

# Board of Commissioners of Cook County

# Legislation Details (With Text)

File #:	20-4163	Version: 1	Name:	COOK COUNTY MEDICAL EXAMINER'S ORDINANCE AMENDMENT				
Туре:	Ordinance An	nendment	Status:	Approved				
File created:	9/9/2020		In control:	Board of Commissioners				
On agenda:	9/24/2020		Final action:	9/24/2020				
Title:	PROPOSED ORDINANCE AMENDMENT							
	COOK COUNTY MEDICAL EXAMINER'S ORDINANCE AMENDMENT							
	BE IT ORDAINED, by the Cook County Board of Commissioners, that Chapter 38, Health and Humar Services, Article VI, Medical Examiner, Division 1, Generally, Section 38-144 of the Cook County Code, is hereby amended as follows:							
	Sec. 32-1. Fee schedule.							
	The fees or charges provided for or required by the below-listed sections shall be as shown below:							
	CHAPTER 38, HEALTH AND HUMAN SERVICES							
	38-144(1)	Autopsy repor	t 50.00					
	38-144(2)	Toxicology re	oort 25.00					
	<ul> <li>38-144(3) Miscellaneous reports, including artist's drawings, but not including police reports 25.00</li> </ul>							
	38-144(4)	Permit to cren	nate a dead hum	nan body 200.00 100.00				
	38-144(5)	Return fee	300.00					
	38-144(6)	Death certifica	ate amendment f	ee 20.00				
	38-144(7)	Storage fee	500.00					
	38-144(8) \$3.00 is gre	) whichever	radiographs, his	tology slides actual cost or				
	38-144(9) Charge to non-county owned hospitals for the acceptance of fetal remains not falling under the jurisdiction of the medical examiner, per fetus 100.00							
	38-144(10)	Confirmation	of death letter, p	er letter 5.00				
	38-144(11)	Tissue procur	ement morgue u	se fee, per case 250.00				
	38-144(12)	Student and r	esident rotation	fees, per month 500.00				
	38-144(13) one h	Staff supervis our minimum	ion of external e 100.00	xperts fee, per hour,				

	38-144(14) Toxicology send-out fee 100.00					
	38-1	44(15)	Laboratory use fee, per da	ay (subject to	waiver) 250.00	
	38-144(16) Expert witness fee, Chief Medical Examiner, per hour, one hour minimum (subject to waiver) 600.00					
	38-144(16) Expert witness fee, Assistant Chief Medical Examiner, per hour, one hour minimum (subject to waiver) 550.00					
	38-144(16) Expert witness fee, Assistant Medical Examiners, per hour, one hour minimum 500.00 (subject to waiver)					
	38-1	44(17)	Cremation fee (subject to	waiver)	250.00	
	38-1		Conference Room (basen ur, two hour minimum ect to waiver)	nent) use fee	100.00	
	Effective date: This ordinance shall be in effect December 1, 2020					
Sponsors:	TONI PRECKWINKLE (President)					
Indexes:						
Code sections:						
Attachments:	1. 20-4163 Fiscal Note					
Date	Ver.	Action By		Action		Result
9/24/2020	1	Board of	Commissioners	approve		Pass

### PROPOSED ORDINANCE AMENDMENT

## COOK COUNTY MEDICAL EXAMINER'S ORDINANCE AMENDMENT

**BE IT ORDAINED,** by the Cook County Board of Commissioners, that Chapter 38, Health and Human Services, Article VI, Medical Examiner, Division 1, Generally, Section 38-144 of the Cook County Code, is hereby amended as follows:

### Sec. 32-1. Fee schedule.

The fees or charges provided for or required by the below-listed sections shall be as shown below:

### **CHAPTER 38, HEALTH AND HUMAN SERVICES**

38-144(1)	Autopsy report	50.00
38-144(2)	Toxicology report	25.00
38-144(3)	Miscellaneous reports, including artist's drawings, but not including police reports	25.00
38-144(4)	Permit to cremate a dead human body	<u>200.00</u> <del>100.00</del>
38-144(5)	Return fee	300.00

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38-144(6)	Death certificate amendment fee	20.00
38-144(7)	Storage fee	500.00
38-144(8)	Photographs, radiographs, histology slides	actual cost or \$3.00 whichever is greater
38-144(9)	Charge to non-county owned hospitals for the acceptance of fetal remains not falling under the jurisdiction of the medical examiner, per fetus	100.00
38-144(10)	Confirmation of death letter, per letter	5.00
38-144(11)	Tissue procurement morgue use fee, per case	250.00
38-144(12)	Student and resident rotation fees, per month	500.00
38-144(13)	Staff supervision of external experts fee, per hour, one hour minimum	100.00
38-144(14)		Toxicology send-out fee 100.00
38-144(15)	Laboratory use fee, per day (subject to waiver)	250.00
38-144(16)	Expert witness fee, Chief Medical Examiner, per hour, one hour minimum (subject to waiver)	600.00
38-144(16)	Expert witness fee, Assistant Chief Medical Examiner, per hour, one hour minimum (subject to waiver)	550.00
38-144(16)	Expert witness fee, Assistant Medical Examiners, per hour, one hour minimum (subject to waiver)	500.00
38-144(17)	Cremation fee (subject to waiver)	250.00
<u>3</u> 8-144(18)	Conference Room (basement) use fee per hour, two hour minimum (subject to waiver)	100.00

Effective date: This ordinance shall be in effect December 1, 2020