.) (Wendy A. Stroth, M.D.) (Frederick P. Hobin, M.D.) (Kenneth D. Hutchins, M.D.) (Gertrude M. Juste, M.D.) (Wendy A. Lavezzi, M.D.) (Reinhard W. Motte, M.D.) (Stephen J. Nelson, M.D.) (Krzysztof Podjaski, M.D.) (Kyle C. Shaw, MBBS) (Joshua D. Stephany, M.D.) (Mark J. Shuman, M.D.) (Gary L. Utz, M.D.) (Barbara C. Wolf, M.D.) (Sara H. Zydowicz, D.O.) | District 19 (Linda Rush O'Neil, M.D.) (Glen K. Axelsson, D.O.) (Michael D. Bell, M.D.) (Jan C. Garavaglia, M.D.) (Stuart M. Graham, M.D.) (Marie H. Hansen, M.D.) (Frederick P. Hobin, M.D.) (Kenneth D. Hutchins, M.D.) (Gertrude M. Juste, M.D.) (Wendy A. Lavezzi, M.D.) (Reinhard W. Motte, M.D.) (Stephen J. Nelson, M.D.) (Krzysztof Podjaski, M.D.) (Kyle C. Shaw, MBBS) (Joshua D. Stephany, M.D.) (Mark J. Shuman, M.D.) (Gary L. Utz, M.D.) (Barbara C. Wolf, M.D.) (Sara H. Zydowicz, D.O.) |
| District 2 (Anthony J. Clark, M.D.) (Lisa M. Flanagan, M.D.) (Jerry L. Harris, M.D.) (John P. Mahoney, M.D.) (Charles F. Manning, M.D.) (Margaret Havens Neal, M.D.) (L. Stephen Sarbeck, M.D.) (Stephen L. Sgan, M.D.) | District 7 (Marcela F. Chiste, M.D.) (Tim J. Gallagher, M.D.) | District 13 (Elise F. Arberfeville, M.D.) (Marcela F. Chiste, M.D.) (Leszek Chrostowski, M.D.) (Kelly G. Devers, M.D.) (Laura S. Hair, M.D.) (Wendy A. Lavezzi, M.D.) (Stephen J. Nelson, M.D.) (Kyle C. Shaw, MBBS) (Vera V. Volnikh, M.D.) (Barbara C. Wolf, M.D.) (Sara H. Zydowicz, D.O.) | District 17 (Iouri G. Bolko, M.D., Ph.D.) (Rebecca MacDougall, M.D.) (Marlon Osbourne, M.D.) (Michael R. Steckbauer, M.D.) (Khalil Wardak, M.D.) (Michael D. Bell, M.D.) (Emily Dennison, M.D.) (Timothy Fagen, D.O.) (Kenneth Hutchins, M.D.) (Bruce A. Hyma, M.D.) (Gertrude M. Juste, M.D.) (Catherine Kenerson, M.D.) (Emma O. Lew, M.D.) (Benjamin Mathis, M.D.) (Reinhard W. Motte, M.D.) (Linda Rush O'Neil, M.D.) (Jay Radtke, M.D.) (Anand Shah, M.D.) (Mark J. Shuman, M.D.) (Albert W. Williams, M.D.) | District 20 (Manfred Borges, Jr., M.D.) (Rebecca A. Hamilton, M.D.) (Bruce A. Hyma, M.D.) (Emma O. Lew, M.D.) |
| District 3 (Dixie Co. ME Service by Dist. 8 Madison, Lafayette, & Suwannee Co.'s ME Service by Dist. 2 Remaining Co.'s Service by Dist. 4) | District 8 (Martha J. Burt, M.D.) (Carolyn Hopkins, M.D.) (Robert Buchsbaum, M.D., J.D.) (Predrag Bulic, M.D.) (Jessie C. Giles, M.D.) (Peter Gillespie, M.D.) (Wendy A. Lavezzi, M.D.) (Stephen J. Nelson, M.D.) (Aurelian Nicolaescu, M.D.) (Valerie J. Rao, M.D.) (Kyle Shaw, M.D.) (Wendy A. Stroth, M.D.) (Jon R. Thogmartin, M.D.) (Barbara C. Wolf, M.D.) | District 15 (Gertrude M. Juste, M.D.) (Reinhard W. Motte, M.D.) (Albert Wayne Williams, M.D.) (Iouri G. Bolko, M.D. Ph.D.) (Emily Dennison, M.D.) (Timothy Fagen, M.D.) (Stuart M. Graham, M.D.) (Kenneth D. Hutchins, M.D.) (Bruce A. Hyma, M.D.) (Katherine Kenerson, M.D.) (Emma O. Lew, M.D.) (Rebecca MacDougall, M.D.) (Craig T. Mallak, M.D., J.D.) (Benjamin Mathis, M.D.) (Roger E. Mittleman, M.D.) (Linda R. O'Neil, M.D.) (Marlon Osbourne, M.D.) (Jay Radtke, M.D.) (Anand Shah, M.D.) (Mark J. Shuman, M.D.) (Michael Steckbauer, M.D.) (Khalil Wardak, M.D.) | District 18 (Krzysztof Podjaski, M.D.) (Roger E. Mittleman, M.D.) | District 21 (Robert Pfaltzgraf, M.D.) (Thomas M. Coyne, M.D.) (Manfred C. Borges, M.D.) (Marta U. Coburn, M.D.) (Riazul H. Imami, M.D., Ph.D.) (Mark J. Shuman, M.D.) |
| District 4 (Robert Buchsbaum, M.D., J.D.) (Jessie C. Giles, M.D.) (Peter Gillespie, M.D.) (Aurelian Nicolaescu, M.D.) (Wendy Ann Stroth, D.O.) (Martha J. Burt, M.D.) (William F. Hamilton, M.D.) (Carolyn M. Hopkins, M.D.) (Kyle C. Shaw, MBBS) | District 9 (Marie H. Hansen, M.D.) (Joshua D. Stephany, M.D.) (Gary L. Utz, M.D.) (Sara H. Zydowicz, D.O.) (Julia V. Hegert, M.D.) (Wendy Lavezzi, M.D.) (George D. Leidel, M.D.) (Stephen J. Nelson, M.D.) (Linda Rush O'Neil, M.D.) (Krzysztof Podjaski, M.D.) (Sajid Qaiser, M.D.) (Vera Volnikh, M.D.) (Barbara Wolf, M.D.) | District 22 (Wilson A. Broussard, Jr., M.D.) (Daniel L. Schultz, M.D.) (Suzanne R. Utley-Bobak, M.D.) (Russell S. Vega, M.D.) | District 23 (Tim J. Gallagher, M.D.) (Frederick P. Hobin, M.D.) | District 24 (ME Services Covered by Dist. 7) |

MEDICAL EXAMINERS COMMISSION MEETING

Hilton Singer Island Oceanfront
3700 North Ocean Drive
Riviera Beach, Florida
December 4, 2014
1:30 PM

Opening Remarks

Introduction of Commission Members and Staff

Approval of Meeting Agenda and Minutes from previous Commission Meeting of August 27, 2014

TAB A

| <u>ISSUE NUMBER</u> | <u>PRESENTER</u> | |
|---|-------------------------|-------|
| 1. Informational Items: | Margaret Edwards | |
| • Status Update: District 18, 19, 20, 21, 22, 23, and 24 | | |
| • Status Update: District 4 | | |
| • Status Update: District 16 | | |
| • Reappointments/Assessments Process for Districts 1, 2, 3, 5, 6, & 7 | | |
| • 2013 Drugs in Deceased Persons Report | | |
| • 2013 Annual Workload Report | | |
| • 2014 Interim Drugs in Deceased Persons Report | | |
| 2. Coverdell Grant | Margaret Edwards | TAB B |
| 3. Cannabinoids Testing Policy Directive | Stephen J. Nelson, M.D. | TAB C |
| 4. Ebola Deaths | Stephen J. Nelson, M.D. | TAB D |
| 5. Unidentified Deceased Initiative | Doug Culbertson | TAB E |
| 6. 2015 FAME Educational Conference | Bruce Goldberger, Ph.D. | |
| 7. Other Business | | |
| • Mr. Ken Jones appointed as new State Registrar | Stephen J. Nelson, M.D. | TAB F |
| • DoH Strategic Planning Oversight Team | | |

MEDICAL EXAMINERS COMMISSION MEETING

St. Petersburg Marriott Clearwater
12600 Roosevelt Boulevard, North
St. Petersburg, Florida
August 27, 2014
10:00 AM

Chairman Stephen J. Nelson, M.A., M.D., F.C.A.P, called the meeting of the Medical Examiners Commission to order at **10:07 AM** at St. Petersburg Marriott Clearwater, in St. Petersburg, Florida. He welcomed everyone to the meeting, introduced Assistant Commissioner Cindy Sanz from FDLE, and asked Commission members, staff and audience members to introduce themselves.

Commission members present:

Stephen J. Nelson, M.A., M.D., F.C.A.P., District 10 Medical Examiner
Ken Jones, Deputy State Registrar, Department of Health
Hon. James S. Purdy, J.D., Public Defender, 7th Judicial Circuit
Hon. Carol Whitmore, County Commissioner
Robin Giddens Sheppard, L.F.D., Vice President/Funeral Director
Hon. Angela B. Corey, J.D., State Attorney, 4th Judicial Circuit

Commission members absent:

Bruce A. Hyma, M.D., District 11 Medical Examiner
Hon. Rick Beseler, Sheriff, Clay County
Robert J. Krauss, J.D., Chief Assistant Attorney General

Commission staff present:

| | |
|-------------------|------------------|
| Margaret Edwards | Doug Culbertson |
| Danielle Santiago | Jim Martin, J.D. |
| Vickie Koenig | |

District Medical Examiners present:

| | |
|--------------------------------------|-------------------------------------|
| Thomas R. Beaver, M.D. (District 16) | Craig Mallak, M.D. (District 17) |
| Jon R. Thogmartin, M.D. (District 6) | Russell S. Vega, M.D. (District 12) |

Other District personnel present:

| | |
|-----------------------------------|--------------------------------------|
| Jeff Martin (District 1) | Richard Bailey (District 13) |
| Kim D. Bynum, M.B.A. (District 4) | Wilson Broussard, M.D. (District 12) |
| Rand Swartz (District 4) | Bill Pellan (District 6) |
| Cathy Weldon (District 8) | Koni Rogers (District 23) |
| Lindsey Bayer (District 5) | Lindsey Crim (District 7/24) |

Guests present:

| | |
|--|-------------------------------------|
| Jon Crisler (Lions Eye Institute) | Rebecca Sayer (LifeLink of Florida) |
| Rebecca McColbin (Medical Eye Bank of FL) | Barry Lipton, D.D.S. |
| Bruce Goldberger, Ph.D. (University of FL) | Chandler Brownlee (LifeNet) |
| Dan Schultz, M.D. (LifeLink of Florida) | Liz Lehr (LifeLink of Florida) |
| Beth Withrow (Lions Eye Institute) | Susan Rabel (LifeLink of Florida) |

Lynetta Oxendine (TransLife)
Jason Byrd, Ph.D. (UF/Maples Center)
Cindy Sanz (FDLE)

Bill Cassarly (Southeast Tissue Alliance)
Ricardo Camacho (University of Florida)

A MOTION WAS MADE, SECONDED AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE AGENDA.

A MOTION WAS MADE, SECONDED AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE MINUTES OF THE JUNE 5, 2014, MEDICAL EXAMINERS COMMISSION MEETING.

ISSUE NUMBER 1: INFORMATIONAL ITEMS

- **Status Update: Districts 18 – 24:** Ms. Edwards reported that a letter to Governor Scott recommending the reappointment of incumbent medical examiners in districts 18, 19, 20, 21, 22, 23 and 24, as well as a Questionnaire for Gubernatorial Appointments completed by each incumbent district medical examiner (DME), was hand-delivered to the Governor's appointments office on Monday, June 23, 2014. No action had been taken by the Governor. All seven DMEs continue to serve without benefit of reappointment.
- **Status Update: District 4:** Ms. Edwards reported that a letter to Governor Scott and Dr. Michael Hunter's Questionnaire for Gubernatorial Appointments were mailed on Monday, June 9, 2014. Ms. Edwards reminded the Commission that Dr. Valerie Rao's Questionnaire for Gubernatorial Appointments was sent previously to the Governor's office. No action had been taken by the Governor and Dr. Rao continues to serve as District 4 medical examiner.
- **2013 Drugs in Deceased Persons Report:** Ms. Santiago reported that the data for the annual drug report has been sent to the Quality Assurance Committee for review. Ms. Santiago said that she anticipates that the drug report will be released in late September.

Dr. Nelson addressed variations in reporting of cannabinoids in deceased persons by medical examiner districts. Data received for the annual drug report showed that some districts had not reported the presence of cannabinoids in any deceased persons for several years. Dr. Nelson said that it is imperative that districts test for cannabinoids, especially since the medical marijuana initiative that is on the November elections ballot is expected to pass.

During discussion regarding the cost involved in additional testing for cannabinoids, Dr. Goldberger noted that the University of Florida lab does not charge extra for testing urine for the presence of cannabinoids, but he knew that some labs charge a significant fee for additional testing of blood. Dr. Nelson said that districts need to do whatever is necessary to test for the presence of cannabinoids, or it could prove embarrassing if the medical marijuana amendment passes, and districts are not showing the presence of any cannabinoids in deceased persons after that point.

There was further discussion about how best to ensure that the districts are testing for the presence of cannabinoids. It was suggested that MEC staff compose a letter to all districts for Dr. Nelson's signature. This letter would direct every district to test every decedent in which the death meets the requirements of Rule 11G-2.003(4), F.A.C. for the presence of cannabinoids.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO DIRECT STAFF TO DRAFT A POLICY DIRECTIVE FOR THE CHAIRMAN'S SIGNATURE DIRECTING EACH DISTRICT TO TEST FOR CANNABINOIDS IF THE DEATH MEETS THE REQUIREMENTS OF RULE 11G-2.003(4), F.A.C.

- **2013 Annual Workload Report:** Ms. Santiago reported that all data for the Annual Workload Report had been received, and the report should be ready for release by the second week of September.

ISSUE NUMBER 2: DISTRICT 16 APPOINTMENT RECOMMENDATION

Dr. Nelson reported that the District 16 search committee interviewed three candidates for the position of District 16 Medical Examiner, and that the only name recommended for the position was Thomas R. Beaver, M.D.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO RECOMMEND THOMAS R. BEAVER, M.D. FOR THE POSITION OF DISTRICT 16 MEDICAL EXAMINER.

Dr. Nelson asked Dr. Beaver to see Mr. Culbertson immediately after the meeting to receive his Questionnaire for Gubernatorial Appointments.

ISSUE NUMBER 3: ORDINANCES FOR DOMESTIC PARTNERSHIPS

Mr. Martin informed the Commission that he had made contact with the Board of Funeral Home Directors. They addressed this issue two years ago and issued a legal opinion concluding that domestic partnerships amounted to a contract between two people, and this contract takes priority under the authorized person definition. Commissioner Ken Jones noted that a bill relating to domestic partners was filed during the 2014 legislative session but was unsuccessful. He expects to see the bill filed again for the 2015 session.

ISSUE NUMBER 4: COVERDELL GRANT WORKSHOP

Ms. Santiago presented information regarding the Coverdell Grant. This presentation was given at the request of several districts at the June MEC meeting. Ms. Santiago provided information on the background of the Coverdell Grant, as well as proper procedures for application for the grant, deadlines, disbursement methods, and deadlines for budget amendments.

There was a brief discussion following the presentation after which Dr. Nelson asked that staff provide a detailed timeline to include FDLE deadlines and MEC-imposed deadlines that allow time for processing of amendments and the redirection of unused funds. Mr. Purdy asked that this issue become a standing agenda item for the December MEC meeting in order to look at year-to-date spending, and to determine the possible redirection of funds to other districts. Dr. Nelson asked that this review include data relating to the last three years' awards, expenditures and amendments, by category.

Dr. Nelson also requested that the items requested by each district for future solicitation be brought to the MEC for review at the first meeting of the year. This will ensure that the MEC stays abreast of any funding issues and can ensure that no federal funds are returned.

ISSUE NUMBER 5: SEARCH COMMITTEE PROCEDURES MANUAL

Mr. Culbertson informed the Commission that as directed by the MEC at the June meeting, staff had drafted an outline for a search committee procedures manual, and asked that Commission members review the document and let staff know of any additional items that they would like to have included.

Ms. Corey asked that the manual include the actual interview procedures, as well as examples of case law regarding Sunshine law, as that was the biggest point of confusion among members of her search committee. She also asked that the manual address proper channels for advertising a position. Mr. Culbertson assured Ms. Corey that these items would be included.

ISSUE NUMBER 6: UNIDENTIFIED DECEASED INITIATIVE

Mr. Culbertson informed the Commission and those in attendance that there was one success story from District 9 to report.

On March 3, 1977, a partially skeletonized body was found in a heavily wooded area near Lake Mann in Orlando, FL. On March 22 of that year, District 9 Medical Examiner Thomas Hegert, M.D. reached out to J. Lawrence Angel, Ph.D., an anthropologist and curator of anthropology for the National Museum of Natural Science. Dr. Angel completed an examination of the remains and issued a report indicating the skeleton was that of a young (13-17 year old) black female, that was dead between 4 and 6 months, possibly up to 1 year. Also noted was a large, untreated calcaneous lesion on tooth #14. It showed evidence of erosion into the pulp, and would have been painful (according to the report).

Dr. Hegert wrote his pathology report incorporating the findings of Dr. Angel. He mentioned a missing person by the name of Nancy Grace Daniel. Daniel was a 14 year old black female reported missing on September 6, 1976. Upon reviewing the missing person file, Susan Douglas-aunt and guardian of Nancy Daniel, stated Nancy had taken aspirin on a number of occasions for a tooth ache. Ms. Douglas indicated the area Daniel was known to hang out, and stated she had never run away before. For unknown reasons, the skeletal remains were never identified as Nancy Grace Daniel, and both cases went cold.

In 2008, the District 9 Medical Examiner's Office began entering unidentified cases into the NamUs database, as well as acquiring dental, anthropology, and DNA profiles on any cases with samples still available. In 2008 the case was reexamined with the following timeline:

05/10/08 - Forensic odontologist Kenneth Cohn, D.D.S. examined the dentition.

08/08/08 – Case entered into NamUs database.

03/16/09 - NCIC packet completed and submitted to FDLE Special Agent Warren for entry into the system.

03/25/09 - Images of the skull provided to OCSO forensic sketch artist, Steve Fusco, for a reconstruction.

04/24/09 - Bones submitted to the FBI for DNA analysis.

10/25/11 - Alerted by the FBI that attempts to obtain a nuclear profile from the specimens received were not successful.

11/15/11 - Femur submitted for analysis.

08/19/13 – NCMEC initiative: a handful of unidentified cases presumed to be the remains of persons less than 25 years of age were reexamined by forensic anthropologist, Dr. John Schultz.

08/2013 – NCMEC alerted OCSO to a potential match to Nancy Grace Daniel.

08/26/13 – OCSO Corporal Duwana Pelton submitted samples from “Eugenia Oliver” (cousin of missing person Nancy Grace Daniel) to the University of North Texas for DNA analysis.

09/03/13 – OCSO Corporal Duwana Pelton submitted samples from “Willie Daniel” (brother of missing person Nancy Grace Daniel) to the University of North Texas for DNA analysis.

10/2/13 – Secondary anthropology report completed by John Schultz, Ph.D.

01/30/14 – Notification received from the FBI regarding a nuclear DNA association between the two samples submitted from relatives of MP Daniel and the unidentified case. However, the results provided insufficient support to conclude there was a “match.”

02/04/14 – Notification was received from the FBI regarding a mitochondrial DNA association where the sample acquired from “Willie Daniel” had the same mitochondrial DNA profile acquired from the specimen submitted on unidentified #77-0202.

05/22/14 – Upon reviewing all of the information provided (LEA reports, DNA reports, Anthropology reports, circumstantial information, etc.), current District 9 Medical Examiner, Jan C. Garavaglia, M.D. positively identified unidentified case 1977-00202 as Nancy Grace Daniel.

Mr. Culbertson said that this success story was a good reminder to make use of all of the tools available — Florida Unidentified Decedent Database (FLUIDDB), National Missing and Unidentified Persons System (NAMUS), the free DNA database at the University of North Texas, and to work hand in hand with local law enforcement agencies.

Ms. Koenig demonstrated the new online unidentified deceased training video. This video was made by FDLE’s Bureau of Professional Development and Missing and Endangered Persons Information Clearinghouse (MEPIC), and is aimed at law enforcement agencies. Officers may receive one mandatory retraining credit upon completion of the training video upon supervisory approval. The video may be seen at the following link: <http://www.myfdle.net/Professional-Development/Bureau-of-Professional-Development/FDLE-Online-Training.aspx>

There was no discussion, but Mr. Purdy recommended that District 20 Medical Examiner Marta U. Coburn, M.D.'s segment be moved to the beginning of the training module.

ISSUE NUMBER 7: PDMP STUDY

Dr. Goldberger informed the Commission and those in attendance that his office has been studying the effects of the Prescription Drug Monitoring Program (PDMP) on drug deaths, addressing Oxycodone in particular. He reported that in 2007, and peaking in 2010, deaths caused by Oxycodone rose dramatically, but in 2011 there was a dramatic decrease in deaths attributed to Oxycodone. Dr. Goldberger said that this could be directly attributed to the implementation of the PDMP.

Dr. Goldberger noted that in 2012, Oxycodone was reformulated into Oxycontin and that this new version was not suitable for crushing, snorting or injecting for abuse purposes. He said that about the same time, the pill mill task force began shutting down illegal pain management clinics. All of this resulted in a reduction in the number of deaths due to overdoses.

ISSUE NUMBER 8: REPORT OF 2014 FAME EDUCATIONAL CONFERENCE, JULY 16-18, 2014,

Dr. Goldberger reported that the 2014 FAME Educational Conference was a success, with one of the largest number of attendees to date.

ISSUE NUMBER 9: 2015 FAME EDUCATIONAL CONFERENCE

Dr. Goldberger said that Districts 7 and 24 Medical Examiner Marie A. Herrmann, M.D., will host the 2015 FAME Educational Conference. No date has yet been established, but it will be held at Daytona Shores Resort. Mr. Purdy said that he recommends that it be held at the Plaza, and Dr. Goldberger said that he would pass that information to Dr. Herrmann.

ISSUE NUMBER 10: OTHER BUSINESS

- **Deceased Fingerprint Cards:** Dr. Nelson reminded everyone that administrative rule says that the medical examiner shall forward fingerprint cards to FDLE in order to identify unidentified deceased persons, however, FDLE would prefer that all fingerprint cards be sent.
- **FDLE Initiative with Department of Corrections:** FDLE Assistant Commissioner Cindy Sanz informed the Commission that FDLE will be investigating all non-natural inmate deaths at the request of Department of Corrections Secretary Mike Crews. This agreement includes numerous existing death investigations in addition to any future deaths that occur. She asked for the medical examiners' assistance with completing the autopsies as efficiently and timely as possible. She also stated that if the medical examiners needed any information from FDLE in order to complete their duties and the FDLE agent(s) was not responsive to their requests, to immediately let her know and she would handle the issue.

With no further business before the Commission, the meeting was adjourned at 12:40 P.M.

**Paul Coverdell Grant Residual Analysis
2010 - 2012**

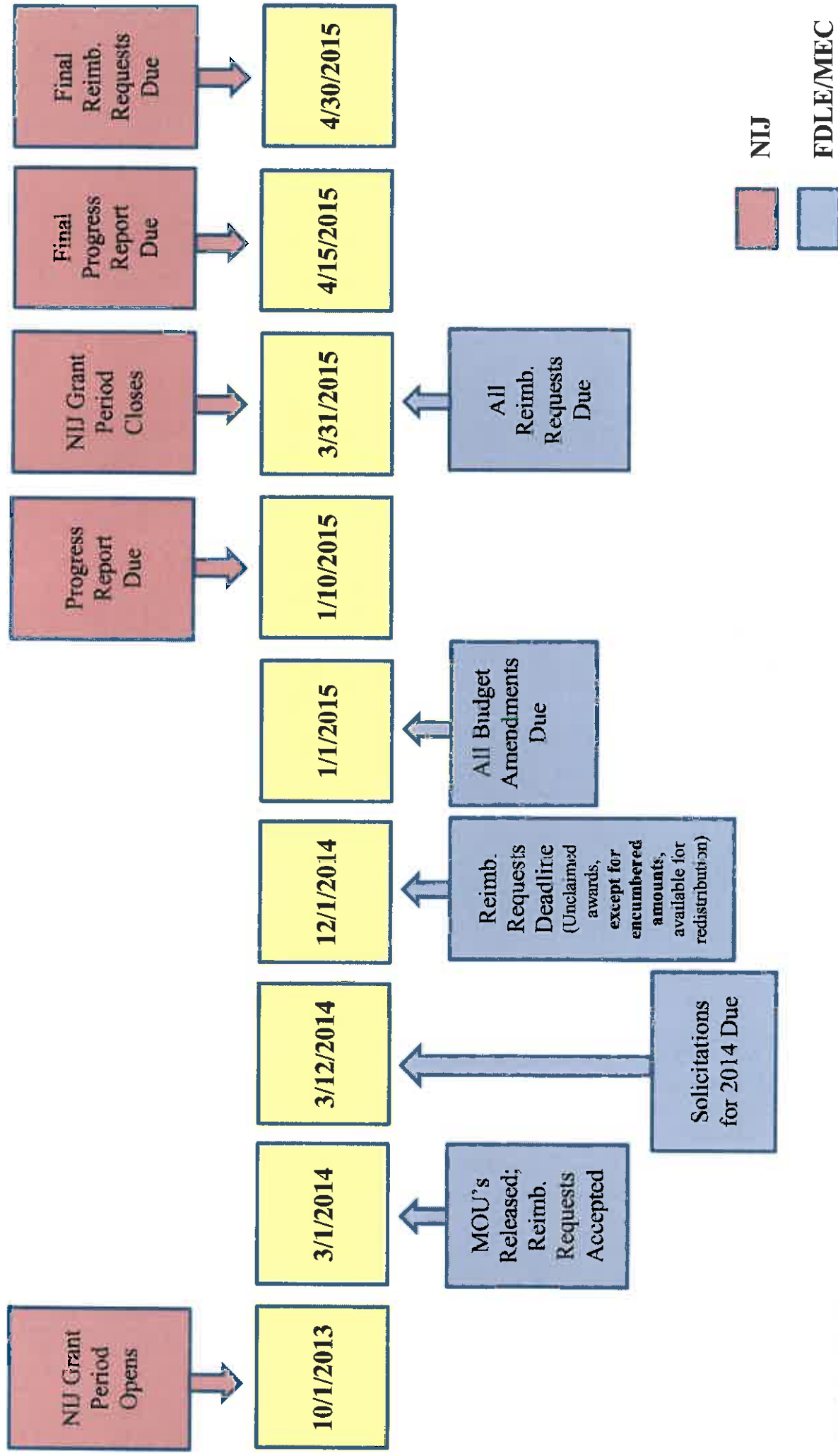
| 2010 Grant | | | 2011 Grant | | | 2012 Grant | | |
|-----------------------------|-------------|-------------|-----------------------------|---------------|------------|-----------------------------|-------------|-------------|
| District | Allotment | Residual | District | Allotment | Residual | District | Allotment | Residual |
| 1 | \$5,985.00 | \$4,155.92 | 1 | \$ 7,650.00 | \$675.10 | 1 | \$3,000.00 | \$3,000.00 |
| 2 | \$5,818.00 | \$0.00 | 2 | \$ 6,857.00 | \$519.40 | 2 | \$1,821.00 | \$345.08 |
| 4 | \$4,976.00 | \$0.00 | 4 | n/a | n/a | 4 | \$1,912.00 | \$5.32 |
| 5 | \$5,496.00 | \$186.01 | 5 | \$ 7,546.00 | \$109.86 | 5 | \$2,073.00 | \$73.71 |
| 6 | \$5,500.00 | \$8.32 | 6 | \$ 8,550.00 | \$45.05 | 6 | \$4,855.00 | \$11.74 |
| 7 | \$5,557.00 | \$91.81 | 7 | \$ 8,600.00 | \$0.00 | 7 | \$3,110.00 | \$350.00 |
| 8 | \$5,445.00 | \$0.00 | 8 | \$ 7,630.00 | \$585.85 | 8 | n/a | n/a |
| 9 | \$5,500.00 | \$274.02 | 9 | \$ 7,000.00 | \$245.43 | 9 | \$3,645.00 | \$132.86 |
| 10 | \$5,497.00 | \$0.00 | 10 | \$ 7,650.00 | \$263.04 | 10 | \$1,998.00 | \$1,822.42 |
| 11 | \$6,315.00 | \$0.03 | 11 | n/a | n/a | 11 | \$2,779.00 | \$0.25 |
| 12 | \$5,500.00 | \$0.00 | 12 | \$ 7,917.00 | \$0.00 | 12 | \$1,722.00 | \$0.00 |
| 13 | \$5,500.00 | \$0.00 | 13 | \$ 7,650.00 | \$0.00 | 13 | n/a | n/a |
| 14 | \$5,400.00 | \$662.00 | 14 | n/a | n/a | 14 | n/a | n/a |
| 15 | \$5,500.00 | \$500.00 | 15 | \$ 7,650.00 | \$0.00 | 15 | \$2,243.00 | \$91.16 |
| 16 | \$5,500.00 | \$5,500.00 | 16 | n/a | n/a | 16 | \$1,822.00 | \$1,822.00 |
| 17 | \$5,500.00 | \$1,018.65 | 17 | \$ 7,650.00 | \$0.00 | 17 | \$1,812.00 | \$0.00 |
| 18 | \$5,500.00 | \$5,500.00 | 18 | n/a | n/a | 18 | \$2,904.00 | \$2,904.00 |
| 21 | \$5,510.00 | \$0.44 | 21 | \$ 7,650.00 | \$5.30 | 21 | \$2,011.00 | \$0.00 |
| 23 | n/a | n/a | 23 | n/a | n/a | 23 | \$2,000.00 | \$2,000.00 |
| Total | \$99,999.00 | \$17,897.20 | Total | \$ 100,000.00 | \$2,449.03 | Total | \$39,707.00 | \$12,558.54 |
| Amount Expended \$82,101.80 | | | Amount Expended \$97,550.97 | | | Amount Expended \$27,148.46 | | |

**Paul Coverdell Grant Residual Analysis
2010 and 2012**

| 2010 Grant | | | 2012 Grant | | |
|--|------------|------------|---|------------|------------|
| District | Allotment | Residual | District | Allotment | Residual |
| 1 | \$5,985.00 | \$4,155.92 | 1 | \$3,000.00 | \$3,000.00 |
| 2010 award for training/travel. Training plans changed; full award amount not used. | | | 2012 award for overtime pay. No reimbursement requested; did not use funds at end of grant period. | | |
| | | | | | |
| 16 | \$5,500.00 | \$5,500.00 | 10 | \$1,998.00 | \$1,822.42 |
| 2010 award for training/travel. No reimbursement requested. | | | 2012 award for training/travel. No reimbursement requested. Asked to use award for Anthropology fees after grant period closed. | | |
| | | | | | |
| 18 | \$5,500.00 | \$5,500.00 | 16 | \$1,822.00 | \$1,822.00 |
| 2010 award for equipment (unspecified). No reimbursement requested. | | | 2012 award for a case management database. No reimbursement requested; did not use funds at end of grant period. | | |
| | | | | | |
| 23 | \$2,000.00 | \$2,000.00 | 18 | \$2,904.00 | \$2,904.00 |
| 2012 award for fire alarm system maintenance. Submitted budget for Live Scan fingerprint device. No reimbursement requested; did not purchase device at end of grant period. | | | 2012 award for digital cameras and lenses. No reimbursement requested; did not use funds at end of grant period. | | |

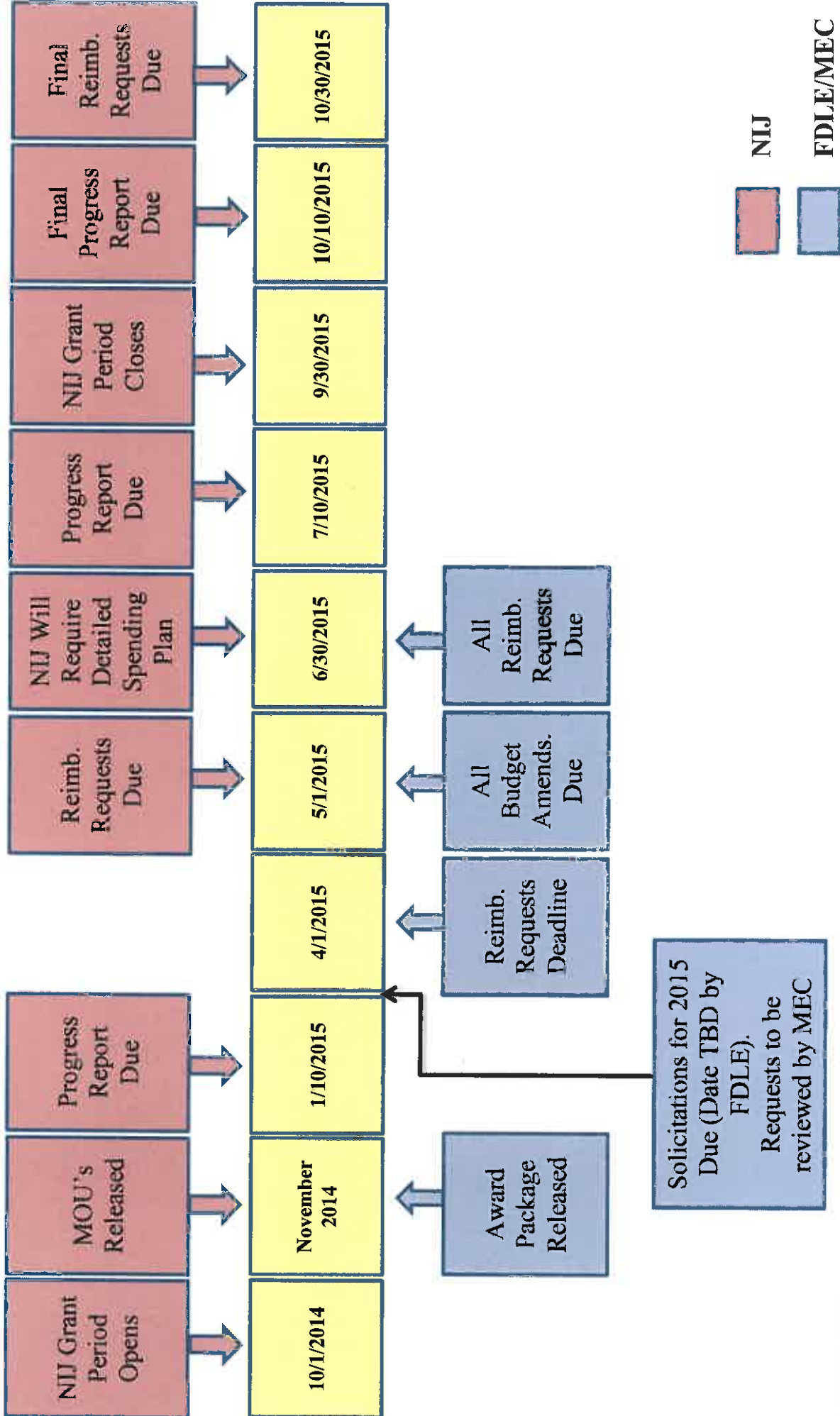
2013 COVERDELL GRANT

Amount: \$33,899 for DMEs



Amount: \$39,758.11 for DMEs

2014 COVERDELL GRANT



**SUBRECIPIENT AGREEMENT
FOR FEDERAL GRANT FUNDING ASSISTANCE
THROUGH FLORIDA'S ADMINISTERING AGENCY:
THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT**

**FY14 Paul Coverdell Forensic Sciences Improvement Act Formula Grant Program
CFDA No. 16.742 - Federal grant award number 2014-CD-BX-0054**

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice

This Subrecipient Agreement is entered into between the following Parties: the **Florida Department of Law Enforcement (FDLE)**, a state agency, and the **Florida District 1 Medical Examiner (Andrea N. Minyard, M.D., d.b.a. Gulf Coast Autopsy Physicians)** ("the Subrecipient" or "the Subgrantee"), a Governor appointed public official.

WHEREAS, the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), National Institute of Justice (NIJ) is providing financial assistance to the Florida statewide criminal analysis laboratory system (Section 943.32, Florida Statutes (2010)) through the **2014 Paul Coverdell Forensic Sciences Improvement Act Formula Grant Program**, ("FY2014 Coverdell FSI Grant" or "the Grant");

WHEREAS, the Coverdell program is authorized by Title I of the Omnibus Safe Streets and Crime Control Act of 1968, Part BB, codified at 42 U.S.C. § 3797j-3797o ("the Coverdell law");

WHEREAS, FDLE has been awarded federal funds by DOJ/OJP under the **FY2014 Coverdell FSI Grant** and has been designated by NIJ as the State Administering Agency in Florida for said Grant; FDLE serves as a "Recipient" of federal funds under the Grant and as a "Pass-through entity" or "Grantor" when providing such funds ("subgrant award") to the Subrecipient;

WHEREAS, the **FY2014 Coverdell FSI Grant** award to Florida includes funding for the Subrecipient to improve the quality and timeliness of forensic science or medical examiner services in accordance with the Grant's requirements and the terms of this Agreement; and

WHEREAS, federal and state laws and regulations impose certain requirements upon a Recipient, a Pass-Through Entity, and a Subrecipient of financial assistance from DOJ/OJP/NIJ through the Grant.

NOW THEREFORE, the Parties agree to the following:

Grant Period. This Agreement covers funding and related activities for the term of the **FY2014 Coverdell FSI Grant**, which is currently **10/01/2014-09/30/2015**. The total period of an award under the Grant, including one that receives project period extensions, ordinarily will not exceed 3 years.

Subgrant Award (Subaward). FDLE is authorized to subaward Grant funds to the Subrecipient in an amount not to exceed **\$2,000** under the terms of the **FY2014 Coverdell FSI Grant Award to FDLE from DOJ/OJP dated September 9, 2014**, and pursuant to the terms of this Agreement, subject to applicable federal, state, and local laws, regulations, directives, and guidance.

No Match Requirement. There is no State or local match required under the Grant.

Availability of Funds. All awards under the Grant and this Agreement are subject to the availability of appropriated funds and any modifications or additional requirements that may be imposed by law.

Compliance/Sanctions. As part of the Subrecipient's acceptance and use of any federal financial assistance from the Grant provided through FDLE pursuant to this Agreement, the Subrecipient agrees to comply with the applicable federal, state, and local laws, regulations, directives and guidance, and the terms of this Agreement. Further, the Subrecipient agrees to ensure compliance with such requirements by Subrecipient's contractors or other entities to which Subrecipient provides Grant funds including, but not limited to, use of competitive procurement or a detailed cost analysis for services, if applicable. The Subrecipient agrees dispose of non-expendable property acquired with federal financial assistance under this Agreement, if any, in accordance with applicable statute, rules and regulations.

The Subrecipient agrees to comply with the financial and administrative requirements set forth in the current edition of the **Office of Justice Programs Financial Guide** ("the OJP Financial Guide") which incorporates by reference the provisions of the federal Office of Management and Budget (OMB) circulars and government-wide common rules applicable to grants and cooperative agreements. (The OJP Financial Guide includes information on allowable costs, methods of payment, audit requirements, accounting systems, and financial records.)

For reference, below are the **federal circulars, common rules, and restrictions** that may be applicable.

OMB Circulars/Regulations:

- **OMB Circular A-102** - "Grants and Cooperative Agreements With State and Local Governments";
- **2 CFR Part 225** - (formerly known as OMB Circular A-87) - "Cost Principles for State, Local, and Indian Tribal Governments" (codified at 28 CFR Part 66, by reference);
- **OMB Circular A-133** - "Audits of States, Local Governments, and Non-Profit Organizations" (codified at 28 CFR Parts 66 and 70);

Government-wide Common Rules:

- "Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Units of Governments," (codified at **28 CFR Part 66**) (Grants Management Common Rule for State and Local Units of Governments);
- "Government-wide Debarment and Suspension (Nonprocurement)" (codified in **2 CFR Parts 180** and **2867**, formerly in 28 CFR Part 67);
- "Government-wide Requirements for Drug-Free Workplace (Grants)" (codified at **28 CFR Part 83**); and
- "New Restrictions on Lobbying" (codified at **28 CFR Part 69**).

The Subrecipient agrees to comply with the additional DOJ/OJP requirements for OJP grant funding found at http://www.ojp.usdoj.gov/funding/other_requirements.htm, as applicable.

If the Subrecipient materially fails to comply with all terms and conditions for the Grant funds, including civil rights requirements, whether stated in a federal statute, regulation, assurance, application, notice of award, or agreement, the following actions may be taken by FDLE and/or DOJ/OJP:

1. Temporarily withhold cash payments pending correction of the deficiency by the Subrecipient;
2. Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance;
3. Wholly or partly suspend or terminate the current award to the Subrecipient;
4. Withhold further awards to the Subrecipient for the project, program or organization; and
5. Take other remedies that may be legally available.

Certifications. Pursuant to the Grant solicitation, the Subrecipient has made the required certifications and will comply with all related requirements. (Exhibit A)

Use of Funds. Funds provided under this award shall be used for the purposes and types of expenses set forth in the **FY14 Solicitation: Paul Coverdell Forensic Science Improvement Grant Program**, (i.e., the program announcement), above-referenced federal, state, local requirements, and pursuant to the approved application, budget, etc., submitted by the Subrecipient and FDLE, and any related amendments. The current approved budget for the subgrant award to the Subrecipient referenced in this Agreement is attached as Exhibits B.

Funds shall not be used for general law enforcement functions or non-forensic investigatory functions, and shall not be used for research or statistical projects or activities.

The Subrecipient shall not use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of OJP, and only if permitted by all applicable laws.

Copyrights. DOJ/OJP/NIJ reserve a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use, and authorize others to use, for federal Government purposes: 1) The copyright in any work developed under a subaward; and 2) Any rights of copyright to which a subrecipient purchases ownership with subaward funds.

Patents, Patent Rights, and Inventions. If any program produces patentable items, patent rights, processes, or inventions, in the course of work sponsored by the subaward funds, such facts must be promptly and fully reported to FDLE and DOJ/OJP/NIJ. Unless there is a prior agreement between FDLE and DOJ/OJP/NIJ on disposition of such items, DOJ/OJP/NIJ shall determine whether protection on the invention or discovery shall be sought. DOJ/OJP/NIJ will also determine how rights in the invention or discovery (including rights under any patents issued thereon) shall be allocated and administered in order to protect the public interest consistent with "Government Patent Policy" (President's Memorandum for Heads of Executive Departments and Agencies, dated August 23, 1971, and statement of Government Patent Policy, as printed in 36 FR 16839). (Government-wide regulations have been issued at 37 CFR Part 401 by the U.S. Department of Commerce.)

Records. The Subrecipient is required to establish and maintain adequate cost accounting systems and financial records to accurately account for funds awarded to it.

Retention. All financial records, supporting documents, statistical records, and all other records pertinent to the Grant funds awarded to the Subrecipient shall be retained by the Subrecipient for AT LEAST 5 YEARS following notification by FDLE or OJP that the grant has been programmatically and fiscally closed OR at least 5 years following the closure of its audit report covering the entire award period, whichever is later. Records may be retained in an automated format. Records for equipment, nonexpendable personal property, and real property shall be retained for a period of 5 years from the date of the disposition or replacement or transfer. If any litigation, claim, or audit is started before the expiration of the 5-year period, the records shall be retained until all litigations, claims, or audit findings involving the records have been resolved. The Subrecipient must comply with any additional requirements which may exist in state and/or local law for record retention and maintenance.

Access. FDLE, DOJ, OJP, NIJ, DOJ-Office of the Inspector General, the Comptroller General of the United States, the Auditor General of the State of Florida - or any of the authorized representatives of such entities shall have the right of access to any pertinent books, documents, papers, or other records of the Subrecipient, its implementing entity, and its contractor(s), in order to make audits, examinations, excerpts, and transcripts. The right of access shall not be limited to the required retention period but shall last as long as the records are retained.

FDLE reserves the right to unilaterally terminate this Agreement if the Subrecipient, its implementing agency, or its contractor(s) refuses to allow public access to all documents, papers, letters, or other materials which are subject to the public record provisions of Chapter 119, Florida Statutes.

Loss, Damage, or Theft of Equipment. The Subrecipient is responsible for replacing or repairing property which is willfully or negligently lost, stolen, damaged, or destroyed. Any loss, damage, or theft of the property must be investigated and fully documented and made part of the official Grant project records.

Reimbursements and Related Deliverables/Scope of Work.

Reimbursements. The Subrecipient may invoice FDLE for reimbursement under the Grant on either a monthly or quarterly basis. The maximum allowable reimbursable amount shall be \$2,000. Reimbursements to the Subrecipient will be limited to actual, allowable expenses documented and submitted to FDLE. All invoices, receiving documentation, purchase orders, and copies of checks must be submitted by the Subrecipient with related reimbursement requests. The Subrecipient shall make supporting documentation available upon request, to comply with federal and/or state grant documentation requirements and/or audits.

Invoices for reimbursement of allowable costs and supporting documentation should be submitted to:

Florida Department of Law Enforcement
Attn: IFS Program – Office of Policy & Planning
P.O. Box 1489
Tallahassee, Florida 32302

Reimbursement funds should be remitted to:

FEID: _____
Attn: _____

Final reimbursement requests must be received by FDLE no later than 30 days after the end date of the **FY2014** Coverdell FSI Grant award period. Reimbursement requests received more than 30 days after the end of the award period may be denied for payment. As the grantee, the FDLE reserves the right to reallocate unused funding in order

to maximize the federal award. Detailed spending plans will be required of all sub-recipients who show no project activity by June 30th.

Deliverables/Scope of Work. The Subrecipient must meet the requirements of quantifiable units of "deliverables" and "scope of work" as identified in the approved budget for the subgrant award to the Subrecipient referenced in this Agreement (current version: Exhibit B), in conjunction with the goals and requirements of the FY14 Solicitation: Paul Coverdell Forensic Science Improvement Grant Program, and Florida law (e.g., Section 215.971, Florida Statutes (2010)).

Reporting Requirements/Performance Measures.

Semi-annual reports. The Subrecipient agrees to comply with performance measure reporting requirements as outlined in the FY2014 Coverdell FSI Grant and pursuant to the requirements of DOJ/OJP/NIJ and FDLE. Performance measure documentation must be submitted to FDLE within fifteen (15) days of the completion of the semi-annual reporting period.

Annual Report. The Subrecipient will also report to FDLE the following information related to the Subrecipient's Certification as to External Investigations (Per 42 U.S.C Section 3797k(4) regarding independent external investigations into allegations of serious negligence or misconduct by employees or contractors) on an annual basis: 1) the number and nature of any such allegations about the Subrecipient which are known to the Subrecipient; 2) information on the referrals of such allegations (e.g., the government entity or entities to which referred, the date of referral); 3) the outcome of such referrals (if known as of the date of the report); and 4) if any such allegations were not referred, the reason(s) for the non-referral.

The Subrecipient's report on external investigation allegations must be submitted to FDLE within fifteen (15) days of request.

Final report. The Subrecipient shall submit a final report to FDLE that (1) includes a summary and assessment of the program carried out with the Grant funds, (2) identifies the number and type of cases accepted during the Grant award period by the forensic laboratory or laboratories that received the Grant funds, and (3) cites the specific improvements in the quality and/or timeliness of forensic science and medical examiner services (including any reduction in forensic analysis backlog) that occurred as a direct result of the Grant funds.

The Subrecipient's final report is due no later than 30 days following the close of the award period or the expiration of any extension periods.

Penalties for untimely submissions or failure to provide required reports/information. Payments to the Subrecipient (including payments under future awards) may be withheld, or other related requirements may be imposed, if required information and reports are not submitted within the specified time periods.

Audit and Monitoring. As noted above, the Subrecipient agrees to comply with relevant provisions of the organizational audit requirements of the current version of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and understands and agrees that funds may be withheld, or other related requirements may be imposed, if any outstanding audit issues from OMB Circular A-133 audits (and any other audits of OJP grant funds) are not satisfactorily and promptly addressed.

Audit Thresholds (OMB A-133): If the Subrecipient expends \$500,000 or more in Federal funds (from all sources including pass-through subawards) in the organization fiscal year (12-month turnaround reporting period), the Subrecipient shall have a single organization-wide audit conducted in accordance with OMB Circular A-133. If the Subrecipient expends less than \$500,000 a year in Federal funds, the Subrecipient is exempt from Federal audit requirements for that year; however, the Subrecipient must make records available for review or audit by appropriate officials including the Federal agency/agencies which provided the federal funds, the pass-through entity/entities (FDLE for this Agreement), and the federal General Accounting Office.

Failure to have the above-referenced audits performed as required will result in the withholding of new discretionary awards and/or withholding of funds or change in the method of payment on active awards. Known or suspected violations of any law encountered during the Subrecipient's audits, including fraud, theft, embezzlement, forgery, or other serious irregularities, must be communicated to FDLE and DOJ/OJP. Addresses for audit reporting packages: Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, and related to this agreement shall be submitted, when required by Section .320 (d) and (e), OMB Circular A-133, by or on behalf of the Subrecipient directly to each of the following:

1. The Florida Department of Law Enforcement at each of the following addresses:

Florida Department of Law Enforcement
Investigations & Forensic Science Program
Office of Policy and Planning
P. O. Box 1489
Tallahassee, FL 32302

2. The Federal Audit Clearinghouse designated in OMB Circular A-133 (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133) should be submitted to the Federal Audit Clearinghouse, at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133.

Additional monitoring/assessment: Additional monitoring of the Subrecipient may include, but are not limited to, inspections, reviews, investigations, audits, or on-site visits by FDLE, the Chief Financial Officer (CFO) or the Auditor General of the State of Florida. The Subrecipient will comply and cooperate with all such monitoring activities.

Pursuant to DOJ requirements, the Subrecipient agrees to cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this project.

Reporting Irregularities. The Subrecipient shall promptly notify FDLE, DOJ/OJP, and the Federal cognizant audit agency of any illegal acts, irregularities and/or proposed and actual actions regarding the Grant funds. Illegal acts and irregularities include conflicts of interest, falsification of records or reports, and misappropriation of funds or other assets. The Subrecipient should promptly refer to FDLE and to the DOJ/Office of Inspector General (OIG) any allegation and/or credible evidence that a principal, employee, agent, contractor, subrecipient/subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds, by contacting DOJ-Office of Chief Financial Officer, Customer Service Branch (CSB), via e-mail ask.ocfo@usdoj.gov or by calling 1-800-458-0786, and/or the Office of the Inspector General (OIG) Mail: Office of the Inspector General, U.S. Department of Justice, Investigations Division, 950 Pennsylvania Avenue, N.W., Room 4706, Washington, DC 20530; E-mail: oig.hotline@usdoj.gov; Hotline: (contact information in English and Spanish): (800) 869-4499 or Hotline Fax: (202) 616-9881.

Environmental Assessment. The Subrecipient agrees to comply with all Federal, State, and local environmental laws and regulations applicable to the development and implementation of the activities to be funded under this award. Environmental Assessment (EA): The Subrecipient agrees and understands that funded activities (whether conducted by the subrecipient or contractors) may require the preparation of an environmental assessment (EA) as defined by the Council on Environmental Quality's Regulations for implementing the Procedural Provisions of the National Environmental Policy Act (NEPA), found at 40 CFR Part 1500. An EA is a concise public document that briefly provides sufficient analysis for determining whether to prepare an environmental impact statement (EIS) or a finding of no significant impact for the proposed activity. If in completing an EA for a proposed activity, potential adverse environmental impacts are identified, the EA will serve as a vehicle for developing either alternative approaches or mitigation measures for avoiding or reducing the identified adverse environmental impacts.

Throughout the term of this award, the Subrecipient agrees that for any activity that is the subject of a completed Environmental Assessment (EA), it will inform NIJ of (1) any change(s) that it is considering making to the previously assessed activity; (2) any changed circumstances, such as a change in the project site's conditions; or (3) any significant new information. The Subrecipient will not implement a proposed change until NIJ, with the assistance of the Subrecipient, has determined whether the proposed change will require additional review under NEPA. Likewise, in the case of new circumstances or information arising, NIJ, with the assistance of the Subrecipient, will determine if any additional environmental impact analysis is necessary. The approval will not be unreasonably withheld as long as any requested modification(s) is consistent with eligible program purposes and found acceptable under an NIJ-conducted environmental impact review process.

Contract Liaisons. The FDLE contract manager for this Agreement is:

Danny Van Vliet
Government Analyst II
Florida Department of Law Enforcement
I&FS Program – Office of Policy & Planning
P.O. Box 1489
Tallahassee, Florida 32302
850-410-8374
DanielVanVliet@fdle.state.fl.us

The Subrecipient representative responsible for administration of this Agreement is:

NAME _____
TITLE _____

PHONE _____
EMAIL _____

Modifications. This Agreement may be modified or amended in writing, with signatures of both Parties, if not prohibited by DOJ/OJP/NIJ. This Agreement may also be modified or amended by operation of law or regulation. No formal amendment with signatures is required to amend the grant budget for the Subrecipient. The Subrecipient will request amendments electronically and obtain electronic approval for request.

Effective Date and Termination/Cancellation. This Agreement is effective between the Parties on the last date of signatures by the Parties. This Agreement applies to the entire Grant period and all Grant projects and funds applicable to the Subrecipient.

This Agreement terminates 90 (ninety) days after the close of the Grant period or 1) by operation or requirement of law or regulation; or 2) by written agreement signed by both Parties, as permitted by DOJ/NIJ/OJP. Some provisions of this Agreement may continue to apply to the Parties after termination, including but not limited to requirements for retention of and access to records and audits.

IN WITNESS HEREOF, the Parties agree with the terms and conditions in this Agreement which consists of six (6) pages plus Exhibits A and B which consist of six (6) pages, by placing their signatures below, through their respective, duly-authorized officials.

Subrecipient

DISTRICT 1 MEDICAL EXAMINER

**PHYSICAL/STREET ADDRESS: 5151 NORTH 9TH AVENUE
PENSACOLA, FL 32504**

By: _____
Andrea N. Minyard, M.D.
District 1 Medical Examiner

Date: _____

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
2331 Phillips Road
Tallahassee, Florida 32308

By: _____
Jim Madden
Assistant Commissioner

Date: _____



State of Florida Medical Examiners Commission

P.O. Box 1489 | Tallahassee, FL 32302-1489 | (850) 410-8600

MEMORANDUM

DATE: December 4, 2014

TO: District Medical Examiners and Associate Medical Examiners

FROM: Stephen J. Nelson, M.A., M.D., F.C.A.P.
Chairman

SUBJECT: Testing for Cannabinoids in Deceased Persons

At the August 27, 2014 meeting of the Medical Examiners Commission (MEC) in St. Petersburg, the Commission discussed variations in reporting of cannabinoids in deceased persons by medical examiner districts.

Data received for the 2013 MEC annual drug report showed that some medical examiner districts had not reported the presence of cannabinoids in any decedent for several years.

A subsequent MEC staff survey of all medical examiner districts revealed that the majority do conduct routine screening for the presence of cannabinoids (20 of 23 districts). One district screens for THC/metabolites in drivers and other operators of machinery and in circumstances where THC could have a direct role in the death. Two districts conduct cannabinoid screening when it is relevant to their death investigation. Eight of the 20 districts that conduct routine screenings for cannabinoids use urine samples and then follow up with confirmation testing, using blood when necessary.

After lengthy discussion at the MEC meeting about how best to ensure that all medical examiner districts test for the presence of cannabinoids in deaths that result from violence, the Commission asked staff to compose a directive from the Medical Examiners Commission to the medical examiner districts requiring each district to test each and every decedent for the presence of cannabinoids when their deaths meet the requirements of Rule 11G-2.003(4), Florida Administrative Code (F.A.C.).

Directive

Rule 11G-2.003(4), F.A.C., states that, "*Examination for alcohol and appropriate chemical and drug concentrations shall be done in any autopsy when the death has resulted from violence and has occurred within twelve hours of injury.*"

All drugs that are identified in the Drugs Identified in Deceased Persons by Florida Medical Examiners report are considered appropriate for examination. Therefore, the Commission directs all medical examiner districts to include testing for cannabinoids in autopsies conducted in accordance with Rule 11G-2.003(4), F.A.C.

| Cannabinoid Testing | | | | |
|---------------------|-----|----|-------------------|--|
| District | Yes | No | Laboratory | Comments |
| 1 | x | | UF | Routine urine screen, blood quantification if further testing needed. Quantify the urine, but only report as "positive." If testing of blood is necessary, the concentration of THC and its metabolites is quantified. |
| 2 | x | | UF | Routine urine screen, blood quantification if further testing needed. Quantify the urine, but only report as "positive." If testing of blood is necessary, the concentration of THC and its metabolites is quantified. |
| 3 | | | | |
| 4 | x | | In house | Routine urine screen, confirm the positive immunoassay result. No quantification. |
| 5 | x | | Wuesthoff | Routine screen with follow-up confirmation. Do not quantify unless requested by law enforcement or family |
| 6 | X | | In house | Screen only when pertinent or when "deemed appropriate" pursuant to 11G. Screen for THC/metabolite in drivers/machine operators, and in circumstances where THC could have direct role in death. |
| 7 | x | | NMS | Routine screen, quantify in blood. |
| 8 | x | | UF | Routine urine screen, blood quantification if further testing needed. Quantify the urine, but only report as "positive." If testing of blood is necessary, the concentration of THC and its metabolites is quantified. |
| 9 | x | | Wuesthoff | The lab screens for it and notifies the doctor that it is present. Then it is up to the doctor to request that it be quantified. Typically, the doctors quantify cannabinoids on all homicide cases, but ultimately it is a case by case decision made by the doctors. |
| 10 | x | | UF | Routine urine screen, blood quantification if further testing needed. Quantify the urine, but only report as "positive." If testing of blood is necessary, the concentration of THC and its metabolites is quantified. |
| 11 | | x | In house | Screen upon request based on case information. If positive cannabinoid result obtained by immunoassay, case is sent for confirmation in the urine and/or quantitation in the blood. Analysis includes THC, 11-OH-THC, and coxoy-THC. |
| 12 | x | | Local hospital/UF | Routine urine screen, blood quantification if further testing needed. Lab #1 - Use local hospital lab (Sarasota Memorial Hospital) for cases in which drugs are not suspected. They perform a screen which includes a "presumptive positive" cannabinoid report. As the needs of the case indicate, follow up a presumptive positive result with confirmation (and possibly quantitation) at lab #2. Lab #2 - (Dr. Goldberger at the) University of Florida Toxicology Laboratory. They screen and do confirmation on any positive screens; essentially, all specimens they test. UF does not do quantitations - those are sent out to NMS |
| 13 | x | | In house | Routine blood screen in house; confirmation/quantification by outside lab in select cases. |
| 14 | x | | UF | Routine urine screen, blood quantification if further testing needed. Quantify the urine, but only report as "positive." If testing of blood is necessary, the concentration of THC and its metabolites is quantified. |
| 15 | x | | Wuesthoff | Routine screen with follow-up confirmation. Quantify on positives. |
| 16 | x | | UF | Routine urine screen, blood quantification if further testing needed. Quantify the urine, but only report as "positive." If testing of blood is necessary, the concentration of THC and its metabolites is quantified. |

| Cannabinoid Testing | | | | |
|---------------------|-----|----|------------|---|
| District | Yes | No | Laboratory | Comments |
| 17 | x | | In house | Routine screen, case by case. Given conflicting information on what quantifications mean, we do it as little as possible. |
| 18 | x | | Wuesthoff | Routine screen with follow-up confirmation. Do not quantify. |
| 19 | x | | Wuesthoff | Routine screen on all unnatural deaths. The method of testing by Wuesthoff Labs will indicate that " further testing is suggested " if their screening tests detect the possibility of its presence. If the screening test suggests the presence of cannabinoids, the medical examiner then decides if further testing is necessary to confirm the presence or go directly to blood quantification. Always confirm with quantification in any violent death where behavioral effect of the THC raises questions; all homicides ,traffic involved deaths (i.e. drivers and pedestrians), suicides, etc. would have a blood quantification. However, if the manner of death is natural or for example, the victim is a passenger in a car crash, we often do not confirm or quantitate. Therefore, stats for all of our cases will be lower than the total number which is reported to the MEC. The reason we don't confirm a possible positive in the latter cases is because of the extreme expense (over \$ 100 /test), which would be very costly for the budget. |
| 20 | | x | D11 | Screen upon request based on case information; depends on the case. Sometimes we request they look for cannabinoids, depending on the case. If it is positive, we may ask to quantify, again, depending on the situation. |
| 21 | x | | Wuesthoff | Routine screen with follow-up confirmation. Cannabinoid testing, as part of the routine drug screen, is routinely performed on all deaths (not significantly delayed) resulting from traumatic injuries as well as possible drug intoxication. A physician may still order routine drug testing on natural deaths depending on the circumstances. Quantification of the cannabinoid metabolites is performed depending on the type of case. The metabolites are usually quantified in cases involving victims of suicide, homicide, traffic accidents and possible drug intoxication. |
| 22 | x | | AIT | Routine screen; quantify in blood. |
| 23 | x | | NMS | Routine screen; quantify in blood and urine. |
| 24 | x | | NMS | Routine screen; quantify in blood. |

Koenig, Vickie

From: Culbertson, Doug
Sent: Wednesday, October 22, 2014 11:31 AM
To: Beaver, Thomas R.; Bell, Michael D.; Bulic, Predrag; Coburn, Marta; Garavaglia, Jan; Hamilton (at home), Rebecca; Hamilton, Rebecca; Hamilton, William F.; Herrmann, Marie A.; Hunter, Michael; Hyma, Bruce A.; Imami, Riazul H; Mainland, Mary; Mallak, Craig; Minyard, Andrea N; Mittleman, Roger; Nelson, Stephen J; Qaiser, Sajid; Rao, Valerie; Stewart, David; Thogmartin, Jon; Vega, Russell S.; Wolf, Barbara
Cc: Koenig, Vickie; Edwards, Margaret; Turvaille, Debbie; Santiago, Danielle; Martin, James; Register, Dean
Subject: Ebola Deaths

Good Morning Everyone,

Please see the below email from MEC Chairman Stephen J. Nelson.

Doug Culbertson
FDLE
Medical Examiners Commission
(850)410-8609

Good Morning,

I recently received a letter from Doug Shropshire, Director of the Division of Funeral, Cemetery and Consumer Services, regarding inquiries that he has received about the handling of remains of Ebola-infected victims. As you may know, the Centers for Disease Control (CDC) guidance includes minimizing the handling of remains as well as prompt cremation.

One concern expressed by funeral home directors is whether District Medical Examiners have or will have expedited procedures for cremation approvals for Ebola-infected victims, or will Ebola-infected victims be subject to the 48-hour waiting period prior to cremation approval (FS 872.03) that currently exist. This particular item has been discussed with representatives of the Florida Department of Health. While neither I nor the Medical Examiners Commission can waive the application of F.S. 872.03, it is my belief that this section of Florida Statutes could, and probably should, be waived via Emergency Order or Executive Order.

Given that it is far too dangerous to come into contact with a person who died from Ebola virus disease, no medical examiner should conduct an autopsy on any victim of Ebola (per CDC recommendation). Those bodies should be sent for direct cremation or direct burial per guidance from the Centers for Disease Control (CDC). Cremation should be by heat, rather than bio-cremation via alkaline hydrolysis or any other method of cremation.

Below you will find links to the CDC's guidance and to contacts for every county health department in Florida. I suggest that each of you become familiar with the CDC policy, as it evolves and changes with frequency.

<http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>

<http://www.floridahealth.gov/programs-and-services/county-health-departments/find-a-county-health-department/index.html>

This topic will be on the December 4, 2014 Medical Examiners Commission meeting agenda at which time any additional information will be discussed. In the meantime, please do not hesitate to contact me if you have any questions.

Sincerely,

STEPHEN J. NELSON, M.A., M.D., F.C.A.P.

District Medical Examiner

10th Judicial Circuit of Florida

Polk, Hardee and Highlands counties

1021 Jim Keene Boulevard

Winter Haven, Florida 33880-8010

(863) 298-4600 main

(863) 298-5264 fax

(863) 687-1344 answering service (24/7/365)

 PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS EMAIL.



REPRESENTING
CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

Date: Oct. 16, 2014

Stephen J. Nelson, M.A., M.D.
Chairman, Medical Examiners Commission
1021 Jim Keene Blvd
Winter Haven, FL 33880

By Fax and FedEx

Dear Dr. Nelson:

I write you at the suggestion of Mr. Jody Brandenburg, Chairman of the Florida Board of Funeral, Cemetery, and Consumer Services.

In my capacity as Division Director of the Division of Funeral, Cemetery, and Consumer Services, I have received inquiries from licensed Florida funeral establishments, regarding procedures for handling remains of Ebola victims. I have forwarded to them the CDC's Guidance For Safe handling of Human Remains.

As you know, the CDC Guidance includes minimizing handling of the remains, and prompt cremation or burial.

Regarding prompt cremation, I have been asked whether the various ME's offices have or will set up any expedited procedures for approving cremation of Ebola remains, or will such remains continue to be processed for approval under the usual procedures? One scenario that was postulated to me would be where the funeral establishment took the remains on a Thursday, and given the proximity to the weekend, under usual processing it might be Monday before the ME approval is obtained. Most funeral establishments will want to minimize the time Ebola remains are kept in their facility.

On a related question, as you know, pursuant to section 872.03, Florida Statutes, human remains may not be cremated sooner than 48 hours after death, regardless of how quickly the ME approval is obtained. In the case of Ebola decedents, do you think, from a medical perspective, that it might be worthwhile seeking a temporary waiver of the 48 hour prohibition? I am not sure, but it might be the case that the Governor's office has emergency power to waive that provision under his emergency powers. However, I do not want to even initiate an inquiry unless a qualified medical expert indicates that the 48 hour delay is potentially a serious public health issue in the case of Ebola decedents.

Thank you for your attention to this matter.

Sincerely,

Douglas Shropshire
Director, Division of Funeral, Cemetery, and Consumer Services
Office direct line: 850-413-4984.

Copy to:
Jody Brandenburg
Ken Jones, Florida Dept of Health

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Douglas Shropshire • Director
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street • Tallahassee, Florida 32399-0361 • Tel. 850-413-4984
Email • Doug.Shropshire@MyFloridaCFO.com
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

STATE OF FLORIDA
OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 14-280
(Establishes Ebola Virus Disease Response Protocol)

WHEREAS, the Ebola Virus Disease (“EVD”) is a severe, potentially fatal illness that can spread among humans through direct contact with the bodily fluid of an infected person or the remains of an infected person; and

WHEREAS, earlier this year, a new and significant outbreak of EVD emerged in West Africa; and

WHEREAS, the World Health Organization previously declared EVD a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent EVD outbreak in West Africa, the Centers for Disease Control and Prevention (“CDC”) in cooperation with the United States Department of Homeland Security have instituted enhanced EVD screening for travelers from EVD-affected countries in West Africa at certain airports in the United States; and

WHEREAS, the CDC currently sends to the Florida Department of Health lists of travelers from EVD-affected countries for the purpose of monitoring persons with possible EVD exposure; and

WHEREAS, the CDC Interim Guidance for Monitoring and Movement of Persons with EVD Exposure currently recommends that asymptomatic travelers with a high risk of exposure to EVD be conditionally released to the community for self-monitoring and daily contact with public health authorities for a period of 21 days following the last known EVD exposure; and

WHEREAS, the CDC Interim Guidance also currently recommends that asymptomatic travelers with no known exposure to EVD engage in self-monitoring through twice daily temperature checks for a period of 21 days after leaving the EVD-affected country; and

WHEREAS, it is necessary and appropriate to take action to ensure that EVD remains controlled, and that residents of Florida remain safe and secure;

NOW, THEREFORE, I, RICK SCOTT, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, do hereby promulgate the following Executive Order, to take immediate effect:

Section 1. The Florida Department of Health will actively monitor all asymptomatic travelers with no known exposure to EVD who are identified by the CDC as being located in Florida for a period of 21 days after leaving the EVD-affected country. Active monitoring by the Florida Department of Health will include at least the following:

- A. An in-person risk assessment within 12 hours of the traveler's arrival in Florida.
- B. Twice daily, in-person temperature checks of the traveler.

Section 2. The Florida Department of Health, pursuant to its authority in section 381.00315(4), Florida Statutes, will quarantine all high-risk travelers from EVD-affected countries in West Africa who are identified by the CDC as being located in Florida for a period of 21 days following last known EVD exposure.

Section 3. I hereby direct the Florida Department of Health to make its own determinations as to quarantine and other necessary public health interventions as permitted under Florida law.

Section 4. All agencies under the direction of the Governor are directed to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.



IN TESTIMONY WHEREOF, I have hereunto set my hand and cause the Great Seal of the State of Florida to be affixed, at Tallahassee, the Capitol, this 25th day of October, 2014.

A handwritten signature in dark ink, appearing to read "Ron DeSantis", written over a horizontal line.

GOVERNOR

ATTEST:

A handwritten signature in dark ink, appearing to read "Ken Detzner", written over a horizontal line.
SECRETARY OF STATE

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HOME/NEWS

Body found buried in remote area in Putnam County is Interlachen man missing since 2013

By Scott Butler [Trib](#), Oct 15, 2014 @ 1:55 pm | [Updated](#) [Trib](#), Oct 16, 2014 @ 3:46 pm



Cortez

Authorities have confirmed that a body found buried in an isolated area near Royal Way west of Interlachen is a Putnam County man reported missing Dec. 23, 2013, according to the Putnam County Sheriff's Office.

Family had last seen or heard from Jose "Anthony" Cortez, who was thought to be about 35 at the time, in the area of Sixth Way in Interlachen. Detectives suspected he was a

victim and developed clues in his disappearance leading to the discovery of the body Sept 30. This week detectives received DNA confirmation that matched Cortez.

The investigation continues to be conducted as a homicide, and deputies are aware of a possible suspect.

PREV

Jordan Davis' parents asked prosecutors not to seek the death penalty in Dunn trial

NEXT

The Biggest Loser looking for big win at Amelia Island resort

RECOMMENDATIONS FOR YOU



New ships play big role in Mayport future



2 arrested, 1 sought in child-sex rap video investigation in St. Johns County



Barbara Goodman's retirement closes vibrant era for Jacksonville's national park



City board will vote on financial support for new downtown steakhouse, hotel

NEWS

54-year-old man found dead near bench in downtown Jacksonville

9:42am

Fatal Wednesday traffic crash in Orange Park

9:47am

Jacksonville sets record low as overnight stays at homeless shelter jumps

8:42am

WHAT'S NEW: Jacksonville.com evolves with updated look and feel

8:59am

Law & Order: Jacksonville's Andrew Jackson High School put on lockdown after gun was reported on campus

9:47pm

With new majority bloc, Clay School Board selects leaders, tasks superintendent with finding temporary board attorney

9:31pm

MORE NEWS

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

October 8, 2014

Stephen J. Nelson, MA, MD, FCAP
Chairman
Medical Examiners Commission
District 10 Medical Examiner
1021 Jim Keen Blvd.
Winter Haven, FL 33880

RECEIVED

OCT 16 2014

DISTRICT 10
MEDICAL EXAMINER

Dear Dr. Nelson:

The Florida Department of Health, Bureau of Vital Statistics would like to announce that John H. Armstrong, MD, FACS, Florida State Surgeon General and Secretary, has appointed Ken Jones as the New State Registrar for the State of Florida replacing the retiring State Registrar, C. Meade Grigg, effective November 1, 2014.

As the newly appointed registrar, this is to inform you that Mr. Jones' name will appear on all Florida vital events (birth, death, marriage and divorce) record certifications and the official Bureau documents.

Please feel free to contact Mr. Jones at (904) 359-6982 with any questions regarding Florida Vital Statistics.

Sincerely,

Patricia L. Ryder, MD, MPH
Director

Division of Public Health Statistics and
Performance Management

PLR/KTJ/mn

Florida Department of Health

Division of Public Health Statistics and Performance Management
4052 Bald Cypress Way, Bin A05 • Tallahassee, FL 32399-1706
PHONE: 850-245-4009 • FAX: 850-922-6296

www.FloridaHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fhdoh
FLICKR: HealthyFla
PINTEREST: HealthyFla